ENVIRONMENTAL CONSULTING ENGINEERS CONTRACTOR'S LICENSE NO. 624022

408-244-7202 FAX 408-244-7277

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.

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.

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?

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

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 Sampled: May 6, 1999 Matrix: SOIL

Run#:18748

Analyzed: May 11, 1999

ANALYTE	RESULT (mg/Kg)	REPORTING LIMIT (mg/Kg)	BLANK RESULT (mg/Kg)	BLANK D SPIKE (%)	ILUTION 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

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

Matrix: SOIL

Extracted: May 7, 1999

Sampled: May 6, 1999

Run#: 18704

Analyzed: May 10, 1999

 REPORTING BLANK BLANK DILUTION

 DIESEL
 LIMIT
 RESULT SPIKE FACTOR

 Spl# CLIENT SPL ID
 (mg/Kg)
 (mg/Kg)
 (mg/Kg)
 (%)

 239809 T1-EAST
 N.D.
 1.0
 N.D.
 70.3
 1

Sampled: May 6, 1999

Matrix: SOIL

Extracted: May 7, 1999

Run#: 18704

Analyzed: May 11, 1999

BLANK BLANK DILUTION REPORTING DIESEL LIMIT RESULT SPIKE FACTOR <u>Spl#</u> CLIENT SPL ID (mg/Kg)(mg/Kg) (mg/Kg) 239813 STOCK 2 N.D. 6Ī 1.0

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

Diesel Standard.

Carolyn House

Ana lyst

Bruce Haviik

9905065

CHROMALAB, INC.

ETIC Engineering

San Jose, CA 95117

rnos MGR C. Orountiotis

PROJECT INFORMATION

SPECIAL INSTRUCTIONS/COMMENTS:

PROJECT HUMBER

*.O. ET853

COMPANY

SAMPLE ID.

Environmental Services (SDB) (DOHS 1094)

3275 Stevens Creek Blvd., #315

TIME

(PHONE NO.)

SAMPLE RECEIPT

TOTAL NO. OF CONTAINERS

CONFORMS TO RECORD

HEAD SPACE

Report: (Routine | Level 2 | Level 3 | Level 4 | Electronic Report

TEMPERATURE

SUZA A: 9905065 REP: PA

65/13/95

RELINQUISHED BY

FYINTED NAME)

for: ET/

RECEIVED BY

(SIGNALURE)

(COMPANY)

Cos745 (PRINTED NAME)

(COMPANY)

CLIENT: ETTE

REF #:45900

OTHER

(408) 244-7202 (FAX NO.) 244-7277 MATRIX PRESERV.

Soil

11

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

ANALYSIS REPOR

PNA's by (1 8270

RELINQUISHED BY

C. OROV

(SIGNATURE)

(PINNTED NAME)

ET/

RECEIVED BY

ECOMPANYS

(SIGNATURE)

(COMPANY)

(PFUNTED NAME)

リモロップ

	Reference #: 45 900									
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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 Sampled: May 6, 1999 Matrix: SOIL

Run#:18748 Analyze

Analyzed: May 11, 1999

ANALYTE	RESULT (mg/Kg)	REPORTING LIMIT (mg/Kg)	BLANK RESULT (mg/Kg)	BLANK DILUTION SPIKE 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

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

Matrix: SOIL

Extracted: May 7, 1999

Sampled: May 6, 1999

Run#: 18704

Analyzed: May 10, 1999

Sampled: May 6, 1999

Matrix: SOIL

Extracted: May 7, 1999

Run#: 18704

Analyzed: May 11, 1999

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

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

Diesel Standard.

Carolyn House

Ana **Y**yst

Bruce Havlik

9905065

Reference #: 45900

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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.

Market and the second of the s	merator completes all of Section I)
	b. Generating Location:
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Kentfield CA 114904	LAUREMONE (A A 1550
Phone No.: 415 4110 5557	f. Phone No.: 45 41(p 1557
wher of the generating facility differs from the generator, provide:	
Owner's Name:	h. Owner's Phone No.:
BFI WASTE CODE 0 4 0 5 0 5 1 0 9 1	OOO 4 5 Containers DM - METAL DRUM DP - PLASTIC DRUM
Description of Waste:	k Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
50.0	T -TRUCK
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, applicable regulations; AND, if the waste is a treatment residue of a previously	and is in proper condition for transportation according to P - POUNDS restricted hazardous waste subject to the Land Disposal Y - YARDS
Restrictions, I certify and warrant that the waste has been treated in accordance with waste as defined by 40 CFR Part 261.	th the requirements of 40 CFR Part 268 and is no longer a M ³ - CUBIC METERS Y ³ - CUBIC YARDS
	O -OTHER
Generator Authorized Agent Name Signature	Shipment Date
	complete a d; Transporter I complete e-q)
TRANSPORTER I	TRANSPORTER II
Name: VI GOEDIC TREAT	h. Name:
Address: 1 1 Win 16 3 70	i. Address:
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Discrepancy Indication Space: hereby certify that the above named material has been accepted and to the	the best of my knowledge the foregoing is true and accurate.
	A sound in the sou
Same of Authorized Agent Signature	Receipt Date
	omplete a-d, f, g, Shipper* completes e.)
Shippers's* Name:	b. Shippers's* Phone No.:
Shippers's* Address:	
Shippers's Special Handling Instructions and additional information:	
TIFICATION: I hereby declare that the contents of this consignment are full fed, and labeled/placarded, and are in all respects in proper condition for transp	ly and accurately described above by proper shipping name and are classified, packaged,
MARKET STATE OF THE STATE OF TH	Soft according to applicable international and material governmental regulations
Shippers's* Name & Title: Print/Type	Shippers's Signature Date
Name and Address of Responsible Agency:	
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Print/Type

