

SITE CLOSURE REPORT

SO 0001-11
12/19

**VA MEDICAL CENTER FIRE STATION
4951 ARROYO ROAD
LIVERMORE, CA 94550**

SUBMITTED BY

**CERTIFIED ENVIRONMENTAL CONSULTING
536 STONE ROAD
BENICIA, CA 94510
(707) 745-0171/(800) 228-0171**

CEC JOB NO. 93-173-1006

JUNE 1993

TABLE OF CONTENTS

LIST OF FIGURES, TABLES AND APPENDICES	ii
INTRODUCTION	1
SITE DESCRIPTION	2
PREVIOUS WORK	6
INVESTIGATIVE METHODS	7
A. DRILLING AND SOIL BORINGS	7
B. SOIL SAMPLING	7
C. CONSTRUCTION OF MONITORING WELLS	7
D. WELL DEVELOPMENT	10
E. GROUNDWATER SAMPLING	10
F. ANALYTICAL METHODS	12
EXTENT OF HYDROCARBON PRESENCE IN SOIL AND GROUNDWATER ...	13
A. HYDROCARBONS IN SOIL	13
B. HYDROCARBONS IN GROUNDWATER	17
HYDROLOGY	19
A. REGIONAL HYDROLOGY	19
B. LOCAL HYDROLOGY	19
C. GROUNDWATER GRADIENT	19
D. SEASONAL VARIATIONS OF GROUNDWATER	19
E. AQUIFER CHARACTERISTICS	21
BENEFICIAL USES OF GROUNDWATER	22
A. WELL INVENTORY	22
B. CONTAMINANT FATE TRANSPORT	22
C. SOURCES OF DRINKING WATER POLICY DETERMINATION ...	22
REMEDIATION ACTIVITIES AND EFFECTIVENESS	23
A. SOIL REMEDIATION	23
B. GROUNDWATER REMEDIATION	23
C. IMPACT OF RESIDUAL HYDROCARBONS ON BENEFICIAL USES .	25
SUMMARY AND CONCLUSIONS	26
RECOMMENDATIONS	27

FIGURES

FIGURE 1	LOCATION MAP	3
FIGURE 2	SITE VICINITY MAP	4
FIGURE 3	SITE PLAN OF STUDY AREA	5
FIGURE 4	EXPLORATORY BORING LOCATION MAP	8
FIGURE 5	VERIFICATION SAMPLE LOCATION MAP	9
FIGURE 6	CUMULATIVE GROUNDWATER FLOW DIRECTION	20

TABLES

TABLE 1	ANALYTICAL RESULTS - SOIL SAMPLES	14
	Sample Results from Spoil Piles Number 1-12	15
	Soil Samples from Aeration Stockpiles	16
TABLE 2	ANALYTICAL RESULTS - WATER SAMPLES	17
TABLE 3	QUARTERLY GROUNDWATER MONITORING RESULTS	18

APPENDICES

APPENDIX A	FIELD LITHOLOGIC LOGS
APPENDIX B	ANALYTICAL RESULTS AND CHAIN OF CUSTODIES
APPENDIX C	NON-HAZARDOUS SPECIAL WASTE MANIFESTS

INTRODUCTION

Two 12,000 gallon underground storage tanks were excavated and removed from the VA Medical Center Fire Station, located at 4951 Arroyo Road, Livermore, California in November 1990. The tanks stored No. 5 fuel oil and had not been used since 1965. During tank removal, conducted by Augeas Corporation, contamination of subsurface soils and groundwater beneath the site was identified.

In November and December 1990, approximately 4,000 cubic yards of soil were excavated and stockpiled on-site. Soil samples collected during excavation revealed levels of contamination at 9,000 mg/kg Oil and Grease (O+G) and 3,700 mg/kg of Total Petroleum Hydrocarbons as Diesel (TPH-D) in the excavated soil. A small lens of contaminated soil (initially measured at 6,500 mg/kg TPH-Diesel) remains under the VA Medical Center Fire Station. Contaminated soil was stockpiled and aerated on-site. When contaminant levels had been reduced to acceptable levels, the soil was transferred to a Class III Landfill.

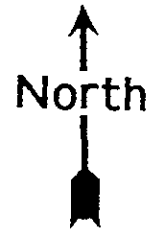
During excavation, dewatering activities removed approximately 20,000 gallons of groundwater, including removal of visible free floating product. Initial concentration of TPH-D in water removed from the excavation pit was 0.28 mg/L. After being stored and bioremediated on-site, the contained water was subsequently used in the backfilling and compaction processes. Three groundwater monitoring wells were installed for further hydrogeologic study.

Quarterly groundwater monitoring sampling was performed at the VA Medical Center by Certified Environmental Consulting, Inc. (CEC). All three monitoring wells tested ND (None Detected) for the last three consecutive quarters for BTEX, TPH-Diesel and Oil & Grease.

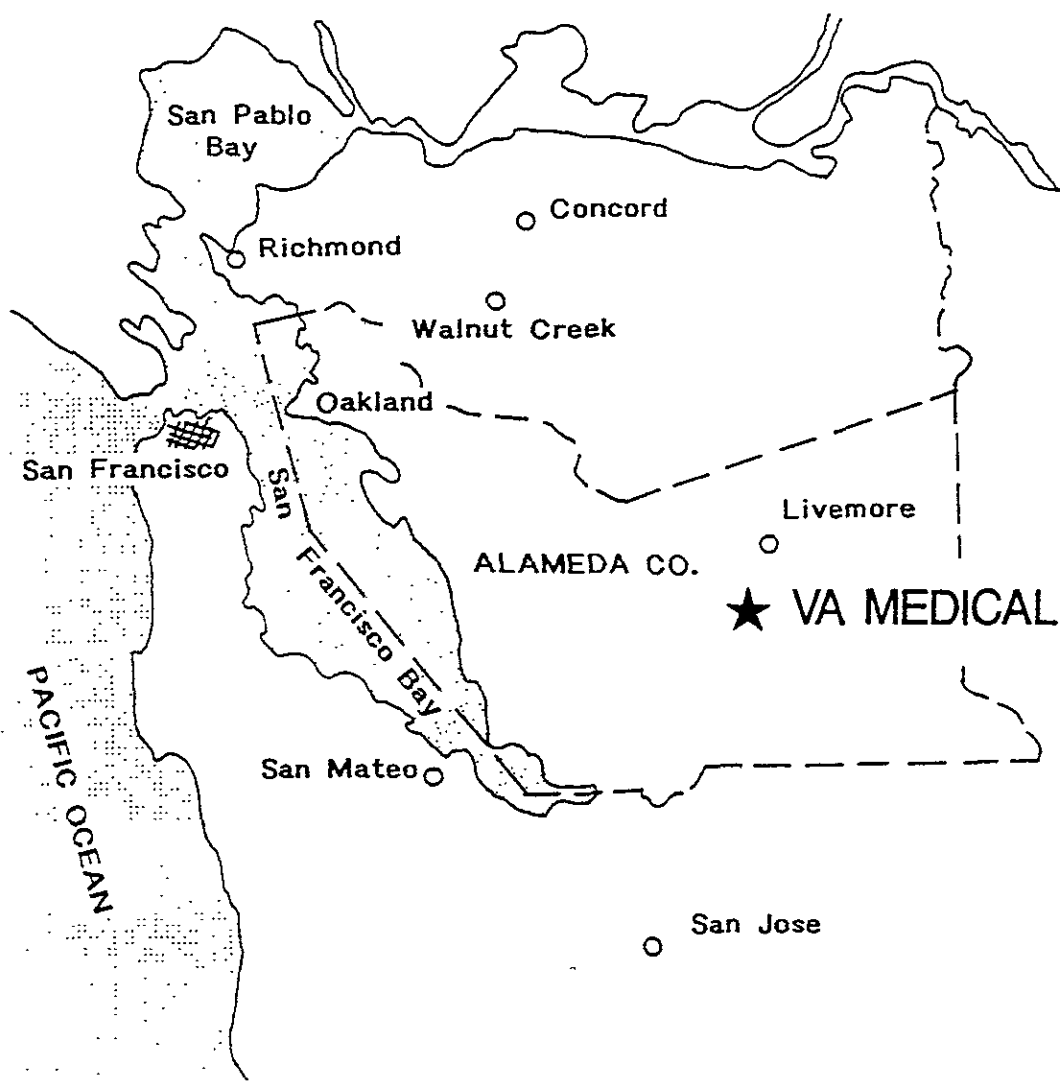
SITE DESCRIPTION

The VA Medical Center consists of approximately 118 acres in Township 3 and 4 South, Range 2 East, located in the eastern part of Alameda County. The facility was originally built in 1923 and is currently owned by the United States Federal Government, Department of Veterans Affairs. Figure 1 is a Location Map of the facility. The Medical Center is approximately 5 miles south of the central business district of Livermore. Figure 2 is a Topographic Map of the site vicinity showing the relationship of the Medical Center to the foothills south and east of the facility, and the Arroyo Valle, the major local drainage located one mile to the east. Figure 3 is a Plot Plan of the facility which shows the location of ancillary buildings, asphalt or concrete cover, and the location of former underground fuel storage tanks.

The subject property is on a moderate incline which slopes gently east towards Arroyo Del Valle Creek. Surface drainage on the property generally toward the creek. Most of the present day buildings have been constructed on cut slopes with substantial amounts of fill material used to form level building sites. Los Banos Creek lies approximately 5 miles east of the facility. The near surface soils are a sandy, gravelly loam formed from the weathering of the Tertiary marine sandstones, shales and minor conglomerates which comprise the hills to the south and east of the facility. These consolidated sedimentary units above the VA Medical Center have been mapped as the Cierbo Sandstone, a marine unit with a dip of 35 to 45 degrees to the northwest. Eastward across Arroyo Del Valle, the Livermore Formation, a non-marine unit consisting mostly of conglomerates with some claystones and minor sandstones, unconformably overlies the Cierbo Sandstone.



○ Stockton



★ VA MEDICAL CENTER

AUGEAS CORPORATION

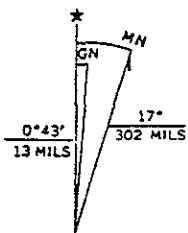
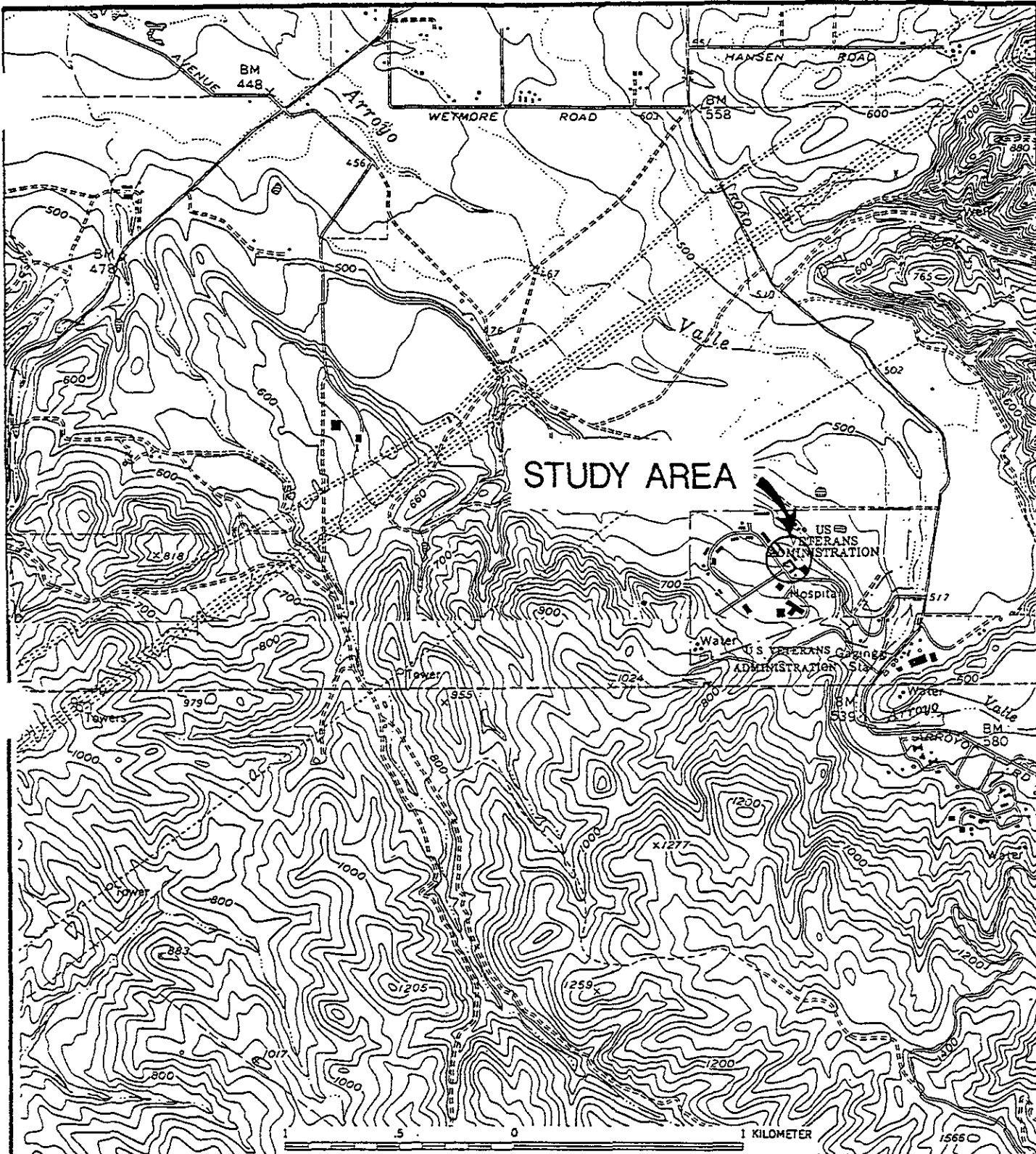
FIGURE 1
LOCATION MAP

