

LYNN M. NIGHTINGALE
PARALEGAL SERVICES

FOX PLAZA
1390 MARKET STREET, SUITE 1204
SAN FRANCISCO, CA 94102-5306

TELEPHONE: (415) 554-0200
FACSIMILE: (415) 522-0513

December 3, 1999

eva chu
Hazardous Materials Specialist
Alameda County Health Agency Care Services
Environmental Health Services
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

Re: 4629 Martin Luther King Jr. Way, Oakland

Dear Ms. chu:

Enclosed per your request are the following documents regarding the soil removal at the above-referenced property:

1. Invoice from North American Dirt Solutions addressed to Tridib Guha
2. Seven (7) BFI Non-Hazardous Special Waste Manifests

If you need anything further, please contact me. Thank you.

Sincerely yours,



Lynn M. Nightingale

Enclosures

6040 14 1-020 66

**NORTH AMERICAN
DIRT SOLUTIONS**

408-359-0444

100 CRISTICH LANE SUITE K
CAMPBELL, CA 95008

06/23/99
07/03/99

TO: 1104A007 ADV. ASSESSMENT AND REMED. ATTN: TRIDIE GUHA 2380 SALVIO ST. STE. 202 CONCORD, CA 94520-2137	INVOICE NO.	PAGE
	001628	1
	DATE	06/23/99
	DUE DATE	07/03/99

DESCRIPTION			AMOUNT
TRUCK TIME	22.00 HOURS	82.50	\$1,815.00
LOADER	1.00 DAY	825.00	\$825.00
DISPOSAL SOIL	113.58 TONS	24.20	\$2,748.64
SITE: 47TH & MARTIN LUTHER KING OAKLAND			
NADS JOB# 3721			
NET 10 DAYS			
NET DUE			\$5,388.64



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. 414285

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ADVANCED ASSESSMENT b. Generating Location: 4159 17th St. N

c. Address: SALVIO RD
CONCORD d. Address: CAKIN RD

e. Phone No.: 925 363 1999 f. Phone No.: _____

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

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

i. BFI WASTE CODE:

CA	405	061700	02107
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 Containers: _____

j. Description of Waste: BULK SOIL k. Quantity:

1	8	Y	01	T
---	---	---	----	---

 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
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.

Generator Authorized Agent Name: Michael Nury Signature: _____ Shipment Date: 06/18/99

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

TRANSPORTER I
a. Name: COBRA TRUCKING

b. Address: PO BOX 24533
SAN FRANCISCO

c. Driver Name/Title: Kevin Powell

d. Phone No.: 313-6545 e. Truck No.: C-50

f. Vehicle License No./State: 9B 32535

Acknowledgement of Receipt of Materials.
g. [Signature] Shipment Date:

06	18	99
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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. [Signature] Shipment Date:

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

a. Site Name: BFI VASCO c. Phone No.: 925 447 0911

b. Physical Address: VASCO RD d. Mailing Address: 9001 VASCO RD
LIVERMORE

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] Name of Authorized Agent: _____ Signature: _____ Receipt Date:

06	18	99
----	----	----

 SCALE: 1137622 WT 15.62 tn

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: _____ Shipper's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Fragile, Non-fragile, Both _____ % fragile _____ % non-fragile

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or removed or the demolition, removal, or operation thereof.



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. 414287

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ADVANCED ASSESSMENT b. Generating Location: 4629 MLK JR WAY
 c. Address: 2380 SALVIO ST STE 202 d. Address: OAKLAND CA

e. Phone No.: 925 368 1999 f. Phone No.: _____

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

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

i. BFI WASTE CODE:

CA	4	0	5	0	6	1	7	0
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0	2	1	0	7
---	---	---	---	---

 Containers

j. Description of Waste: BULK SOIL k. Quantity:

1	8
---	---

 Units: Y No.:

0	1
---	---

 TYPE:

T

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.

MIKE MAREY Generator Authorized Agent Name [Signature] Signature 06/18/99 Shipment Date

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

TRANSPORTER I		TRANSPORTER II											
a. Name: <u>COBRA TRUCKING</u>	h. Name: _____	b. Address: <u>PO BOX 24533</u>	i. Address: _____										
c. Driver Name/Title: <u>howie's truck</u>	j. Driver Name/Title: _____	d. Phone No.: <u>650-259-9134</u>	k. Phone No.: _____										
e. Truck No.: <u>E-75</u>	l. Truck No.: _____	f. Vehicle License No./State: <u>9A41893</u>	m. Vehicle License No./State: _____										
n. Acknowledgement of Receipt of Materials. <u>[Signature]</u> <table border="1"><tr><td>6</td><td>1</td><td>5</td><td>9</td><td>9</td></tr></table> Shipment Date		6	1	5	9	9	o. Acknowledgement of Receipt of Materials. _____ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Shipment Date						
6	1	5	9	9									

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

a. Site Name: BFI VASCO c. Phone No.: 925 447 0491
 b. Physical Address: VASCO RD d. Mailing Address: 4001 VASCO RD
LT YERLINDRE

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] Name of Authorized Agent [Signature] Signature

6	1	5	9	9
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 Receipt Date Scale # 1137672

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 _____ Shippers' Signature _____ Date _____
 f. Name and Address of Responsible Agency _____
 g. Friable, Non-friable, Both _____ % friable _____ % nonfriable



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. 414288

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ADVANCED ASSESSMENT b. Generating Location: 4629 MILK JR WAY
 c. Address: 2380 SALVIO ST 202 d. Address: OAKLAND CA
CONCORD CA
925 363 1999 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	405	061	700
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 Containers:

02	107
----	-----

 j. Description of Waste: BULK SOIL k. Quantity:

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

 No.

01

 TYPE:

T

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.