REORDER ONLY THROUGH BEI / STANDARD REGISTER CONTRAC

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Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demollahed or renovated, or the demollation or renovation operation, or both

f. Name and Address of Responsible Agency: _

g. Friable; Non-friable; Both

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. No.508382 If waste is NOT asbestos waste, complete only Sections I, II and III. Section I GENERATOR 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 i. BFI WASTE CODE DM - METAL DRUM Containers DP - PLASTIC DRUM - BAG j Description of Waste: BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK 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 <u>UNITS</u> 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 CUBIC METERS CUBIC YARDS hazardous waste as defined by 40 CFR Part 261. OTHER Generator Authorized Agent Name Section II TRANSPORTER (Generator complete a-d; TRANSPORTER I TRANSPORTER II h. Name: Driver Name/Title: PRINT/TYPE d. Phone 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. Section III DESTINATION (Generator 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, t g, Shipper" comp Section IV 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:

Shippers's Signature

% nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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.

Section 1 GENERATOR (Gen	erator completes all of Section I)
a Generator Name: 1 \ Munul Shunday L	5. Generating Location: Thursday Locat
c. Address J. C. L.	d. Address: 1651 VIDING STORE
10 the 11 10 14 904	Liver mar, 12, 14550
	f, Phone No.: 45 46 (-15) 7
owner of the generating facility differs from the generator, provide: Owner's Name:	h. Owner's Phone No.:
, Gwier's Name.	TYPE
BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
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 n	not a hazardous weste as defined by 40 CFR Part 261 or UNITS and is in proper condition for transportation according to P - POUNDS
any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously in Restrictions, I certify and warrant that the waste has been treated in accordance with	estricted hazardous waste subject to the Land Disposal Y - YARDS
hazardous waste as defined by 40 CFR Part 261.	Y ³ - CUBIC YARDS O - OTHER
There I show that Mullityles	Shipment Date
Generator Authorized Agent Name Signature Section II TRANSPORTER (Generator	complete a d. Transporter I complete e-o.)
TRANSPORTER I	TRANSPORTER II
Name: Sid Gulluca TKKing	h. Name:
Address: 187 WINTON Rd.	i. Address:
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Driver Name/Title: SIC GUEDUKE	j. Driver Name/Title:
Phone No 209 969-0215 B. Truck No. 5-1	k. Phone No.:
Vehicle License No./State: 7/3 35/8)	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Driver Schildure Shipment Date	Driver Signature Shipment Date
	ompletes a-d, destination site completes a-t)
a. Site Name: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	c. Phone No.: 10 17
b. Physical Address:	d. Mailing Address
STATE OF GALLO	
Discrepancy Indication Space:	
! hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
	HEZANER E. DET
Name of Authorized Agent Signature	Receipt Date
	b. Shippers's* Phone No.:
a. Shippers's* Name:	b. Shippers's* Phone No.:
d. Shippers's Special Handling Instructions and additional information:	BENERAL STATE OF THE STATE OF T
The state of the s	ly and accurately described above by proper shipping name and are classified, packa
marked, and labeled/placarded, and are in all respects in proper condition for transp	port according to applicable international and national governmental regulations.
e. Shippers's* Name & Title:	Shippers's Signature Date
Print/Type I. Name and Address	Shippers Sugnature
of Responsible Agency:	C SANGE TO SECURE A SINGLE
Friable; Non-friable; Both % friable	% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises	s the facility being demolished or renovated, or the demolition or renovation operation, or both
REORDER ONLY THROUGH BFI / STANDARD REGISTER CONTRACT	GENERATOR RETAIN 260-7208 1.
	GENERATOR RETAIN
REPORT OF THE PROPERTY OF THE	