VA MEDICAL CENTER, LIVERMORE, CALIFORNIA

DRAWN BY: *4/101*

DATE: *1/23/91*

PROJECT NO.



UTM GRID AND 1968 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

AUGEAS CORPORATION

FIGURE 2 SITE VICINITY MAP

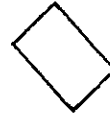
VA MEDICAL CENTER, LIVERMORE, CALIFORNIA

DRAWN BY: *[Signature]*

DATE: 1/22/91

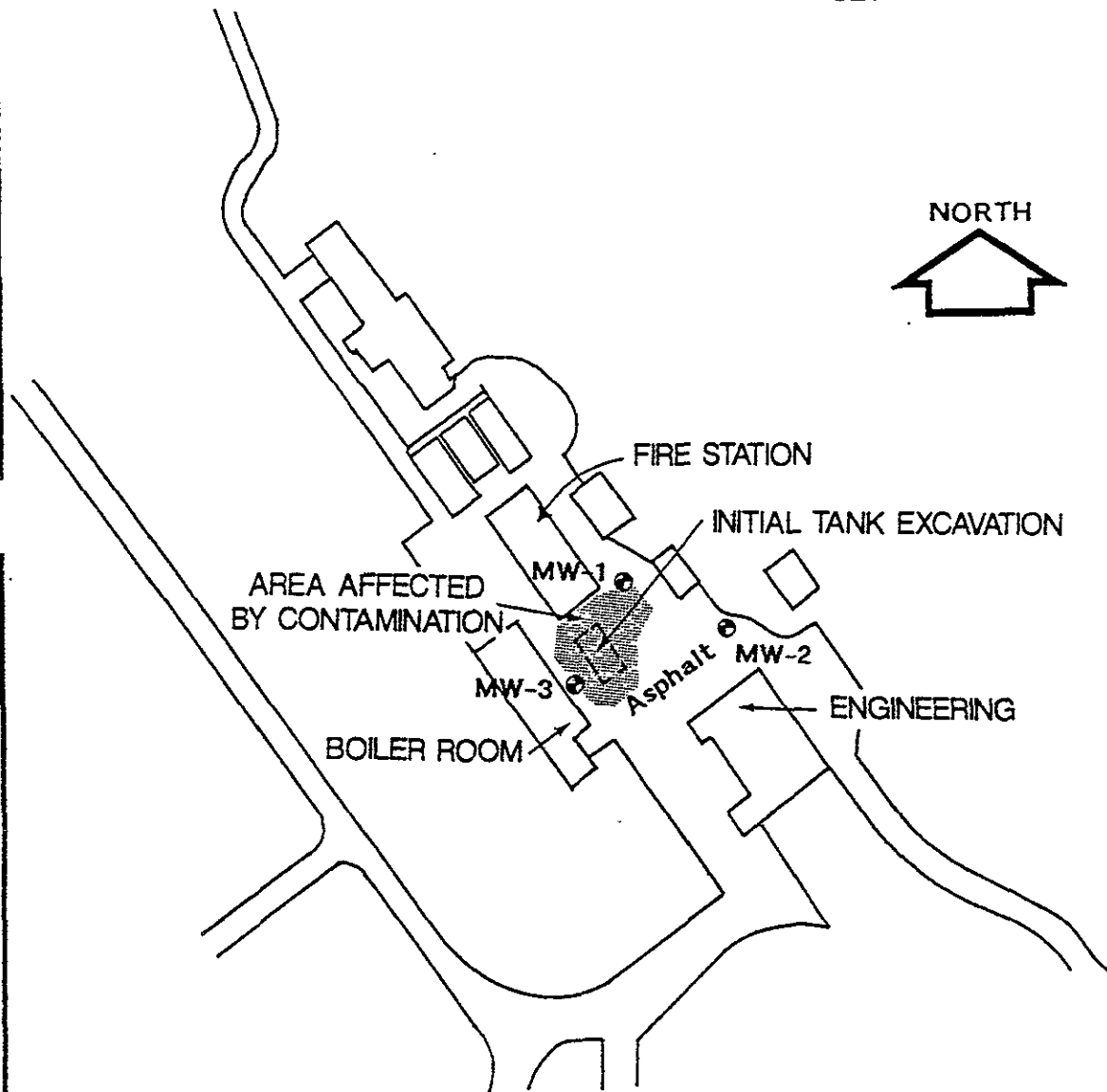
PROJECT NO.

VA MEDICAL CENTER SUPPORT BUILDINGS



SEWAGE TREATMENT FACILITY

NORTH



⊙ MW-1 LOCATION OF MONITORING WELLS

0 100 200 Feet

AUGEAS CORPORATION

FIGURE 3
SITE PLAN OF STUDY AREA

VA MEDICAL CENTER, LIVERMORE, CALIFORNIA

DRAWN BY: *[Signature]*

DATE: 1/24/91

PROJECT NO.

PREVIOUS WORK

In November of 1990, two underground storage tanks were removed from the VA Medical Center property, located at 4951 Arroyo Road in Livermore, California. The tanks were removed by SEMCO under the supervision of Augeas Corporation. According to the facility's records, the tanks were used to store No. 5 fuel oil. Although Department records indicate that the tanks have not been used since approximately 1965, upon visual inspection of both the tanks and soil, it was evident that the tanks had leaked at some time and that soil and groundwater had been affected. No inventory records were available for review to determine the approximate volume of materials which had leaked.

Sixteen soil borings were drilled to determine the lateral and vertical extent of soil contamination. Based on the data obtained from the borings, approximately 4,000 yd³ of diesel contaminated soil were removed and stockpiled on-site. The excavation pit was backfilled with uncontaminated overburden and clean fill. The soil was spread out on-site in an effort to remediate the soil through aeration. After sampling the stockpiles, the excavated soils were disposed of at a Class III Landfill (BFI Waste Systems, Livermore, California). The excavation was located between the fire station, boiler room and engineering buildings.

Approximately 20,000 gallons of water were removed for dewatering purposes during excavation. Floating product was also removed from the excavation during dewatering. When tested, these waters showed diesel fuel levels of 0.28 mg/L. After on-site biological treatment had decreased contamination to acceptable levels, approximately 10,000 gallons of the treated water was used in the backfilling and compaction processes. In 1991, an additional structure was built on the south side of the fire station to house a fire engine. The new structure is located on the fill used in the excavation pit.

Three monitoring wells were installed on-site for hydrogeologic study and to determine the potential impact to groundwater. Certified Environmental Consulting Inc., (CEC) collected groundwater samples from three wells on a quarterly schedule. The last three quarters of sampling showed non-detectable levels of BTEX, TPH-Diesel and Oil & Grease.

INVESTIGATIVEMETHODS

A. DRILLING AND SOIL BORINGS

Sixteen exploratory soil borings were drilled at the site in November 1990 to assess the vertical and areal extent of soil contamination prior to excavation. All of the borings were drilled to a depth of approximately 20 feet. The location of the 16 borings is shown in Figure 4. A map of the final excavation is shown in Figure 5. Actual field lithologic logs are presented in Appendix A.

Borehole drilling and sampling operations were accomplished using a truck mounted hollow stem auger drill rig. The 16 borings were continuously logged for the purpose of describing the vertical variations in the soil profile encountered. Soil samples were collected at 5 foot intervals and screened in the field both visually and with a PID. Samples with the highest readings were submitted for chemical analysis for verification purposes prior to excavation.

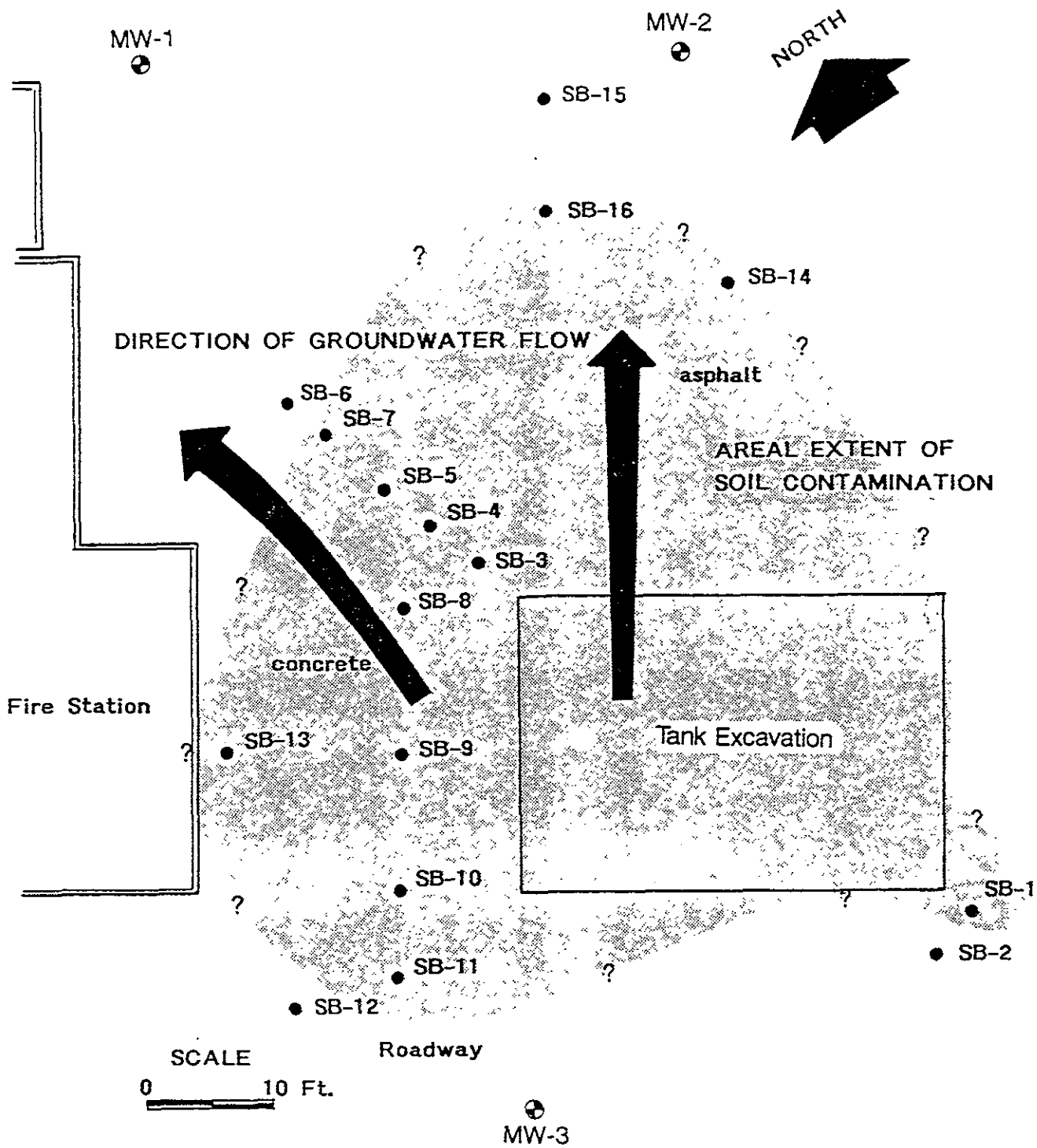
In accordance with Regional Water Quality Control Board (RWQCB) practices, all soil cuttings generated by the borehole drilling and sampling operations were contained and stored on-site. The cuttings were combined with the contaminated soil derived from the excavation and were also stockpiled on-site.