MARK NAREY Generator Authorized Agent Name Signature 061899 Shipment Date

CONTAINERS
 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-n)

TRANSPORTER I
 a. Name: COBRA TRUCKING
 b. Address: PO Box 24533
SAN FRANCISCO
 c. Driver Name/Title: GARY SCOTT
 d. Phone No.: 415-878-1872 e. Truck No.: 90
 f. Vehicle License No./State: 9B12582
 Acknowledgement of Receipt of Materials.
 g. Gary Scott Driver Signature 61899 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: BFI VASCO c. Phone No.: 925 447 0491
 b. Physical Address: VASCO ROAD d. Mailing Address: 4001 VASCO RD
LS VERMERE CA
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. FVY Name of Authorized Agent Signature Scale # 1137699 Receipt Date
WT. 18.04 tons

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 _____ Shipper's Signature _____ Date _____
 f. Name and Address _____
 of Responsible Agency _____
 g. Friable, Non-friable, Both _____ % friable _____ % nonfriable



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. 414289

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ADVANCED ASSESSMENT b. Generating Location: 4629 MLK 12 WAY
 c. Address: 2380 SALVIO STE 202 d. Address: OAKLAND CA
CONCORD, CA
 e. Phone No.: 925 369 1919 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____
 i. BFI WASTE CODE:

CA	405	061700	021917
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 Containers: _____
 j. Description of Waste: BULK SOIL k. Quantity:

		15	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

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.

MARK NAREY Mike Z... 041899
 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		TRANSPORTER II	
a. Name: <u>COBRA TRUCKING</u>	b. Address: <u>PO BOX 2453</u> <u>SAN FRANCISCO</u>	h. Name: _____	i. Address: _____
c. Driver Name/Title: <u>LUAN...</u>	d. Phone No.: <u>315 6545</u> PRINT/TYPED e. Truck No.: <u>C-50</u>	j. Driver Name/Title: _____	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>9B32535</u>	g. Driver Signature: <u>[Signature]</u> Shipment Date: <u>011899</u>	m. Vehicle License No./State: _____	n. Driver Signature: _____ Shipment Date: _____
Acknowledgement of Receipt of Materials: _____		Acknowledgement of Receipt of Materials: _____	

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

a. Site Name: BFI VASCO c. Phone No.: 925 447 0991
 b. Physical Address: VASCO ROAD d. Mailing Address: 4001 VASCO RD
LETTERMORE
 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] Signature: [Signature] Receipt Date: 011899 Scale # 1137754
 Wt. 21.98 tons

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: _____ Shipper's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable, Non-friable Both _____ % friable _____ % nonfriable



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. 414290

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ADVANCED ASSESSMENT b. Generating Location: 4629 MILK JR WAY
 c. Address: 7380 SALVIO ST 202 d. Address: OAKLAND CA
CONCORD CA
 e. Phone No.: 925 363 1999 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	405	06	1700
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 Containers:

QZ	1	07
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 j. Description of Waste: BULK SOIL k. Quantity:

18	Y	01	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.

MIKE NAREY Generator Authorized Agent Name [Signature] Signature 06/18/99 Shipment Date

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

<p>TRANSPORTER I</p> <p>a. Name: <u>COBRA TALKING</u> b. Address: <u>PO BOX 24533</u> <u>SAN FRANCISCO</u> c. Driver Name/Title: _____ d. Phone No.: _____ e. Truck No.: <u>61</u> f. Vehicle License No./State: <u>7451217</u> Acknowledgement of Receipt of Materials. g. <u>[Signature]</u> Driver Signature <u>06/18/99</u> Shipment Date</p>	<p>TRANSPORTER II</p> <p>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</p>
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Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: BES VASCO c. Phone No.: 925 447 6491
 b. Physical Address: VASCO ROAD d. Mailing Address: 4001 VASCO RD
LYNDHURST

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] Name of Authorized Agent [Signature] Signature 06/18/99 Receipt Date Scale # 1137770
WT. 18.75

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: _____ Shippers' Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Frangible, Non-frangible, Both _____ % frangible _____ % nonfrangible



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. 40325

Section I: GENERATOR (Generator completes a-f; Transporter I completes g-i; Transporter II completes h-n)

a. Generator Name: ADVANCED ASSESSMENT b. Generating Location: 4629 MILK JR WAY.

c. Address: 2380 SALVIO SUITE 202
CONCORD, CA d. Address: OAKLAND CA

e. Phone No.: 925 363 1999 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:

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

i. BFI WASTE CODE: CA 405 061 700 02107 Containers: _____

j. Description of Waste: BULK SOIL k. Quantity: _____ 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.

MIKE NAREY Mike Narey 06/18/99
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: COBRA TRUCKING
b. Address: PO BOX 24533
SAN FRANCISCO

c. Driver Name / Title: hugh's truck
d. Phone No.: 415-259-9134 e. Truck No.: E-75

f. Vehicle License No. / State: 9A41893
Acknowledgement of Receipt of Materials.

g. Driver Signature: [Signature] Shipment Date: 6-18-99

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: BFI VASCO c. Phone No.: 925 447 0491

b. Physical Address: VASCO ROAD d. Mailing Address: 4001 VASCO RD
LIVERMORE

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] Signature: [Signature] Receipt Date: 6/18/99
Scale # 1137849
Wt. 7.97 tons

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

a. Operator's * Name: _____ b. Operator's * Phone No.: _____

c. Operator's * Address: _____

d. Special Handling Instructions and additional information: _____

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

e. Operator's Name & Title: _____ f. Name and Address of Responsible Agency: _____

g. Friable, Non-friable, Both _____ % friable _____ % nonfriable
Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

REORDER ONLY THROUGH BFI/USPCO CONTRACT GENERATOR RETAIN 12/95 7205 6 75