If waste is asbestos waste, completely waste is NOT asbestos waste, completely waste is NOT asbestos waste, completely waste is not	ete Sections I, II, III and IV. omplete only Sections I, II and III.
Section I GENERATOR (Gene	rator completes all of Suction 1)
i. Generator Name: b	. Generating Location:
Address Turbal Caugh Rd d	Address: 160 he have street
S Calabor Bughel	1
I WE WILL AT	100000000000000000000000000000000000000
Phone No.: 4 4 4 5 9 owner of the generating facility differs from the generator, provide:	Phone No.: 415-461-555 +
Owner's Name: h.	. Owner's Phone No.:
BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not	t a hazardous waste as defined by 40 CFR Part 261 or UNITS
any applicable state law, has been properly described, classified and packaged, ar applicable regulations; AND, if the waste is a treatment residue of a previously regulations. I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Pert 251. Generator Authorized Agent Name Signature	nd is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal V - YARDS
Section II TRANSPORTER (Generator of	omplets a.d. Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
Name: SId GUELLIES TRKING	h. Name:
A27	The last the second sec
Address: 1.5 C. A. A. A.	i. Address:
LRUIPOINT UL.	
Driver Name/Title: 21d (2018 M.S. OO	j; Driver Name/Title:
Phone No.: 209 969 - 021 e. Truck No.: S -1	k. Phone:No.:
Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Ser / Survey 0 41199	
Driver Signature Shipmant Date	Driver Signature Shipment Date
ection III DESTINATION (Generator com	pieteis s-d, destination site completes e-t)
Site Name:	c. Phone No.: 925-49-049/
Physical Address:	d. Mailing Address
1, VO. MILLE CO 94 FTA	1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年
Discourance Ladication Course	
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the	hast of my knowledge the foreaging is true and accurate
Thorough district and above married material radio book added and to the	bost of my artomody and foregoing is true and accurate.
M	9 05/199
Name of Authorized Agent Signature	Receipt Data
ection IV ASBESTOS (Generator com	plete t-d, f, g, Shipper* completes e.)
Shippers's* Name:	b. Shippers's* Phone No.:
Shippers's* Address:	The Control of the Co
Shippers's Special Handling Instructions and additional information:	
ERTIFICATION: I hereby declare that the contents of this consignment are fully a arked, and labeled/placarded, and are in all respects in proper condition for transport	and accurately described above by proper shipping name and are classified, packag t according to applicable international and national governmental regulations.
Shippers's* Name & Title:	
Print/Type	Shippers's Signature Date
Name and Address of Responsible Agency:	The state of the s
Friable; Non-friable; Both % friable	% nonfriable
ALTERNATION OF THE PROPERTY OF	