B. SOIL SAMPLING

During the course of soil removal, Augeas personnel under the supervision of a California Registered Geologist collected soil samples from the walls and floor of the excavation. Samples were collected on a 15-foot interval by driving brass tubes into the wall or floor and collecting a semi-disturbed sample suitable for detecting aromatic volatile organic compounds. Once collected, each sample tube was sealed with plastic end caps, wrapped in duct tape, labeled and placed in a refrigerator until transported to a certified analytical laboratory under chain of custody.

C. CONSTRUCTION OF MONITORING WELLS

In addition to the 16 soil borings, three groundwater wells were installed to determine the lateral extent of groundwater contamination and for determining groundwater flow direction. The wells were constructed using 2" Sch 40 PVC with 0.020" slot size. The screened interval was different for all three wells: MW-1 10'-20', MW-2 8'-18' and MW-3 5'-20'. The filter pack was comprised of #3 sand and extended a minimum of 2 feet above the screened interval in each well. A 2 foot bentonite seal was placed on top of the filter pack then the remaining borehole was filled with neat cement. Traffic rated christy boxes were placed over the completed wells, cemented in place and locking caps were installed on the well heads to prevent unauthorized access.



Boiler Room

LEGEND

- SOIL BORING
- ⊕ MONITORING WELL

AUGEAS CORPORATION

FIGURE 4

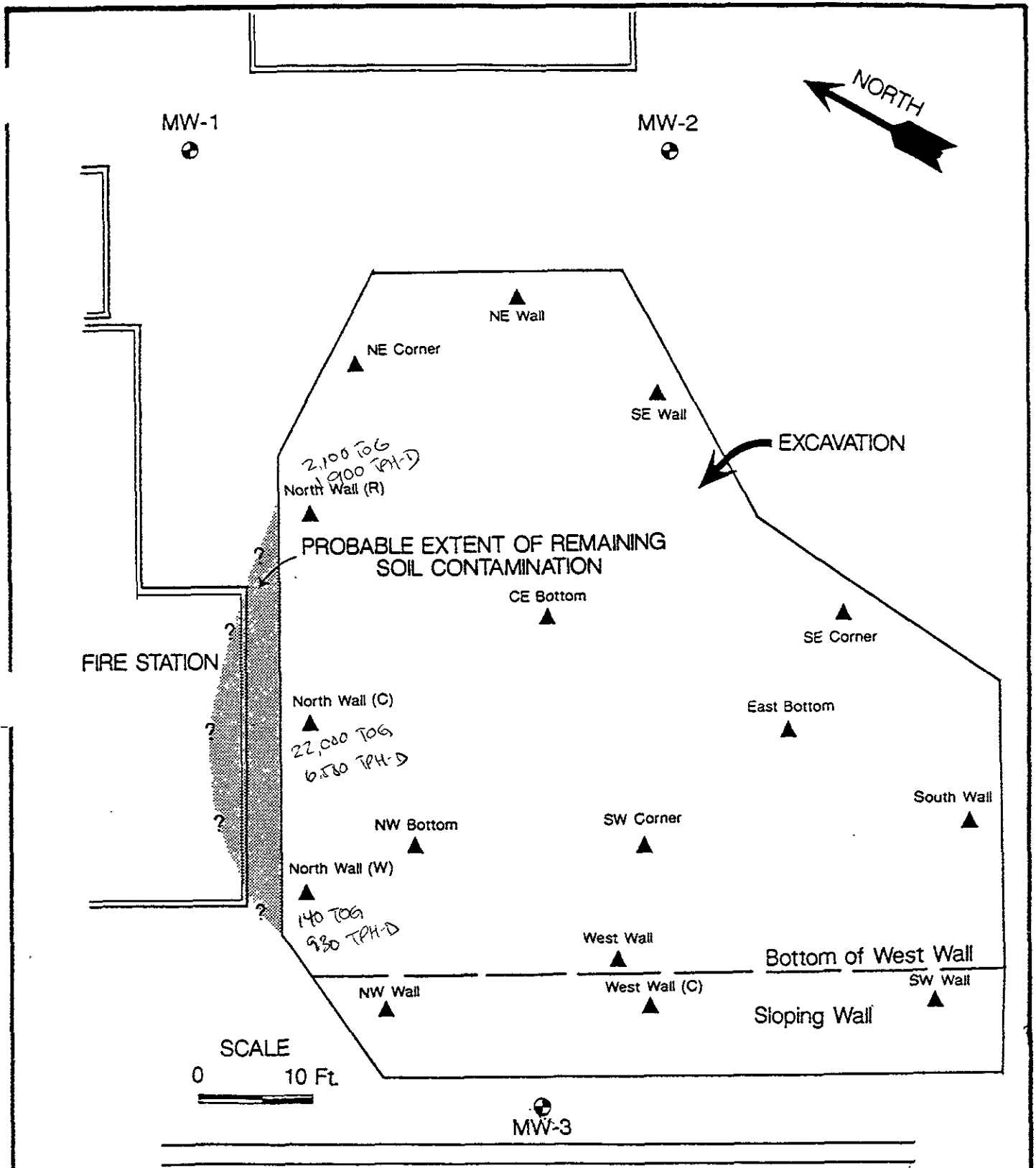
EXPLORATORY BORING LOCATION MAP

VA MEDICAL CENTER, LIVERMORE, CALIFORNIA

DRAWN BY: *LJA*

DATE: 1/23/91

PROJECT NO.



▲ VERIFICATION SAMPLE

AUGEAS CORPORATION

FIGURE 5
VERIFICATION SAMPLE LOCATION MAP

VA MEDICAL CENTER, LIVERMORE, CALIFORNIA

DRAWN BY: *[Signature]*

DATE: 1/20/91

PROJECT NO.

D. WELL DEVELOPMENT

All three monitoring wells were developed prior to the first sampling round performed by Certified Environmental Consulting, Inc. in November 1991. The wells were developed by surging and pumping methods. Well development generally suppresses damage to the formation by drilling operations, restores natural hydraulic properties to the adjacent soils and improves hydraulic properties near the borehole so the water flows more freely in the well. Wells were developed by removing the finer material from the formation and filter pack surrounding the wells. Well development continued until the well was thoroughly developed and as free of sand, silt and turbidity as possible.

During development, Ph, specific conductance, temperature and turbidity of the return water was measured. Well development proceeded until these field water quality parameters stabilized and the water is was at its maximum possible clarity.

E. GROUNDWATER SAMPLING

Purging

During each round of sampling, static water level was measured prior to purging using an electronic sounder. All water-level measurements were recorded to the nearest 0.01 foot with respect to mean sea level.

Three bore volumes were purged from the well prior to sampling. To ensure that water in the well had been exchanged, pumping or bailing was performed at the top and worked downward. The well was allowed to return to 80 percent of the original water level before sampling.

Temperature, pH, specific conductance, and turbidity were measured for each bore volume pumped. Purging continued until these field-measured water quality parameters stabilized and the water was representative of water in the aquifer. Data obtained from field water quality measurements were recorded in the field on data sheets. A separate aliquot of groundwater collected from the purge water outlet stream will be used for field measurements.

Water temperature was measured with an electronic thermistor.

Acidity/alkalinity (pH) was measured by dipping the pH probe in the sample; pH was measured as soon as possible after collection of the sample.

Conductivity was measured by dipping the conductivity probe in the water source or sample. The temperature of the sample was used to calculate specific conductance from the conductivity measurement. Measurements are reported in units of microhms per centimeter at 25 degrees Centigrade.

Turbidity was measured using a vial of development/purge water and a turbidity meter. The instrument was calibrated to read between 1 and 400 Nephelometric turbidity units (NTUs). This is a measure of the amount of light scattered at right angles to the path of light passing through the water. The greater the NTU reading, the greater the amount of light scattered by practices in the water, therefore, the greater the turbidity.

Sample Collection

Wells were sampled using a new, clean, disposable Teflon bailer attached to new, clean string. Sample vials and bottles were filled to overflowing and sealed so that no air was trapped in the vial or bottle. Once filled, samples were inverted and tapped to test for air bubbles. Samples were contained in vials and bottles approved by the U.S. EPA and the Regional Water Quality Control Board, San Francisco Bay Region.

Water samples intended for volatile hydrocarbon analysis were contained in 40 ml VOA vials prepared according to EPA SW 849 and capped with Teflon-lined septa caps. Samples intended for analysis by EPA 602 contained a small amount of preservative (HCl). Samples intended for EPA 601 and EPA 624 GCMS procedures were not preserved. Water samples intended for low level diesel analysis were stored in dark glass 1-liter bottles to reduce degradation by sunlight.

Sample containers were labelled with self-adhesive, pre-printed tags, containing the following information in waterproof ink:

1. Project Number (or name)
2. Sample Number (or name)
3. Sample Location (well number, etc.)
4. Date and time samples were obtained
5. Treatment (preservative added, filtered, etc.)
6. Name of Sample Collector

All purged water was stored on site in steel DOT approved drums. Drums were labeled as to contents, suspected contaminants, date container filled, expected removal date, company name, contact and phone number, sealed and left on-site for subsequent disposal pending analytical results.

Documentation

Specially formatted field data sheets were used to record the information collected during water quality sampling. The data sheets can be found in the project file.

Field Equipment Decontamination Procedures

Bailers and string were properly disposed of off-site. All other sampling equipment, such as buckets and stands, was decontaminated after each use by washing in an Alconox solution.

All rinseate used in the decontamination process was stored on site in labeled, steel DOT approved drums.

F. ANALYTICAL METHODS

Soil Samples

Soil samples were collected by Augeas Corporation and analyzed at Superior Precision Analytical, Inc. using the following EPA methods:

<u>Test</u>	<u>Method</u>
Lead	Calif. Admin. Code Title 22, Paragraph 66700
Oil + Grease (O+G)	Standard Method 5520F
Benzene	EPA SW-846 Methods 5030 and 8020
Toluene	"
Ethyl-benzene	"
Xylenes	"
TPH-Diesel	EPA SW-846 Method 8015

Groundwater Samples

During excavation, groundwater samples were collected by Augeas Corporation and analyzed by Superior Analytical Laboratories, Inc. Samples were analyzed for TPH-D, O+G and BTEX using the same methods as listed above for soil.

