N-HAZARDOUO

MATERIALS MANIFEST

GENERATOR STEVE	Simi .
Site Address	Park St. Alamada CA
Mailing Alphan + Links	INC. 2424 Lowley Ave, Alamedo CA 74501
Phone :(5/0) 450 -6600	Contact: Low Lindsay
TRANSPORTER	
Address	
Address	
Phone :()	Contact:
I hereby certify that the above named ma	terial was picked up at the generator site listed above.
Driver Name: Semt BLA	
Driver Name: ():97()	Signature Signature
Truck No.	Ship Date: 12 17 171 **
Time of Pick-Up: 108	Time of Delivery: 1136
Time of Tick-op. 1	Time of Denvery.
Consultant/Owner	
Address 1217 50	-7 th <+
Modern /	A 95351
Phone: (209) 524-9653	Contact: Chuck Kiper / Bay Flamm
	terial is consistent with the information presented in the Waste Characterization Form, and has been properly described, classified and packaged, and is in
proper condition for transport according to	applicable regulation.
Name	Date: 12/7/95
	Date.
Recycling Facility REMEDIAL EN	IVIRONMENTAL MARKETING CO. INC.
	CK AVENUE RICHMOND, CA 94801
RECEIVED BY:	10-7-95
Control No: 5 - 59	D
	The state of the s

A COPY OF THIS SHEET MUST ACCOMPANY EVERY LOAD, AND MUST BE SUBMITTED AT THE GATE FOR ENTRY. ALL LOADS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE. DELIVERIES MUST BE SCHEDULED ON

A DAILY BASIS. ANY UNSCHEDULED LOADS MAY BE REFUSED AT THE GATE.

N-HAZARDOUS

MATERIALS MANIFEST

GENERATOR	Steve Simi		A STATE OF THE STA	<u> </u>
Site Address	1347 PARK ST.	Almoda CA	St. March	
	When + LINDSAY, INC.		AUX Alameda C	A 94501
Phone :(5/0) 450	, , , , , , , , , , , , , , , , , , ,	Contact:	LINGSMY	
TRANSPORTER	RichaldaysilTo 6 Pauline Ave.	- 1:1	е.и.и	
	K CNE HOW IT IC	on I ruc Kalina	green -	· · · · · · · · · · · · · · · · · · ·
Address 133	6 Pauling Ave.	MadesTO	19 3 35 1	
RETURNING L		Contact: <u> </u>	tr Mallan	
Phone: (209 57	18-9/00	Contact:Co	11 MIGHOL	
	ne above named material was picke			
Driver Name:	evin Kelley	Signature Jean	in Bille	2 die.
Truck No	960	Ship Date:	T- 1-42	
Time of Pick-Up:	L s	Time of Delivery:	<u> </u>	
			<u> </u>	
Consultant/Owner	SEMO			
Address	1217 So. 7th St			
	Market 10 95351	<u> </u>	2	1
Phone :(264)525	1- 9653	Contact:	LAUR KIPER	Strug Ela mi
I hereby certify that th	ne above named material is consiste	ent with the information pres	sented in the Waste Gi	naracterization
Form and Contamina	ted Soil Description Form, and has	been properly described, cla	assified and packaged	, and is in
proper condition for to	ransport according to applicable reg	1		
Name		Date:	145	· · · · · · · · · · · · · · · · · · ·
10/			<u> </u>	
<u> </u>				
Recycling Facility	REMEDIAL ENVIRONMEN			
	2717 GOODRICK AVENUE	HICHMOND, CA 9480		
RECEIVED BY:		Y (ow		A STATE OF THE STA
DATE:		/2	.7-95	36
Control No:	5		•	2

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