REORDER ONLY THROUGH BFI / STANDARD REGISTER CONTRACT



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

Section 1 GENERATOR (Gene	rator completes all of Section 3)
CONTRACTOR OF THE PARTY OF THE	
	Generating Location: Address:
c. Address Sign Delice Caul Can Ro d.	Address: Total A TYJJO
6 Phone No. 115 - 161-9557	Phone No.: 4/5 4/1-1/5-7
6. Phone No.:	FIIOIB NO.,
g Owner's Name: h.	Owner's Phone No.:
C SHI WASTE CODE CA 40 T O C 10 2 2	TYPE Containers DM - METAL DRUM
	DP - PLASTIC DRUM B - BAG
j. Description of Waste:	Quantity Units No. TYPE BA - 6 MIL, PLASTIC BAG or WRAP
STY STY	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, an	id is in proper condition for transportation according to P - POUNDS
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 t	he requirements of 40 CFR Part 268 and is no longer a M2 - CUBIC METERS
hazardous waste as defined by 40 CFR Part 261.	Y - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator co	mplete a-d. Transporter II complete e-g.)
TRANSPORTER I	TRANSPORTER II
a Name: Stel Guestake Tepesing	h. Name:
b. Address: 157 Win Tou	I. Address:
La Company Company	
c Driver Name/Title: PRINT/TYPE	j. Driver Name/Title: PRINT/TYPE It. Phone No.
d. Phone No.: 9 e. Truck No.: 1. Vehicle License No./State: 1	k. Phone No.: I, Truck No.:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
DELLAS	n.
Section III DESTINATION (Generator con	Driver Signature Shipment Date Shipment Date
& Ste Name: V (1400 Board 1 and fill	c. Phone No.: 477 - 8491
b. Physical Address: U V QACO RCQ V	d. Mailing Address
10 Ca. GYIN	
e. Discrepancy Indication Space:	
A SCHOOL TO SAN THE SA	
I pereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
I pureby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate. Receipt Date
Name of Authorized Agent Signature	
Name of Authorized Agent Signature	Receipt Date
Section IV Signature ASBESTOS (Generator com	Receipt Date plate a-d, 1, g. Shipper* completes e.)
Section IV ASBESTOS (Generator com a. Shippers's Name: c. Shippers's Address: d. Shippers's Special Handling Instructions and additional information:	Placeipt Date place a-d, 1, g, Shipper* completes e,) b. Shippers's* Phone No.:
Section IV ASBESTOS (Generator com a. Shippers's Name: c. Shippers's Address: d. Shippers's Special Handling Instructions and additional information:	b. Shippers's* Phone No.:
Section IV ASBESTOS (Generator com Shippers's Name: C. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/plessarded, and are in all respects in proper condition for transport Shippers's Name & Title:	b. Shippers's* Phone No.:
Section IV ASBESTOS (Generator com a. Shippers's Name: 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	b. Shippers's* Phone No.:
School V ASSESTOS (Generalor com a. Shippers's Name: c. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport a. Shippers's Name & Title: Print/Type	b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations.
ASBESTOS Generalor com a. Shippere's Name: C. Shippere's Address: d. Shippere's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/plecarded, and are in all respects in proper condition for transport Shippere's Name & Title: Print/Type f. Name and Address	b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations.
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School IV ASBESTOS (Generator comes Shippers's Name: c. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport Shippers's Name & Title: Print/Type I Name and Address of Responsible Agency: g. Friable; Non-friable; Both % friable Shipper refers to the company which owns, leases, operates, controls, or supervises the	b. Shipper's completes e.) b. Shipper's Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations. Shippers's Signature Shippers's Signature Pale ** nonfriable**
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School IV ASBESTOS (Generator comes Shippers's Name: c. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport Shippers's Name & Title: Print/Type I Name and Address of Responsible Agency: g. Friable; Non-friable; Both % friable Shipper refers to the company which owns, leases, operates, controls, or supervises the	b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations. Shippers's Signature A nonfriable as facility being demolished or renovated, or the demolition or renovation operation, or both.
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School IV ASBESTOS (Generator comes Shippers's Name: c. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport Shippers's Name & Title: Print/Type I Name and Address of Responsible Agency: g. Friable; Non-friable; Both % friable Shipper refers to the company which owns, leases, operates, controls, or supervises the	b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations. Shippers's Signature A nonfriable as facility being demolished or renovated, or the demolition or renovation operation, or both.
School IV ASBESTOS (Generator comes Shippers's Name: c. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport Shippers's Name & Title: Print/Type I Name and Address of Responsible Agency: g. Friable; Non-friable; Both % friable Shipper refers to the company which owns, leases, operates, controls, or supervises the	b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations. Shippers's Signature A nonfriable as facility being demolished or renovated, or the demolition or renovation operation, or both.
School IV ASBESTOS (Generator comes Shippers's Name: c. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport Shippers's Name & Title: Print/Type I Name and Address of Responsible Agency: g. Friable; Non-friable; Both % friable Shipper refers to the company which owns, leases, operates, controls, or supervises the	b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations. Shippers's Signature A nonfitable as facility being demolished or renovated, or the demolition or renovation operation, or both.
School IV ASBESTOS (Generator comes Shippers's Name: c. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport Shippers's Name & Title: Print/Type I Name and Address of Responsible Agency: g. Friable; Non-friable; Both % friable Shipper refers to the company which owns, leases, operates, controls, or supervises the	b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations. Shippers's Signature Date ** nonfittable the facility being demolished or renovated, or the demolition or renovation operation, or both.
School V School V Shippers's Name: C. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/plessarded, and are in all respects in proper condition for transport Shippers's Name & Title: Print/Type I Name and Address of Responsible Agency: G. Friable: Non-friable: Shipper refers to the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the company which owns, leases, operates, controls, or supervises the controls.	b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, packaged, t according to applicable international and national governmental regulations. Shippers's Signature Date ** nonfittable ** according 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.

Section 1 Generator (Gene	rator completes all of Section I)
a. Generator Name: Manual Saucey at b.	Generating Location: MAINE AURIDIANT
o. Address St. Wolf Carryon Ro d.	Address: 100 Halines St.
Kenthiold CAR 94904	Livermore OA
e. Phorie No.: 415 4(01 955)	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.:
■ BFI WASTE CODE (1) A 4 0 5 0 5 1 0 9 9	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
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	a hazardous waste as defined by 40 CFR Part 261 or UNITS
any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously residue of	tricted hazardous waste subject to the Land Disposal V - VARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator to	mplete a-d; Transporter II complete a-g)
TRANSPORTER I	TRANSPORTER II
a Name: 157400 MASSY	h. Name;
b. Address: 321- Canno Michico	i. Address:
CAL HELD WORLD	to the second of
c. Driver Name/Title: PRINTINGE	j. Driver Name/Title:
d Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehičle License No./State:
Acknowledgement of Receipt of Materials,	Acknowledgement of Receipt of Materials.
0 5000 - 54/	n.
Section III DESTINATION (Generator com	Driver Signature Shipment Date District a-d, destination site completes e-t)
a Ste Name: La Jau Rd Laugh DA	c. Phone No.: 925 4170491
b. Physical Address: 4001 XJ: 12.500 EX	d. Mailing Address
Liller Mora OA 9455)	The state of the s
e. Discrepancy Indication Space:	
Thereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
Figure of Authorized Agent Signature	Pleceipt Date
Section IV ASBESTOS (Generator comp	
a. Shipperss* 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 a marked, and labeled/placarded, and are in all respects in proper condition for transport	nd accurately described above by proper shipping name and are classified, packaged, according to applicable international and national governmental regulations.
e. Shippers's* Name & Title:	
f. Name and Address at Responsible Agency:	Shippers'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 rendvated, or the demolition or renovation operation, or both.
REORDER ONLY THROUGH BFI / STANDARD REGISTER CONTRACT	RATOR RETAIN 280-7208 1/98



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.