Quarterly groundwater samples were collected by Certified Environmental Consulting and analyzed by McCampbell Analytical using the following methods:

<u>Test</u>	<u>Method</u>
Oil + Grease (O+G)	EPA Method 418.1
Benzene	EPA SW-846 Methods 5030, Modified 8015 and 8020 or 602
Toluene	"
Ethyl-benzene	"
Xylenes	"
TPH-Diesel	EPA Methods Modified 8015, and 3550 or 3510

EXTENT OF HYDROCARBON PRESENCE IN SOIL AND GROUNDWATER

A. HYDROCARBONS IN SOIL

Analytical results show that only the soil samples collected from the north wall of the excavation still contained significant levels of petroleum products including diesel fuel, oil and grease and minor aromatic compounds (Table 1). As a result, the perimeter of the excavation defined a clean zone around the former underground tanks on three of the four sides. Virtually all of the samples collected showed non-detectable levels of TPH, oil and grease, and BTXE. The soil contamination remaining in the north wall of the excavation is confined to a thin zone which projects beneath the existing fire station. The north wall of the excavation was extended to within 2 feet of the fire station in an attempt to remove as much contaminated soil as possible. Further excavation, however, would require removal of the existing structure. Based on the results of the excavation and mapping of the contaminated zone within the wall of the excavation, it is believed that the 2 foot layer of petroleum hydrocarbon contamination thins to the north and extends an additional 4 to 5 feet beneath the fire station. The contamination is restricted to a layer of sand and gravel at a depth of approximately 17 feet beneath the surface. Beneath the sand and gravel is a thick sequence of low-permeability clay that has prevented the downward migration of the fuel oil. A soil particle analysis of the clay unit shows this material to be a silty clay and of low transmissivity (Appendix A). Since the contaminated zone is periodically located above the water table, it is subjected to oxidizing conditions conducive to the slow methodical breakdown of the long-chain hydrocarbon molecules characteristic of fuel oil by natural biodegradation. The surface area surrounding the former tanks was covered with asphalt, rendering the surface essentially impermeable to the downward migration of meteoric water. Analytical results and chain of custodies for samples collected from the bottom and side walls of the excavation are in Appendix B. It is therefore expected that the small amount of contamination left in the soil will not represent a serious threat to public health or adversely impact water quality. CEC has performed all quarterly monitoring, results of which are discussed below.

TABLE 1

ANALYTICAL RESULTS -- SOIL SAMPLES

CONSTITUENTS						
Sample ID	Benzene ug/kg	Toluene ug/kg	Ethyl Benzene ug/kg	Xylenes ug/kg	Mg/lcg Diesel #2 ug/kg	Mg/kg Oil & Grease ug/kg
SE Corner	ND	ND	ND	ND	ND	ND
NE Corner	ND	ND	ND	4	ND	ND
CE Bottom	ND	ND	ND	ND	ND	ND
NW Bottom	ND	ND	ND	ND	ND	ND
West Wall	ND	ND	ND	ND	ND	ND
SW Corner	ND	ND	ND	ND	ND	ND
North Wall (R)	ND	ND	ND	ND	1,900	2,100
North Wall (C)	ND	ND	280	440	6,500	22,000
North Wall (W)	ND	ND	96	310	930	140
SE Wall	ND	ND	ND	6	ND	ND
NE Wall	ND	ND	ND	4	ND	ND
NW Wall	ND	ND	ND	ND	ND	ND
West Wall (C)	ND	ND	ND	ND	ND	ND
SW Wall	ND	ND	ND	4	ND	ND
South Wall	ND	ND	ND	ND	ND	ND
East Bottom	ND	ND	ND	ND	ND	ND

ND = NON-DETECT

Excavated soil was stored on VA Livermore Medical Center property in 12 separate stock piles. In August of 1991, stock pile soils were sampled with the following results:

**Sample Results From Spoil Piles Number 1-12
August 15, 1991**

Sample	Lead ppm	O+G ppm	Benzene ppb	Toluene ppb	Ethyl- Benzene ppb	Xylenes ppb	TPH-D ppm
1	-	1900	3	6	8	25	4100
2	-	550	ND	ND	4	13	1400
3	ND	760	ND	ND	ND	8	2300
4	-	320	ND	ND	ND	4	1600
5	-	690	ND	ND	4	15	2300
6	-	420	ND	ND	ND	8	790
7	-	240	ND	ND	ND	ND	1100
8	-	190	ND	ND	ND	ND	550
9	-	210	ND	ND	ND	4	160
10	-	160	ND	ND	ND	ND	260
11	-	-	ND	ND	ND	ND	260
12	-	-	ND	ND	ND	ND	440

ND = NON-DETECT

Soil Samples From Aeration Stockpiles

Stock-Pile Number	Date	Benzene ppb	Toluene ppb	Ethyl Benzene ppb	Total Xylene ppb	Kerosene ppm	Diesel ppm	Oil ppm
1	02/20/92	ND	ND	ND	ND	NA	NA	NA
1	02/04/92	NA	NA	NA	NA	ND	ND	720
33	11/21/91	NA	NA	NA	NA	ND	ND	1100
34	11/21/91	NA	NA	NA	NA	ND	ND	940
24	10/16/91	NA	NA	NA	NA	ND	ND	620
25	10/16/91	NA	NA	NA	NA	ND	ND	930
23	10/16/91	NA	NA	NA	NA	ND	ND	1200
22	10/16/91	NA	NA	NA	NA	ND	ND	3600
21	10/16/91	NA	NA	NA	NA	ND	ND	3000
19	10/07/91	NA	NA	NA	NA	ND	ND	1200
20	10/07/91	NA	NA	NA	NA	ND	ND	800
13	09/27/91	NA	NA	NA	NA	ND	ND	1500
14	09/27/91	NA	NA	NA	NA	ND	ND	1500
15	09/27/91	NA	NA	NA	NA	ND	ND	2000
16	09/27/91	NA	NA	NA	NA	ND	ND	2200
17-1-A TO 17-1-H	09/18/91	ND	ND	ND	ND	ND	ND	1300
17-2-A TO 17-2-H	09/18/91	ND	ND	ND	ND	ND	ND	1900
17	09/27/91	NA	NA	NA	NA	ND	ND	830
18	09/27/91	NA	NA	NA	NA	ND	ND	880

ND = NON-DETECT
 NA = NOT ANALYZED

B. HYDROCARBONS IN GROUNDWATER

Floating Product

Leakage of oil from the underground fuel tanks reached the water table, resulting in visible free floating product in the excavation pit. The visible free-floating product was removed during the excavation dewatering activities. The groundwater was removed from the excavation using a single 20-foot section of 18-inch diameter, Schedule 80 PVC pipe.

Dissolved Hydrocarbons

Two water samples were collected directly from the groundwater of the excavation during the construction dewatering activities. A summary of the analytical results is presented in Table 2. Detailed analytical reports can be found in Appendix B. Both analyses (samples VA Exc. and Bottom) indicate a low aqueous solubility of the fuel oil. Two additional water samples (samples L. Water and U. Water) were collected from the two 10,000 gallon holding tanks used for the collection of groundwater during the dewatering activities. All four of these samples were analyzed for Total Petroleum Hydrocarbon products as well as aromatic constituents. Virtually no dissolved aromatic constituents were found in any of the samples collected.

TABLE 2

ANALYTICAL RESULTS - WATER SAMPLES

Sample ID	Benzene ug/l	Toluene ug/l	Ethyl-Benzene ug/l	Xylene ug/l	TPH-D mg/l
VA Exc.	ND	ND	ND	ND	0.3
Bottom	ND	ND	0.3	ND	0.28
L. Water	ND	ND	ND	ND	0.68
U. Water	ND	ND	ND	ND	0.27

Quarterly monitoring has also shown that no constituents have been detected in the groundwater for three quarters. Table 3 is a summary of the quarterly groundwater monitoring sample results.

TABLE 3

QUARTERLY GROUNDWATER MONITORING RESULTS

Well Number	Sample Date	TPH-D ppm	Benzene ppb	Toluene ppb	Ethyl-Benzene ppb	Xylene ppb	O+G ppm
MW-1	11/06/91	ND	15	0.8	4	76	-
	03/03/92	ND	ND	ND	ND	ND	-
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND
MW-2	11/06/91	ND	ND	ND	ND	ND	-
	03/03/92	ND	ND	ND	ND	ND	-
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND
MW-3	11/06/91	ND	ND	ND	ND	ND	-
	03/03/92	ND	ND	ND	ND	ND	-
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND

HYDROLOGY

A. REGIONAL HYDROLOGY

The site is located in the southeastern most portion of the Amador Subbasin. In the center and southeastern portions of the Amador Subbasin, the effects of gravel mining are evident. In the southeastern part of the Amador Subbasin, the upper aquifer gradient is generally to the west and north towards the depression caused by mining dewatering. In the central portion of the Amador Subbasin, gravel mining activities at Kaiser have essentially removed the upper aquifer to the elevation of 220 feet or below. The subject site is at least five miles from the nearest mining operation. Groundwater beneath the site does not lie within the cone of influence associated with mining dewatering to the northwest.

B. LOCAL HYDROLOGY

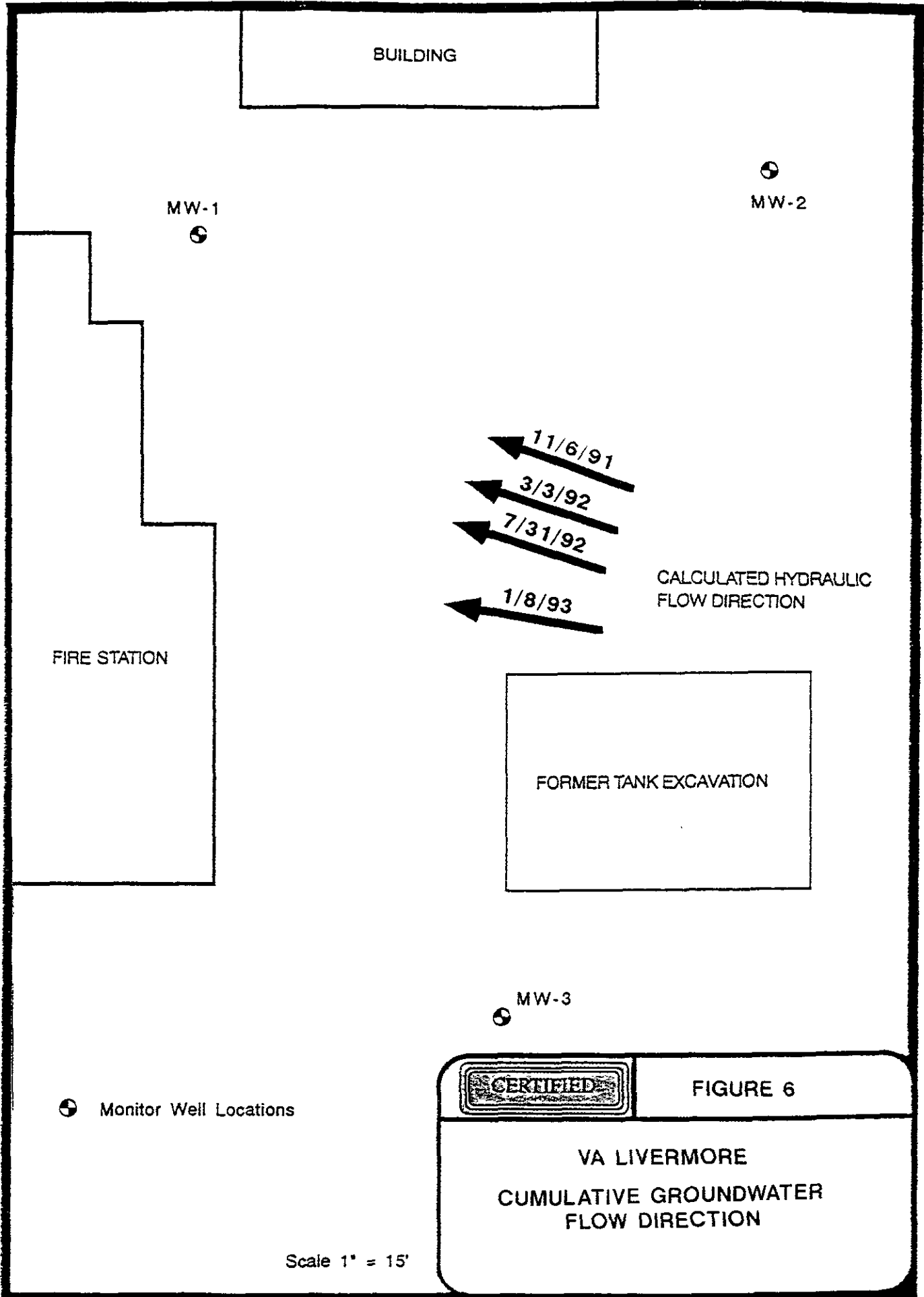
Water levels in the observation wells at the site were used to provide a more detailed picture of flow patterns in the vicinity of the former underground tanks. A major uncertainty in the groundwater regime is the influx of water from the sedimentary units below. A deep fault could allow water to move vertically upward into the overlying terrace deposits. In addition, the existence of pressure at a sufficient depth to force deeper water to the surface has been indicated by an old well at the Wente Winery, about 2,000 feet southeast of the sewage system's well field, which flows 100 gpm at the surface under artesian conditions.

C. GROUNDWATER GRADIENT

Groundwater gradients were calculated during quarterly groundwater monitoring and did not exhibit any significant fluctuation in groundwater flow direction. The groundwater flow direction trends west-northwest parallel to Arroyo Del Valle. Cumulative gradient flow directions can be found in Figure 6.

D. SEASONAL VARIATIONS OF GROUNDWATER

The water table at the site has fluctuated extensively from approximately 13 to 18 feet below ground surface, but is primarily confined to a coarse sand and gravel zone located between those depths. A thick clay sequence underlies the sand and gravel zone and apparently serves as an impermeable barrier to the downward migration of groundwater in the immediate vicinity of the excavation.



BUILDING

MW-1

MW-2

11/6/91

3/3/92

7/31/92

1/8/93

CALCULATED HYDRAULIC
FLOW DIRECTION

FIRE STATION

FORMER TANK EXCAVATION

MW-3

Monitor Well Locations

CERTIFIED

FIGURE 6

VA LIVERMORE
CUMULATIVE GROUNDWATER
FLOW DIRECTION

Scale 1" = 15'

E. AQUIFER CHARACTERISTICS

The near surface soils are a sandy, gravelly loam formed from the weathering of the Tertiary marine sandstones, shales and minor conglomerates which comprise the hills to the south and east of the facility. Terraces underlying the VA Medical Center property are Quaternary alluvial formations. These deposits overly the consolidated sedimentary units and are characterized as moderate to highly permeable on soil survey maps. The saturated thickness of the terrace deposits underlying the VA Medical Center Sewage Treatment Facilities, located north of the tank of the excavation, varies between zero along the edges of the terrace, to an average of about 12 feet at the center of the well field.

BENEFICIAL USES OF GROUNDWATER

A. WELL INVENTORY

There are 12 identified wells within a 1/2 mile radius of the UST tank excavation site. Three of the 12 wells are groundwater monitoring wells in the immediate vicinity of the UST excavation. The remaining 9 wells are all located on VA Medical Center property. The wells are relatively shallow in depth with the deepest well documented at 30 feet. The majority of the wells are located approximately within a 500 foot radius of the VA Sewage Treatment Plant and Percolation Pond.

B. CONTAMINANT FATE TRANSPORT

Initial hydrocarbon concentrations in the soil following tank removal included 9,000 mg/kg oil and grease, and 3,700 mg/kg of diesel. Complex site geology and the clay-rich nature of the soil at a depth of 25 feet precluded deeper migration of the fuel oil despite periodic lowering of the water table during dry years. The relatively high viscosity of the fuel also prevented the contamination from spreading away from the actual tank excavation area. In addition, the nature of the fuel, i.e., the high molecular weight of the respective hydrocarbon compounds present, also prevented large-scale dissolution of the oil once it came into contact with the water table. The limited areal extent of contamination, caused by the adsorption tendency of the fuel, enabled the soil to be readily excavated and removed.

C. SOURCES OF DRINKING WATER POLICY DETERMINATION

The groundwater located in the immediate vicinity of the former tank excavation occurs in a shallow laterally discontinuous sand and gravel zone. During groundwater sampling, all three wells were pumped dry at an approximate rate of 2 gpm suggesting that the aquifer does not yield appreciable quantities of water. Groundwater samples collected during the last three monitoring rounds were below detectable levels for BTXE, TPH-D and Oil & Grease. The samples are all below the primary maximum contaminant levels (MCL's) for California and Federal drinking water standards.

REMEDIATION ACTIVITIES AND EFFECTIVENESS

A. SOIL REMEDIATION

All excavated soil (approximately 4,000 yd³) was stockpiled on VA Medical Center property in at least 5 separate piles. After aeration, all soil was transported to a Class III Landfill (BFI Waste Systems) by Rich Hamilton Trucking. Non-Hazardous Special Waste Manifests associated with the soil disposal can be found in Appendix C.

To facilitate the removal of contaminated soil below the fluctuating water table, SEMCO installed a temporary groundwater extraction sump to dewater the floor of the excavation. The well casing was constructed of a single 20-foot section of 18-inch diameter, Schedule 80 PVC pipe. Vertical slots were cut in the lower 10-feet of the casing and staggered to allow maximum flow. A 10-foot deep hole was opened in the floor of the excavation and the casing installed by backfilling the hole and placing pea-gravel around the base and sides of the slotted part of the casing. A submersible pump was used to lift the water to the top of the casing and a centrifugal pump was used to push the water approximately 50 feet upward from the floor of the excavation to two 10,000 gallon holding tanks located at the surface, adjacent to the excavation. The combined system was able to pump approximately 100 gallons per minute, but could only pump for 20 minutes before cavitating. Over a three week period, however, approximately 20,000 gallons of water were removed from the excavation, lowering the water table about 7 feet.

B. GROUNDWATER REMEDIATION

Four water samples were collected during the excavation dewatering activities. Two of the samples were collected directly from the excavation. During the dewatering activities, the samples were collected from the first 10,000 gallons of water extracted. All samples were collected using disposable polyurethane bailers. Two one-liter glass jars and two 40 mil VOA vials were filled for each water sample collected. Care was taken to ensure that no headspace was incorporated in the 40 mil vials. All samples were placed into separate chilled ice chests to avoid the potential for cross contamination. The samples were transported under chain-of-custody to a California certified analytical laboratory within 24 hours of collection.

The initial concentration of free floating hydrocarbon constituents in the groundwater (0.28 mg/l) declined to non-detectable levels (in the excavation) once the contaminated soil had been removed. Only minor aromatic constituents were detected in any of the water samples collected either during dewatering activities or following source removal. Analytical results can be found in Table 2. Quarterly monitoring has also shown that no constituents have been detected in the groundwater for at least the two quarters. Table 3 is a summary of the quarterly groundwater monitoring sample results.

TABLE 2

ANALYTICAL RESULTS - WATER SAMPLES

Sample ID	Benzene ug/l	Toluene ug/l	Ethyl- benzene ug/l	Xylene ug/l	TPH-D mg/l
VA Exc.	ND	ND	ND	ND	0.3
Bottom	ND	ND	0.3	ND	0.28
L. Water	ND	ND	ND	ND	0.68
U. Water	ND	ND	ND	ND	0.27

TABLE 3

QUARTERLY GROUNDWATER MONITORING RESULTS

Well Number	Sample Date	TPH-D ppm	Benzene ppb	Toluene ppb	Ethyl- benzene ppb	Xylene ppb	O+G ppm
MW-1	11/06/91	ND	15	0.8	4	76	-
	03/03/92	ND	ND	ND	ND	ND	-
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND
MW-2	11/06/91	ND	ND	ND	ND	ND	-
	03/03/92	ND	ND	ND	ND	ND	-
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND
MW-3	11/06/91	ND	ND	ND	ND	ND	-
	03/03/92	ND	ND	ND	ND	ND	-
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND

C. IMPACT OF RESIDUAL HYDROCARBONS ON BENEFICIAL USES

Free-floating product in groundwater was removed from the site during the day of excavation. Quarterly groundwater monitoring of the three on-site wells has shown that the groundwater is no longer affected by the release of hydrocarbons that occurred at this site (see Table 3).

SUMMARY AND CONCLUSIONS

A release of No. 5 fuel oil was detected at the VA Medical Center Fire Station when two underground tanks were removed in November of 1990. Free floating product was observed in the groundwater of the excavation pit. The initial concentration of free floating hydrocarbon constituents in the water (0.28 mg/l) declined to non-detectable levels (in the excavation) once the contaminated soil had been removed. Quarterly groundwater monitoring results presented in Table 3 support this fact.

Approximately 4,000 yd³ of contaminated soil were removed from the excavation. This soil was stockpiled on-site, aerated and disposed of at BFI Waste Systems (Class III Landfill) as non-hazardous waste (see manifests, Appendix C). Clean soil was used as backfill for the excavation.

At the time of excavation, all contaminated soil was removed and stockpiled, except for a portion of hydrocarbons which had leaked under the fire station building. Due to the local geology and the properties of No. 5 fuel oil, it appears that the small amount of contamination remaining under the fire station does not present a significant risk to groundwater quality.

RECOMMENDATIONS

Based on our review of an investigation conducted by Augeas Corporation and quarterly monitoring results performed by Certified Environmental Consulting, Inc., it appears that contaminated soil and groundwater at the VA Medical Center Fire Station site have been successfully remediated. Although some soil contamination is still present beneath the fire station, it does not appear to be a threat to groundwater. Case closure is recommended for this facility.

Project VA Hospital Job No. BORING MW-1 Sheet 1 of 1
 Date Started 11/24 Completed 11/24 Surface Elevation _____
 Total Depth 25' Location Livermore
 Logged By SAW Drilled By C. Meyer
 Remarks _____

DEPTH FATHOMS	DEPTH FEET	SAMPLE					LOG GRAPHIC	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
		DEPTH FATHOMS	DEPTH FEET	DEPTH FEET	DEPTH FEET	DEPTH FEET			
							<p>little sand (SM) minor gravel, clasts subrounded to 1" max. diameter, Moderate brown (5YR 7/4)</p> <p>little sand (SM) no gravel, moderate yellowish brown (10YR 5/4)</p> <p>interbedded thin clay of very stiff clay (CL) 10YR 5/4</p> <p>Gravel (GC) with minor clay, clasts subrounded to well rounded derived from stream bed. Clay very stiff, 10YR 5/4 and minor silt</p> <p>Gravelly sand (SG) with minor clay gravel clasts well rounded, and to coarse gravel, moist to saturated conditions at 15'</p> <p>Clay (CL) moderate brown (5YR 7/4) stiff, moist, gradually changing color to bluish gray 5B 5/1</p> <p>Terminate hole @ 25'</p>	<p>CONCRETE</p> <p>BENTONITE SEAL</p> <p>#3 SAND</p> <p>10' 6" SCREEN CASE</p> <p>SOLID</p>	
5	5	SS (1)	14/25/25	5-6 1/2	100%				
10	10	SS (2)	15/18/25	10-11 1/2	100%				
15	15	SS (3)	15-16 5"	initial 100/5"	33%				
20	20	SS (4)	21/50 5"	21-22 1/2	2				
25	25								

Project VA Hospital Job No. BORING MW-3 Sheet 1 of 1
 Date Started 11/29 Completed 11/30 Surface Elevation _____
 Total Depth 25' Location Livermore
 Logged By UK/ML Drilled By Enobar
 Remarks _____

DEPTH FATHOMS	DEPTH FEET	SAMPLE NO.	DATE	RECOVERY %	LOG	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
						2' of gravel	
5	5.5	(1)	15/25	100	5-5.5	Concrete/cement filled clay (CL) moderate yellowish brown 10# 5/4 no odor, clean 2' of bit seal	
						5' of black clay	
						21' of sand	
10	10.5	(2)	17/30	-	10-11	15' of 0.02" screen	
						Gravel and clay (GC) slowly subrounded alluvial origin, clay (CL) moderate yellowish brown, no odor. Gravel consists of meta. rock fragments, mostly quartzite	
15	15.5	(3)	18/36	50	15-6		
						Gravel and bank w/ minor clay (GS) heavily rounded grains - w/ fine fluctuating with texture and is med to coarse grain. Gravel about subrounded to subang. meta rock fragments mostly quartzite	
20	20.5	(4)	24/	20-24			
25	25.5	(5)	25/6	25-25.5		5' of black clay	
						Terminate boring at 25'	

Project VA HOSPITAL Job No. BOREING SB-1 Sheet 1 of 1
 Date Started 11/20 Completed 11/20 Surface Elevation
 Total Depth Location
 Logged By K/MN Drilled By Eneyce
 Remarks Drilling to locate and extent of bunker oil leak

DEPTH FEET	SAMPLE NUMBER	SAMPLE DESCRIPTION	LOG CORRECTIONS	REMARKS	EQUIPMENT INSTALLED
0		asphalt parking area			
5		silty clay (CL) Moderate yellowish brown 104R 5/4 no odor			
10	SS (1) 21/65/ - 80%				
15	SS (2) 54/50 / 3" / 15-16.5 / 75%				
20	SS (3) 64/65 / 5" / 20-21.5				