Section 1 GENERATOR (Gener	stor completes all of Section ()
a Generator Name: Manual Shuupullat b.	Generating Location: Manual Surraying
10.010	Address: 160 Holmes ST
Kentfield CA 94904	Zwermare CA 9450
a Phone No.: 445 401 9557	Phone No.: 415 461 9557
If owner of the generating facility differs from the generator, provide:	Sign a-Mills III
g. Owners Name: h.	Owner's Phone No.:
1 BFI WASTE CODE (1 A) 4 0 5 05 1 0 9 9	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste:	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	a hazardous waste as defined by 40 CFR Part 261 or UNITS
any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously real Bestrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	ricted hazardous weste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature	O - OTHER
Section II TRANSPORTER (Generator con	rolete a-d. Transporter I complete a-g.)
TRANSPORTER I	TRANSPORTER II
a Name CUTTI ITMETIM.	h. Name:
b. Address: 157 Wintow Zo	I. Address:
WETPOINT CS.	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
c. Driver Name/Title 10 Guevage	j. Driver Name/Title:
d. Phone No. 05 293-4019 e. Truck No.	PRINT/TYPE k. Phone No.: I. Truck No.:
Vehicle License No./State: 9035483	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
0 11/ Julyane 05/099	
Online Springer Date	Driver Signature Shipment Date
Section III DESTINATION (Generator comp	Olotes e-3, destination sits completes e-1)
a Site Name: 17500 /Cd AUM Id AUM	c. Phone No.: 925447 0491
b Physical Address: JOHO WAS COLL	d. Mailing Address
LIVER MINE CHT 19950	
Discrepancy Indication Space:	Taken test of the second secon
I bereby certify that the above named material has been accepted and to the b	pest of my knowledge the foregoing is true and accurate.
	THE RESERVE TO THE PARTY OF THE
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	ista a-d, 1, g, Shipper* completes o)
a. Shippers's* Name:	b. Shippers's* Phone No.:
Shippers's* Address:	No. of the contract of the con
d Shippers's Special Handling Instructions and additional Information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully a marked, and labeled/placarded, and are in all respects in proper condition for transport	nd accurately described above by proper shipping name and are classified, packaged, according to applicable international and national governmental regulations.
a. Shippers's* Name & Title:	
Print/Typa I. Name and Address of Responsible Agency:	Shippers's Signature Delin
g	% nonfriable
Shipper refers to the company which owns, leases, operates, controls, or supervises the	a facility being demolished or renovated, or the demolition or renovation operation, or both.
REORDER ONLY THROUGH BFI / STANDARD REGISTER CONTRACT	260-720B 1/98



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.

a Generator Name: 100 000 000 000 000 000 000 000 000 00	
Owner's Name: Left Waste Code OA 405051099 OA 43 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG OA MARAN OA M	
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 applicable state law, has been properly described, classified and packaged; and is in proper condition for transportation according to applicable regulations; AND, if the weate is a treatment realdue of a previously restricted hazardous waste subject to the Land Disposal Y - YARDS	
Restrictions, 1 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 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER Generator Authorized Agent Name Signature Shipment Date	
TRANSPORTER (Generator complete a-d) Transporter (Generator complete a-d) Transporter (I complete thin) TRANSPORTER I TRANSPORTER II A. Name: b. Address: 51 / AMIA / D. L. Address:	
c. Driver Name/Title: J. Driver Name/Title: PRINT/TYPE d. Phone No.: PRINT/TYPE k. Phone No.: I. Truck No.:	
t. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. In the control of the cont	
Shipment Date Shipme	
A 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 complete a-d, t, g, Stripper* completes e.)	
a. Shippers's* Name: 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. 8 Shippers's Name & Title: Print/Type Shippers's Signature Date	
of Responsible Agency: g	
PEORDER ONLY THROUGH BFI / STANDARD REGISTER CONTRACT GENERATOR RETAIN 260-720B 1/98	