↓
 Clayey gravel (GC) clasts subrounded to subangular, cutting 1/2" in diameter metamorphic rock fragments. Appears to be alluvial gravel.
 Water table at 14' thin film of free perched sandy gravel w/ clay (Greenish black 56 4/1) appears to be weathered greenstone. saturated w/oil
 Dense weathered bedrock - Very stiff (massive redstone)
 Clay to claystone, Medium blueish gray 58 5/1
 Terminate hole of 20.9'

Project VA Hospital Job No. BORING SB-2 Sheet 1 of 1
 Date Started 11/20 Completed 11/20 Surface Elevation _____
 Total Depth 20 Location Livermore
 Logged By R/M Drilled By Chesce
 Remarks _____

EQUIP. USED	DEPTH	SAMPLE						LOG	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
		DEPTH	DIAMETER	NO.	TYPE	TEST	REMARKS			
	5							approx. 5' from surface filty clay (CC) moderate yellowish brown (10YR 5/4) fresh appearance, no odor or string		
	15	30	3/4"	①	R	-		Clayey sand (GC) cherts subrounded alluvial gravel, well indurated layers minor odor at 14' slight change in color from predominantly brown to bluish gray filty clay w/ gravel gray green 5B/1 very minor odor clayey gravel no odor terminate hole @ 25'		
	20			②	R		0%			

Project VA Hospital Job No. BORING SB-3 Sheet 1 of 1

Started 11/20 Completed 11/21 Surface Elevation _____

Total Depth 20' Location Civilians

Logged By K/M Drilled By Crutcher

Remarks _____

DEPTH FEET INCHES	SAMPLE NO.	DATE	REMARKS	LOG CORRECTIONS	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
0					Concrete surface 4" thick	
0-5					silty clay (CL) Moderate yellowish brown (10% 2 5/4) no staining, no odor	
5-10					Gravelly clay to clayey gravel (GC) Clasts, subrounded, alluvial in origin	
15-16'	SP ①	21/37/40	75%		Attempt cor. at 15' sample from 15 to 16 showed significant contamination	
20-21.5'	SP ②	24/35/45			Claystone, blue green bluish gray SB 3/1, well indurated very dense Formulate hole at 20' Dry hole, no steady water, even after leave in over night. None of the samples showed signs of saturation	

Project VA Hospital Job No. _____ BORING SB-4 Sheet 1 of 1

Started 11/21 Completed 11/21 Surface Elevation _____

Total Depth 20' Location Livermore

Logged By KIM Drilled By G. MEXER

Remarks _____

DEPTH FEET	CORRECTION FEET	SAMPLE						LOG CORRECTION FEET	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
		DEPTH FEET	NUMBER	MARK FEET	MARK FEET	DEPTH FEET	RECOVERY			
0								concrete surface		
5								silly clay (CL) moderate yellowish brown (10 IR 5/4) no staining no odor		
10										
15								↓ clayey gravel, clasts well rounded all sized gravel ranging in size from 1/2" to 2" filly clay at 14' dark brown as a result of staining - strong odor. Sample consisted of clayey gravel. oil oozing from sample		
20								Claystone, gray-green - blue 5R 5/1 at 17' veg dense and well indurated - clean no oil 2. concrete hole at 20' dry hole - no standing water, no saturation of material		

SP ① 52/43/20 15-K2

Project VA. Horizontal Job No. BORING SB-5 Sheet 1 of 1
 Started 11/21 Completed 11/21 Surface Elevation _____
 Total Depth 26' Location Lincolnton
 Logged By LPA Drilled By Er. Rao
 Remarks discuss soil temp. during last night

DEPTH FEET	DEPTH METERS	SAMPLE						LOG DEPTH FEET	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
		DEPTH FEET	DEPTH METERS	DIAMETER INCHES	DIAMETER MILLIMETERS	REMARKS	REMARKS			
0								Concrete surface area		
5								<p>silty clay (moderate yellowish brown (10# 5/4) no staining, no odor - plasticity of lenses: fine clay sand & silty sand (SC at 2.5')</p>		
10								<p>Clay Gravel (GC) clay slightly moist with gravel after 12.5' subsoiled otherwise</p>		
15		SP ①	50	R	15	14%		<p>sample collected at 15-76' contained oil.</p>		
20		SP ②	26/50		20-21			<p>contamination comes right to the top of the clay clay type @ 15' dense, well indurated silty gray SB 8/1 terminate hole @ 26'</p>		

Project VA Hospital Job No. BORING SR-4 Sheet 1 of 1
 Date Started 11/21 Completed 11/21 Surface Elevation
 Total Depth 20' Location Livermore
 Logged By Y/NW Drilled By Eneker
 Remarks

DEPTH FEET	SAMPLE DEPTH FEET	SAMPLE NUMBER	SAMPLE DIAMETER INCHES	SAMPLE LENGTH FEET	RECOVERY PERCENT	LOG CORRECTIONS	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
0							Concrete at surface silty sand to silty clay (SM to CL) Moderate yellowish brown (10YR 5/4)	
5								
10								
15	SP (1)	36/50	15-16	80%			Clayey Gravel (GC) subrounded. clasts typical of river alluvium, some of which are fine gravel alternating w/ the amount of clay - no silt in sample.	
18							Well consolidated clay bluish gray (SB 3/1)	
20	SP (2)	22/27	20-21	90%			no water at the time of drilling Terminate hole at 20'	

Project VA Hospital Job No. BORING SB-7 Sheet 1 of 1
 Date Started 11/30 Completed 11/30 Surface Elevation _____
 Total Depth 20' Location LANHAM
 Logged By K/M Drilled By Unice
 Remarks _____

DEPTH FATHOMS	DEPTH FEET	SAMPLE					LOG GRAIN COUNT	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
		DEPTH FATHOMS	DEPTH FEET	DIAMETER INCHES	DIAMETER INCHES	REMARKS			
							<p>dry sand (SM) w/ minor clay, moderate yellowish brown (10 YR 5/4), P10 mostly 0</p>		
5		SS (1)	50/30 50	6 1/2 - 8	100%		<p>sample was clean, no odor</p>		
10		SS (2)	53/42	10-19	100%		<p>Gravel w/ sand and minor clay (GS-CC) brown, med to coarse sand. gravel subangular to subangular, alluvial origin, clasts are metamorphic rock fragments, possibly pelitstone.</p> <p>sample at 10-11 contained no odor</p>		
15		SS (3)		15-16 1/2			<p>P10 mostly 0. Contamination - gravel at claystone 16 1/2 - 15 1/2' thin (must be at edge of plane)</p>		
20							<p>Terminate hole at 20'</p>		

Project VA Hospital Job No. BORING SB-8 Sheet 1 of 1

Date Started 11/30 Completed 11/30 Surface Elevation _____

Total Depth 11 1/2' Location Evermore

Logged By KJM Drilled By Crocket

Remarks higher elevation on base of sheet - bottom of hole should be approx 9' below

DEPTH FEET	SAMPLE DEPTH	SAMPLE						LOG GRAPHIC	SAMPLE DESCRIPTION	EQUIPMENT INSTALLED
		DEPTH	MARK	DIAGRAM	MARK	MARK	MARK			
0								Concrete at surface		
0-5								little sand w/ more clay (SM) moderate yellowish brown (10°F 5/4)		
10								clean sample no color PID reading 0		
10-15								Clayey Gravel zone		
15-15.5								contamination present at 15 1/2'		
15.5-20								Clayey shale bedrock		