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

No. 508274

	complete only Sections I, II and III.
MASSINIAN SLICE	nerator completes all of Section ()
5/10 m // (10 10 10 m)	b. Generating Location: WWW LLEV SULLANDON
e Address 540 Sold Campan Rd	d. Address: 100 HEKMLO
NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zwermore 014 44550
If owner of the generating facility differs from the generator, provide:	6. Phone No.: 415 410 1 7557
	Owner's Phone No.:
EFI WASTE CODE [A] 4 0 5 0 5 1 0 3 9	Containers DM - METAL DRUM
J. Description of Waste:	DP - PLASTIC DRUM B - BAG L Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
Sil	Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no	O - OTHER
any applicable state law, has been properly described, classified and packaged, a upplicable regulations. AND, if the waste is a treatment residue of a previously replacement of a previously restrictions. I certify and warrant that the waste has been treatment residue of a previously re	
Plastrictions. I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	the requirements of 40 CFR Part 268 and is no longer a M ⁵ - CUBIC METERS
MANUEL CHILLIAY WITH A STUA	Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator of	omplete a-d: Transporter I complete a-g
TRANSPORTER I	TRANSPORTER II
a Name: LOTRECC	h. Name:
b. Address: 2120 Comine Diagu	I. Address:
Brown (ac	Alexander of the same of the s
d Driver NamerTitle: TYPAN PROTISEY	j. Driver Name/Title:
d. Phorie No.: PRINT/TYPE 6. Truck No. 47	PRINT/TYPE I. Truck No.:
L Vehicle License No./State: 59390	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials,	Acknowledgement of Receipt of Materials.
a Secretary	n
Section III DESTINATION (Assessment Date	Driver Signature Shipmont Date spinores and, cleatination sittle completes ont.)
a. Site Name: Vasco Rd Langtill	075 107 010
b. Physical Address: 4001 X Vacan Road	c. Phone No.: <u>763</u> 44 7 04 91
LUMINDO 14 GICE ()	d. Mailing Address
Zundruge Cri 1455C	A TABLE 1 1
Discrepancy Indication Space: Description Sp	
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 Section IV ASRESTOS	Receipt Date
B. Shippers's* Name:	liste a-d, 1, g, Shipper* completes a.)
	b. Shippers's* Phone No.:
c. Shippers's Address:	
d. Stilppers's Special Handling Instructions and additional information:	
marked and labeled/placerded, and are in all respects in proper condition for transport	nd accurately described above by proper shipping name and are classified, packaged,
e Supperss Name & Title:	
Print/Type f Name and Address	Shippers's Signature Date
of Responsible Agency:	
g Friable; Non-friable; Both % friable	% nonfriable
THE REPORT OF THE PARTY OF THE	
enougher 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	

GENERATOR RETAIN



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.

Section I Generator Gene	rator completes all of Section I)
a Generator Name: MAN WELL Stauward of b	Generating Location: MONILS SMULLO MOT
A LA HALLES	Address: HOD HOLMICS ST
Centfield CA 94904	Livermore OF 94550
	Phone No.: 415 4101 9557
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h.	Owners Phone No.:
BFI WASTE CODE 2 4 9 5 05 1099	Containers DM - METAL DRUM
Description of Waste:	DP - PLASTIC DRUM B - BAG k, Quantily Units No. TYPE BA - 6 MIL, PLASTIC BAG
coi()	k, Quantily Units No. TYPE BA - 6 MIL, PLASTIC BAG or WRAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not	O - OTHER
any applicable state law, has been properly described, classified and packaged, an applicable regulations, AND, if the waste is a treatment residue of a previously res	d is in proper condition for transportation assembles to D. DOUNDS
Restrictions, I certify and warrant that the waste has been treated in accordance with II hazardous waste as defined by 40 CFR Part 261.	ne requirements of 40 CFR Part 288 and is no longer a M³ - CUBIC METERS
MANUEL SHUDAYUN MINUM	Claud AUT / CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator co	mplete a-d: Transporter I complete n-n)
TRANSPORTER I	TRANSPORTER II
& Name: Latination of the Communication of the Comm	h. Name:
6. Address:	I. Address:
e. Driver Name/Title: PRINT/TYPE	j. Driver Name/Title:
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
	Acknowledgement of Neceipt of Materials.
One Signature Shipment Date	n, Driver Signature Shipment Date
Section III DESTINATION (Generator comp	letes a-d, destination site completes a-f.)
a Site Name: MASCO ICC Landfill	c. Phone No.: 995 447 0491
b. Physical Address: 401 N. (1200 Rd	d. Mailing Address
LULLAMORE CA 94550	
n. Discrepancy Indication Space:	
hereby certify that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and to the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the beautiful that the above named material has been accepted and the above named material has been accepted and the beautiful that the above named material has been accepted and the above named material has been accepted and the beautiful that the above named material has been accepted and the above named material has been accepted and the above named material has been accepted and the accepted and the above named material has been accepted and the accepted accepted and the accepted accepted and the accepted accepted and the accepted accepted accepted and the accepted	est of my knowledge the foregoing is true and accurate.
Remail of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator comp	COLUMN TO THE RESIDENCE OF THE PARTY OF THE
a. Shippers's Name:	b. Shippers's* Phone No.:
C. Shippers : Address:	
d. Shippers's Special Handling Instructions and additional information:	
marked, and labeled/placarded, and are in all respects in proper condition for transport a	nd accurately described above by proper shipping name and are classified, packaged, according to applicable international and national governmental regulations.
e. Shippers's* Name & Title:	根据被数据以下 ES
f. Name and Address	Shippers's Signature Date
of Responsible Agency:	
g	% 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.
RECROSER ONLY THROUGH BEI / STANDARD REGISTER CONTRACT	RATOR RETAIN 260-7208 1/98



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.