KS ① 25/47/42
10-1 1/2

~~~~~

Project VA Hospital Job No. BORING SR-9 Sheet 1 of 1  
 Started 11/24 Completed 11/24 Surface Elevation \_\_\_\_\_  
 Total Depth 20' Location \_\_\_\_\_  
 Logged By RJM Drilled By Ernest  
 Remarks \_\_\_\_\_

| DEPTH<br>FEET | DEPTH<br>FEET | SAMPLE        |               |               |               |               |               | LOG                                                                                                                                                                         | SAMPLE DESCRIPTION | EQUIPMENT<br>INSTALLED |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
|               |               | DEPTH<br>FEET | DEPTH<br>FEET | DEPTH<br>FEET | DEPTH<br>FEET | DEPTH<br>FEET | DEPTH<br>FEET |                                                                                                                                                                             |                    |                        |
|               |               |               |               |               |               |               |               | concrete @ surface approx 4"<br>filling sand to silty clay<br><br>↓<br>Clayey sand zone<br><br>Contamination discovered at 15 1/2'<br><br>bedrock, shale found at ≈ 20 1/2' |                    |                        |

Project VA Hospital Job No. \_\_\_\_\_ BORING SR-10 Sheet 1 of 1  
 Started 11/20 Completed 11/24 Surface Elevation \_\_\_\_\_  
 Total Depth 20' Location \_\_\_\_\_  
 Logged By CKM Drilled By Chico  
 Remarks \_\_\_\_\_

| DEPTH<br>FEET | DIAMETER<br>INCHES | SAMPLE       |                   |      |      |    |         | LOG<br>GRAIN<br>COUNT                     | SAMPLE DESCRIPTION | EQUIPMENT<br>INSTALLED |
|---------------|--------------------|--------------|-------------------|------|------|----|---------|-------------------------------------------|--------------------|------------------------|
|               |                    | FIELD<br>NO. | LABORATORY<br>NO. | DATE | TIME | BY | REMARKS |                                           |                    |                        |
| 0             |                    |              |                   |      |      |    |         | Concrete at surface                       |                    |                        |
| 5             |                    |              |                   |      |      |    |         | ↓<br>silty sand to silty clay             |                    |                        |
| 10            |                    |              |                   |      |      |    |         |                                           |                    |                        |
| 15            |                    |              |                   |      |      |    |         | ↓<br>Clayey Gravel zone<br>1' to 2' thick |                    |                        |
| 16            |                    |              |                   |      |      |    |         | ↓<br>shale bedrock                        |                    |                        |
| 20            |                    |              |                   |      |      |    |         | Terminate at 20'                          |                    |                        |

Project VA Hospital Job No. BORING SR-11 Sheet 1 of 1  
 Started 11/25 Completed 11/25 Surface Elevation \_\_\_\_\_  
 Total Depth 20' Location Livermore  
 Logged By JAM Drilled By Miller  
 Remarks \_\_\_\_\_

| DEPTH<br>FEET | SAMPLE<br>DEPTH | SAMPLE |      |      |      |      |       | LOG                                           | SAMPLE DESCRIPTION | EQUIPMENT<br>INSTALLED |
|---------------|-----------------|--------|------|------|------|------|-------|-----------------------------------------------|--------------------|------------------------|
|               |                 | GRAVEL | SAND | CLAY | SILT | ROCK | OTHER |                                               |                    |                        |
| 0             |                 |        |      |      |      |      |       | Depth to surface (from roadway)<br>silty sand |                    |                        |
| 5             |                 |        |      |      |      |      |       | ↓<br>Clayey gravel                            |                    |                        |
| 10            |                 |        |      |      |      |      |       |                                               |                    |                        |
| 15            |                 |        |      |      |      |      |       | thin zone of contamination                    |                    |                        |
| 20            |                 |        |      |      |      |      |       | Shale bedrock beginning at about<br>18 1/2'   |                    |                        |

Project VA Heated Job No. BORING 58-12 Sheet 1 of 1  
 Started 11/25 Completed 11/26 Surface Elevation \_\_\_\_\_  
 Total Depth 20' Location Cambridge  
 Logged By KAM Drilled By Enrico  
 Remarks \_\_\_\_\_

| DEPTH<br>FEET | SAMPLE | LOG | SAMPLE DESCRIPTION                                                                            | EQUIPMENT<br>INSTALLED |
|---------------|--------|-----|-----------------------------------------------------------------------------------------------|------------------------|
|               |        |     |                                                                                               |                        |
| 0             |        |     | Asphalt at surface<br>1/4" clay                                                               |                        |
| 6             |        |     | ↓                                                                                             |                        |
| 10            |        |     | ↓                                                                                             |                        |
| 15            |        |     | Coarsely Gravel of coarse sand<br>no contamination, no silt<br>no disintegration - clean hole |                        |
| 17            |        |     | ↓                                                                                             |                        |
| 20            |        |     | Shale Bedrock @ 17'                                                                           |                        |

Project VA Hospital Job No. \_\_\_\_\_ BORING \_\_\_\_\_ Sheet \_\_\_\_\_ of \_\_\_\_\_

Started 11/26 Completed 11/26 Surface Elevation \_\_\_\_\_

Total Depth 20' Location Dunnell

Logged By YLM Drilled By Miller

Remarks Dilled to adjacent to foundation (approx 2' away from structure)

| DEPTH<br>FEET | CORRECTION<br>FEET | SAMPLE        |                |               |         |                     |                                           | SAMPLE DESCRIPTION | EQUIPMENT<br>INSTALLED |
|---------------|--------------------|---------------|----------------|---------------|---------|---------------------|-------------------------------------------|--------------------|------------------------|
|               |                    | DEPTH<br>FEET | NO. OF<br>BLDG | NO. OF<br>SPL | REMARKS | RECOVERY<br>PERCENT | REMARKS                                   |                    |                        |
| 0             |                    |               |                |               |         |                     | Concrete sidewalk w/ reinforcement        |                    |                        |
| 5             |                    |               |                |               |         |                     | silty sand                                |                    |                        |
| 10            |                    |               |                |               |         |                     |                                           |                    |                        |
| 15            |                    |               |                |               |         |                     | Clayey Gravel zone<br>continuation at 15' |                    |                        |
| 20            |                    |               |                |               |         |                     | shale bedrock at 18'                      |                    |                        |



Project VA Hospital Job No. \_\_\_\_\_ BORING SB-15 Sheet 1 of 1

Started 11/27 Completed 11/27 Surface Elevation \_\_\_\_\_

Total Depth 20' Location \_\_\_\_\_

Logged By RJM Drilled By Enrico

Remarks \_\_\_\_\_

| DEPTH<br>FEET<br>V | DATE | SAMPLE            |              |              |              |              |              |              | LOG<br>C<br>H<br>H<br>H<br>H<br>C                     | SAMPLE DESCRIPTION | EQUIPMENT<br>INSTALLED |
|--------------------|------|-------------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------------------------------------------------|--------------------|------------------------|
|                    |      | EM<br>M<br>C<br>N | EM<br>M<br>S | EM<br>M<br>S | EM<br>M<br>S | EM<br>M<br>S | EM<br>M<br>S | EM<br>M<br>S |                                                       |                    |                        |
| 0                  |      |                   |              |              |              |              |              |              | Concrete at surface                                   |                    |                        |
| 5                  |      |                   |              |              |              |              |              |              | silty sand to silty clay                              |                    |                        |
| 10                 |      |                   |              |              |              |              |              |              | ↓<br>Clayey gravel zone<br>no color, no discoloration |                    |                        |
| 15                 |      |                   |              |              |              |              |              |              |                                                       |                    |                        |
| 20                 |      |                   |              |              |              |              |              |              | shale bedrock                                         |                    |                        |





Table 1.

| Sample No. | Sample Description | Specific Gravity |
|------------|--------------------|------------------|
| #1         | Silty Clay         | 2.65             |

Table 2.

## Hydrometer analysis

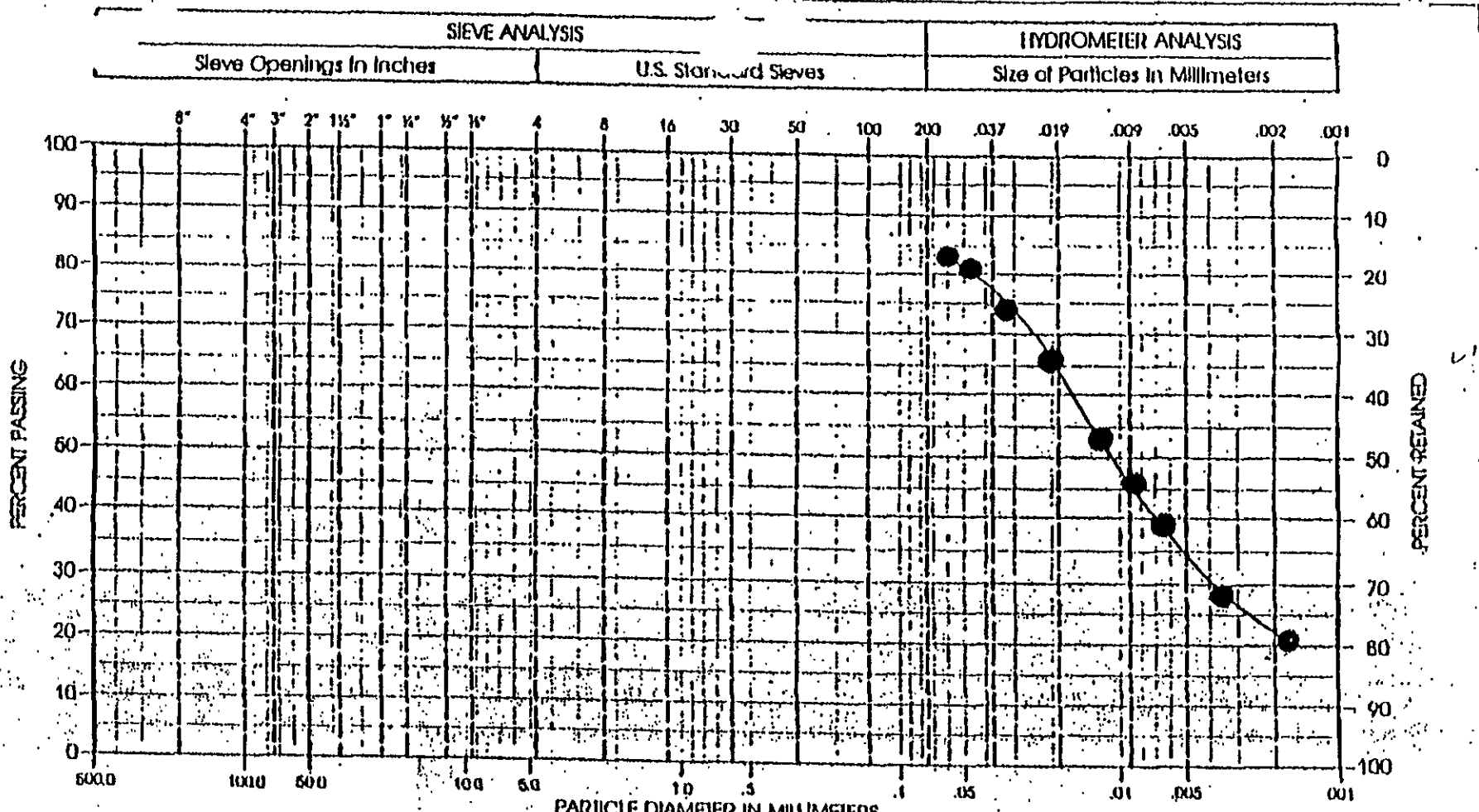
| Sample #1              |                            |
|------------------------|----------------------------|
| Particle Diameter (mm) | Percentage Finer By Weight |
| 0.0580                 | 83.0                       |
| 0.0427                 | 80.9                       |
| 0.0309                 | 74.7                       |
| 0.0203                 | 65.4                       |
| 0.0121                 | 53.9                       |
| 0.0088                 | 45.6                       |
| 0.0063                 | 39.4                       |
| 0.0032                 | 29.0                       |
| 0.0014                 | 20.7                       |

Table 3.

Sample No. 1

Sample Wt. 48.2 gm

| Sieve Size | Retained Mass (gm) |            | Retained % |            | Passing % |
|------------|--------------------|------------|------------|------------|-----------|
|            | Sieve              | Cumulative | Sieve      | Cumulative |           |
| # 16       | 0.1                | 0.1        | 0.2        | 0.2        | 99.8      |
| # 30       | 0.2                | 0.3        | 0.2        | 0.4        | 99.6      |
| # 50       | 0.5                | 0.8        | 0.6        | 1.0        | 99.0      |
| # 100      | 1.3                | 2.1        | 1.7        | 2.7        | 97.3      |
| # 200      | 3.2                | 5.3        | 4.9        | 6.6        | 93.2      |



|                     |        |      |        |        |      |                                      |
|---------------------|--------|------|--------|--------|------|--------------------------------------|
| COBBLES TO BOULDERS | Coarse | Fine | Coarse | Medium | Fine | CLAY (Plastic) TO SILT (Non-Plastic) |
|                     | GRAVEL |      | SAND   |        |      |                                      |

| API NO. | BOILING NO. | SAMPLE NO. | DEPTH (FEET) | NATURAL DRY DENSITY (PCF) | NATURAL MOISTURE (%) | FL | FI | IL | SOIL DESCRIPTION | <br><b>GRADATION ANALYSIS</b> |                                                  |
|---------|-------------|------------|--------------|---------------------------|----------------------|----|----|----|------------------|-------------------------------|--------------------------------------------------|
| 1       |             |            | 40           |                           |                      |    |    |    | SILTY CLAY       |                               | DRAWN BY: DJ<br>CHECKED BY: JW<br>DATE: 12/19/90 |
| 2       |             |            |              |                           |                      |    |    |    |                  |                               | JOB NO. 90-231<br>PAGE 1                         |

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82230  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/07/91  
DATE REPORTED: 01/14/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS  
by Modified EPA SW-846 Method 8015

| LAB # | Sample Identification | Concentration (ug/L)<br>Diesel Range |
|-------|-----------------------|--------------------------------------|
| 1     | VA EXCAVATION         | 0.3                                  |

ug/L - parts per billion (ppb)

Method Detection Limit for Diesel in Water: 0.05 mg/L

### QAQC Summary:

Daily Standard run at 200mg/L: RPD Diesel = 14

MS/MSD Average Recovery = 110%: Duplicate RPD = 2

Richard Srna, Ph.D.

*Robert Water (Foy)*  
Laboratory Manager

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82230  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/07/91  
DATE REPORTED: 01/14/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES  
by EPA SW-846 Methods 5030 and 8020

| LAB # | Sample Identification | Concentration(ug/L) |         |               |         |
|-------|-----------------------|---------------------|---------|---------------|---------|
|       |                       | Benzene             | Toluene | Ethyl Benzene | Xylenes |
| 1     | VA EXCAVATION         | ND<0.3              | ND<0.3  | ND<0.3        | ND<0.3  |

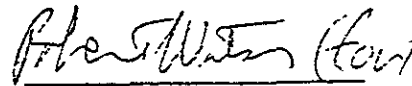
ug/L - parts per billion (ppb)

Method Detection Limit in Water: 0.3 ug/L

### QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%  
MS/MSD Average Recovery = 117%: Duplicate RPD = <12%

Richard Srna, Ph.D.



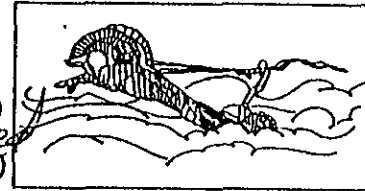
Laboratory Manager

OUTSTANDING QUALITY AND SERVICE

Augeas Corporation Chain of Custody, and Analysis Request Form 82230

Section I: Station For Laboratory: Superior Maritime (Give Laboratory Name)

Project Name/Identification: VA Hospital Livermore  
 Project Manager: Kent MORRAY  
 Alternate Contact: JOE ERDIE  