A ADDRESS OF THE CHARMAN SET OF	Manyal Charles of at	rigitor completies all of Section ()	
THANGE COST IN THE ANALYSIS AND	The second secon	Generating Location: MANUAL Shuwall Wit.	
Consequency	Kentfield OA 94904		
Performance		Phone No.: 413 4.01 155 7	
Description of Water Committee Commit			
Convertient Title Convertient T	Children Selficial	DP - PLASTIC DRUM B - BAG	
Contribution Projection (Contribution Projection) (Contribution Projection) (Contribution Projection) (Contribution Projection) (Contribution Projection) (Contribution Projection) (Contribution) (Contr	Soi 0	T - TRUCK	
Basedon I certify and warrent that the wask bus book headed in accordance with the regularises of 40 GPP Per 00 is no longer a business was not entitled by 60 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per 00 in a certification of the 20 GPP Per	my applicable state law, has been properly described, classified and packaged, ar	t a hazardous waste as defined by 40 CFR Part 261 or UNITS	
Socion II TRANSPORTER (d-society screen as a fundament land and a fundament land a fundament land and a fundament land and a fundament	Restrictions, I certify and warrant that the waste has been treated in accordance with t	the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METERS Y³ - CUBIC YARDS	
TRANSPORTER II E. Name: B. Address: B. Address: C. Driver Name/Tree C. Prone No. C. Driver Name/Tree C. Prone No. C. Visicale License No./State: Acknowledgement of Receipt of Materials. C. Wisicale License No./State: Acknowledgement of Receipt of Materials. C. Wisicale License No./State: Acknowledgement of Receipt of Materials. C. Prone No. C. Prone	and the second s	WY 1 0 5 1 0 1 1 1	
b. Name: b. Address: Driver NumerTitle: Driver NameTitle: Dr		The state of the s	
6. Driver Name/Title:		B - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	
Phone No.			
T. Vehicle License No /State: Acknowledgement of Receipt of Materials. Disputation of Receipt of Receipt of Materials. Disputation of Receipt o	PRINT/TYPE		
Acknowledgement of Receipt of Materials. Section III			
Site Name: ASCO Rd AGASCO	Acknowledgement of Receipt of Materials.		
Site Names ASCO RA ACCASE D. Physical Address: Libbrande CA G A SSO a. Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Libbrande Rame Bignature B	The state of the s		
a. Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate, Name of Authoritiest Agent	A Ste Name: VASCO Rd Land Fill	0.25 (4.7.020)	
a. Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Section IV	The state of the s	d. Malling Address	
Name of Authorised Agent Signature Receipt Date	s. Discrepancy Indication Space:		
a. Shippers's* Name:	Thereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.	
a. Shippers's Name:	GIOLOGIC CONTRACTOR CO		
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, mosted, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. o. Shippers's Name & Title: Print/Type Shippers's Signature Date O. 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.	File Room S. P. C. C.		
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/plecarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. o. Shippersa* Name & Title: Print/Type Brippersa Signature Date 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.			
o. Shippersa* Name & Title: Print/Type Shippersa* Signature Date	CERTIFICATION: I hereby declare that the contents of this consignment are fully	and accurately described above by proper shipping name and are classified, packaged.	
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.	o. Shippers's* Name & Title:		
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.	L. Name and Address	Shippers's Signature Date	
SECRICE ON A THEOLOGY BET (STANDARD SECRISTER CONTRACT	g. 🗌 Friable; 🔲 Non-friable; 🔲 Both % friable	% nonfriable	
RECROSER ONLY PHROUGH BET / STANDARD REGISTER CONTRACT GENERATOR RETAIN 280-7208 1/98	Shipper refers to the company which owns, leases, operates, controls, or supervises the		
	RECROER ONLY THROUGH BFI / STANDARD REGISTER CONTRACT	ENERATOR RETAIN 280-720B 1/98	
● 1000 1000 1000 1000 1000 1000 1000 10			
			CO COLOR
			185



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

Marian Marian	nerator completes all of Section ()
2 1 - 0	b. Generating Location: Manuel Shuuayhat d. Address: 100 Howes 5t-
Kentfield CA 94904	LILLO PUADRE 1A 94550
e. Phone No.: 415 4101 9557	f. Phone No.: 4154(6) 9557
if owner of the generating facility differs from the generator, provide:	10 中型 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
g. Owner's Name:	h. Owner's Phone No.:
1 BFI WASTE CODE (1 A 4 0 5 0 5 1 0 9 9	O 6 0 4 3 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste:	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAC or WRAP
Soil	T - TRUCK WHAT O O THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the weate is a treatment residue of a previously n Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	and is in proper condition for transportation according to P - POUNDS setricted hazardous waste subject to the Land Disposal V - VARDS
Generator Authorized Agent Name Signature Signature	Shipment Date O - OTHER
Section II TRANSPORTER (Generator	complete a d; Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a Name LOTREL REAL ALOTS	h, Name:
BURN CA	I. Address:
c. Driver Name/Tiple: J. MASHER	j. Driver Name/Title:
d. Phone No.: 800839-7550e. Truck No.: 167	k. Phone No.: PRINT/TYPE I. Truck No.:
f. Vehicle License No /State: 4753	m. Vehicle License No./State:
Acknowledgement of Beceipt of Materials.	Acknowledgement of Receipt of Materials.
Dribes Rignantial Shipment Date	Oriver Signature Shipment Data
16500 K00-1 100-101	empletes a-d, destination site completes a-t)
a Site Name: 10,500 CO	_ c. Phone No.: 925 44 7 0491
b. Physical Address: 400 Miles Car 755	d. Mailing Address
Discrepancy Indication Space:	
	THE REST NOT THE PARTY OF THE P
	e best of my knowledge the foregoing is true and accurate.
	e best of my knowledge the foregoing is true and accurate.
Names of Authorized Agent Signature	e best of my knowledge the foregoing is true and accurate. Receipt Date
Name of Authoritied Agent Signature Section IV ASBESTOS (Generator con	
Section IV ASBESTOS (Generator con a. Shippers's* Name:	Receipt Date
Section IV ASBESTOS (Generator con a. Shippers's* Name: C. Shippers's* Address:	Receipt Date Mplute a-d, f, g, Shipper* completes e.)
Section IV ASBESTOS (Generator con a. Shippers's* Name: Shippers's* Address: CERTIFICATION: I hereby declare that the contents of this consignment are fully	Beceipt Date Midwite a.d. (.g. Shipper* completes e.) b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, pack
Section IV ASBESTOS (Generator condition in a superior condition for transport condition for transpor	Beceipt Date Midwite a.d. (.g. Shipper* completes e.) b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, pack
Section IV ASBESTOS (Generator condition IV) a. Shippers's* Name: 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 marked, and labeled/placarded, and are in all respects in proper condition for transpose. Shippers's* Name & Title: Print/Type	Beceipt Date Midwite a.d. (.g. Shipper* completes e.) b. Shippers's* Phone No.: and accurately described above by proper shipping name and are classified, pack
Section IV ASBESTOS (Generator condition) a. Shippers's* Name: C. Shippers's* Address: d. Shippers Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transpose. Shippers's* Name & Title:	Receipt Date Mplute a.d. f. g. Shipper* completes e.) b. Shippers's* Phone No.: r and accurately described above by proper shipping name and are classified, pack ort according to applicable international and national governmental regulations.
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Section IV ASBESTOS (Generator controls) a. Shippers's* Name: b. Shippers's* Address: c. Shippers's Special Handling Instructions and additional information: CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transpose. b. Shippers's* Name & Title: Print/Type Name and Address of Responsible Agency: D. Friable: Non-friable: Both % friable Shipper refers to the company which owns, leases, operates, controls, or supervises to the company which owns, leases, operates, controls, or supervises to the company which owns, leases, operates, controls, or supervises.	Beceipt Date A stage of the set
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BFI

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

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

Section I GENERATOR (6	Senerator completes all of Section ()
a. Generator Name: 11 VIVIVII SUULIVIII NOT	b. Generating Location: Manual Support mt
c Address 59 Wall Chuyen Rd	d. Address: 100 Holmes & St.
CONT 6(28) (37) 74404	Lucermore CA 9450
Il compar of the generating facility differs for the	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.:
BFI WASTE CODE 214 405 05 109	7 0 3 0 4 3 Containers DM - METAL DRUM
J. Description of Waste:	DP - PLASTIC DRUM B - BAG
Sail	DO TYPE BA - 6 MIL. PLASTIC BAG OF 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	O -OTHER
epoliciple requisitors: AND If the wests is a few in	and is in proper condition for transportation according to I D. DOLLNIDG
Restrictions, I certify and warrant that the waste has been treated in accordance with the waste waste as defined by 40 CFR Part 261.	of the requirements of 40 CFR Part 268 and is no longer a M' - CUBIC METERS
Generator Authorized Agent Name Signature	Y - CUBIC YARDS O - OTHER
	Shipment Date
TRANSPORTER I	complete a-d; Transporter L'complete e-g
a. Name: 2/3524, 754	TRANSPORTER II
b. Address: 3/ 2 - (+ L/ / \)	h. Name:
TURN (N	i. Address;
c. Oriver Name/Title:	
d. Phone No.:	J. Driver Name/Title: PRINT/TYPE
f. Valide License No./State:	K. Phone No.: I. Truck No.:
Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Brief Signature	
Shipment Date /	Driver Signature Shipment Date
a. Site Name: / AMDIEN LAUNAL DV	mpletes a-d, destination site completes a-t.) Shipment Date
b. Physical Address: 400100 Rd	c. Phone No.: 72344 15491
LUIDAMINO OA GASSO	d. 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
	o and accordic.
Nume of Authorized Agent Signature	Placelpt Date
Section IV ASBESTOS (Generator com	
Section IV ASBESTOS (Generator com	Plette &-d. f. g. Shipper* completes e.): b. Shippers's* Phone No.:
Section IV ASBESTOS (Generator com	b. Shippers's* Phone No.:
Section IV ASBESTOS (Generator composition) Shippers's * Name: Shippers's * Address: Shippers's * Special Handling Instructions and additional information:	b. Shippers's* Phone No.:
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