 Samplers: Joe Erdie  
 Regulatory Agency: None



8901 Rodden Road  
 Oakdale, CA 95361  
 209/848-1122  
 FAX 209/847-1958

Turn Around Time (Select One): Same Day 24 Hours 48 Hours 72 Hours 5 Day

Augeas Corporation

Section II: Analysis Request      Section III: Sample Information

| Sample Identification | Matrix   | A=Air<br>S=Soil<br>W=H <sub>2</sub> O | G&D | Low Level<br>D | G | BTXE     | O&G | 8010 | 8240 | Metals | Subject to Sub-contracting<br>Others | Date           | Time        | Containers |   | Remarks |
|-----------------------|----------|---------------------------------------|-----|----------------|---|----------|-----|------|------|--------|--------------------------------------|----------------|-------------|------------|---|---------|
|                       |          |                                       |     |                |   |          |     |      |      |        |                                      |                |             | Q          | P |         |
| <u>1X Excavation</u>  | <u>W</u> |                                       |     | <u>X</u>       |   | <u>X</u> |     |      |      |        |                                      | <u>6/19/91</u> | <u>1430</u> | <u>2</u>   |   |         |

Please Initial: \_\_\_\_\_  
 Samples Stored In Ice: \_\_\_\_\_  
 Appropriate containers: \_\_\_\_\_  
 Samples preserved: \_\_\_\_\_  
 VOA's w/out Headspace: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Acquired by: [Signature]  
 Organization: Augeas  
 Acquired by: [Signature]  
 Organization: Express-IT  
 Acquired by: \_\_\_\_\_  
 Organization: \_\_\_\_\_

Date/Time: 1-7-91 15:15  
 Date/Time: 1-7-91 16:00  
 Date/Time: \_\_\_\_\_

Received by: [Signature]  
 Organization: EXPRESS-IT  
 Received by: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Received by: [Signature]  
 Organization: SAL MART

Please Initial  
 Samples Stored In Ice: [Signature]  
 Samples Preserved: [Signature]  
 VOA's w/out Headspace: [Signature]  
 Comments: \_\_\_\_\_

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 81978  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: V.A.HOSPITAL

DATE RECEIVED: 11/26/90  
DATE REPORTED: 12/03/90

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES  
by EPA SW-846 Methods 5030 and 8020

| LAB # | Sample Identification | Concentration(ug/L) |         |               |         |
|-------|-----------------------|---------------------|---------|---------------|---------|
|       |                       | Benzene             | Toluene | Ethyl Benzene | Xylenes |
| 1     | Lower water level     | ND<0.3              | ND<0.3  | ND<0.3        | ND<0.3  |
| 2     | Upper water level     | ND<0.3              | ND<0.3  | ND<0.3        | ND<0.3  |

ug/L - parts per million (ppm)

Method Detection Limit in Water: 0.3 ug/L

### QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%  
MS/MSD Average Recovery = 81%: Duplicate RPD = <7

Richard Srna, Ph.D.

*Robert Winters*  
Laboratory Manager

*H. Bone*  
*WW*

OUTSTANDING QUALITY AND SERVICE

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 81978  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: V.A.HOSPITAL

DATE RECEIVED: 11/26/90  
DATE REPORTED: 12/03/90

### ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

| LAB # | Sample Identification | Concentration (mg/L)<br>Diesel Range |
|-------|-----------------------|--------------------------------------|
| 1     | Lower water level     | 0.68                                 |
| 2     | Upper water level     | 0.27                                 |

mg/L - parts per million (ppm)

Method Detection Limit for Diesel in Water: 0.05 mg/L

#### QAQC Summary:

Daily Standard run at 200mg/L: RPD Gasoline = NA  
RPD Diesel = 6  
MS/MSD Average Recovery = 131%: Duplicate RPD = 0.3

Richard Srna, Ph.D.



Laboratory Manager



# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 81978  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: V.A.HOSPITAL

DATE RECEIVED: 11/26/90  
DATE REPORTED: 12/03/90

### ANALYSIS FOR TOTAL OIL AND GREASE by Standard Method 5520F

| LAB # | Sample Identification | Concentration(mg/L)<br>Oil & Grease |
|-------|-----------------------|-------------------------------------|
| 1     | Lower water level     | 62                                  |
| 2     | Upper water level     | ND<5                                |

mg/L - parts per million (ppm)

Method Detection Limit for Oil and Grease in Water: 5mg/L

QAQC Summary: Duplicate RPD : 9

Richard Srna, Ph.D.

  
Laboratory Manager

# Chain of Custody Record

Project No. \_\_\_\_\_  
 Project Name V.A. HOSPITAL  
 Samplers Don Light  
 P.O. No. AUGEASO CORP.

Superior Analytical Laboratory  
 825 Arnold Dr. Bay 2  
 Martinez, CA 94553  
 (415) 229-1512

| Sample Number | Date     | Time | Location          | Matrix | Number of Containers | Sample Preservation | TPH as Gasoline | BTXE | TPH as Diesel | Oil & Grease | 8010 | 8240 |
|---------------|----------|------|-------------------|--------|----------------------|---------------------|-----------------|------|---------------|--------------|------|------|
|               | 11/26/90 | 1400 | LOWER WATER LEVEL | W      | 3                    |                     |                 | X    | X             | X            |      |      |
|               | 11/26/90 | 1430 | UPPER WATER LEVEL | W      | 3                    |                     |                 | X    | X             | X            |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |
|               |          |      |                   |        |                      |                     |                 |      |               |              |      |      |

|                             |               |                         |               |                  |
|-----------------------------|---------------|-------------------------|---------------|------------------|
| Relinquished By (Signature) | Date/Time     | Received By (Signature) | Date/Time     | REMARKS:         |
| 1. <u>Don Light</u>         | 11/26/90 1709 | 1. <u>[Signature]</u>   |               | Normal<br>T.A.T. |
| 2. _____                    |               | 2. _____                |               |                  |
| 3. _____                    |               | 3. _____                |               |                  |
| 4. _____                    |               | 4. <u>[Signature]</u>   | 11/26/90 1709 |                  |

**SUPERIOR ANALYTICAL LABORATORIES, INC.**

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82208  
CLIENT: SEMCO  
CLIENT JOB NO.: VA HOSPITALDATE RECEIVED: 01/03/91  
DATE REPORTED: 01/04/91ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES  
by EPA SW-846 Methods 5030 and 8020

| LAB # | Sample Identification | Concentration(ug/L) |         |               |         |
|-------|-----------------------|---------------------|---------|---------------|---------|
|       |                       | Benzene             | Toluene | Ethyl Benzene | Xylenes |
| 1     | Bottom of pit         | ND<0.3              | ND<0.3  | 0.3           | ND<0.3  |

ug/L - parts per billion (ppb)

Method Detection Limit in Water: 0.3 ug/L

## QAQC Summary:

Daily Standard run at 20ug/L; RPD = <15%  
MS/MSD Average Recovery = 107%; Duplicate RPD = 1

Richard Srna, Ph.D.

*Robert Water* (for)  
Laboratory Manager

OUTSTANDING QUALITY AND SERVICE

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82206  
CLIENT: SEMCO  
CLIENT JOB NO.: YA HOSPITAL

DATE RECEIVED: 01/03/91  
DATE REPORTED: 01/04/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS  
by Modified EPA SW-840 Method 8015

| LAB # | Sample Identification | Concentration (mg/l)<br>Diesel Range |
|-------|-----------------------|--------------------------------------|
| 1     | Bottom of pit         | 0.28                                 |

mg/L - parts per million (ppm)

Method Detection Limit for Diesel in Water: 0.05 mg/L

### QA/QC Summary:

Daily Standard run at 200mg/L: RPD Gasoline = 0  
RPD Diesel = 8  
MS/MSD Average Recovery = 111%: Duplicate RPD = 3

Richard Srna, Ph.D.

*Richard Srna*  
Laboratory Manager

**CHAIN OF CUSTODY RECORD**

P. 12

RUGERS CORP

2098471958

01/16/91 17:26

| PROJECT NAME: <b>VIA HOSPITAL<br/>4951 ARROYO ROAD<br/>LIVERMORE, CA</b> |             |      |                          |                                             |                  | No. of<br>liters<br>Analyt/s<br>Required<br><b>TPH-DIESEL<br/>BTX</b> | REMARKS                      |             |                          |  |                    |
|--------------------------------------------------------------------------|-------------|------|--------------------------|---------------------------------------------|------------------|-----------------------------------------------------------------------|------------------------------|-------------|--------------------------|--|--------------------|
| SAMPLERS (signature):<br><b>DON LIGHT</b>                                |             |      |                          |                                             |                  |                                                                       |                              |             |                          |  |                    |
| Station Number                                                           | Date        | Time | Comp.                    | Grab                                        | Station Location |                                                                       |                              |             |                          |  |                    |
|                                                                          | 1/3<br>1991 | 0910 |                          | X                                           | BOTTOM OF PIT    | 2                                                                     | X                            | X           |                          |  | 2-LITRES 2-V.O.A.S |
|                                                                          |             |      |                          |                                             |                  |                                                                       |                              |             |                          |  | *24 HOUR (RUSH)    |
| Relinquished by(signature):<br><b>Don Light</b>                          |             |      | Date / Time:<br>1/3 1000 | Received by (signature):<br><b>Waldemar</b> |                  | Relinquished by(signature):                                           |                              | Date / Time | Received by (signature): |  |                    |
| Company or Agency:<br><b>RUGERS</b>                                      |             |      |                          | Company or Agency:<br><b>EXPRESS-IT</b>     |                  | Company or Agency:                                                    |                              |             | Company or Agency:       |  |                    |
| Relinquished by(signature):                                              |             |      | Date / Time              | Received by (signature):                    |                  | Relinquished by:                                                      |                              | Date / Time | Received by (signature): |  |                    |
| Company or Agency:                                                       |             |      |                          | Company or Agency:                          |                  | Company or Agency:                                                    |                              |             | Company or Agency:       |  |                    |
| Relinquished by(signature):                                              |             |      | Date / Time              | Received for Laboratory by:                 |                  | Date / Time                                                           | Remarks/Shipping Information |             |                          |  |                    |
| Company or Agency:                                                       |             |      |                          | (signature)                                 |                  |                                                                       |                              |             |                          |  |                    |

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82185  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 12/28/90  
DATE REPORTED: 12/28/90

### ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

| LAB # | Sample Identification | Concentration (mg/Kg)<br>Diesel Range |
|-------|-----------------------|---------------------------------------|
| 1     | S.E. Corner #1        | ND<10                                 |
| 2     | N.E. Corner #2        | ND<10                                 |
| 3     | C.E. Bottom #3        | ND<10                                 |
| 4     | N.W. Bottom #4        | ND<10                                 |
| 5     | West Wall #5          | ND<10                                 |
| 6     | S.W. Corner #6        | ND<10                                 |

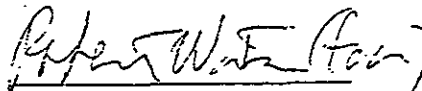
mg/kg - parts per million (ppm)

Method Detection Limit for Gasoline and Diesel in Soil: 10 mg/Kg

#### QAQC Summary:

Daily Standard run at 200mg/L: RPD Gasoline =NA  
RPD Diesel = 8  
MS/MSD Average Recovery =128 %: Duplicate RPD =3

Richard Srna, Ph.D.

  
Laboratory Manager

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82185  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 12/28/90  
DATE REPORTED: 01/03/91

### ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by EPA METHOD 418.1

| LAB # | Sample Identification | Concentration (mg/Kg)<br>Oil & Grease |
|-------|-----------------------|---------------------------------------|
| 1     | S.E. Corner #1        | ND<20                                 |
| 2     | N.E. Corner #2        | ND<20                                 |
| 3     | C.E. Bottom #3        | ND<20                                 |
| 4     | N.W. Bottom #4        | ND<20                                 |
| 5     | West Wall #5          | ND<20                                 |
| 6     | S.W. Corner #6        | ND<20                                 |

mg/Kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 20mg/Kg

QAQC Summary: Duplicate RPD : 0

Richard Srna, Ph.D.

*Robert White (for)*  
Laboratory Director

OUTSTANDING QUALITY AND SERVICE

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 82185  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 12/28/90  
DATE REPORTED: 12/28/90

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES  
by EPA SW-846 Methods 5030 and 8020

| LAB # | Sample Identification | Concentration (ug/Kg) |         |               |         |
|-------|-----------------------|-----------------------|---------|---------------|---------|
|       |                       | Benzene               | Toluene | Ethyl Benzene | Xylenes |
| 1     | S.E. Corner #1        | ND<3                  | ND<3    | ND<3          | ND<3    |
| 2     | N.E. Corner #2        | ND<3                  | ND<3    | ND<3          | 4       |
| 3     | C.E. Bottom #3        | ND<3                  | ND<3    | ND<3          | ND<3    |
| 4     | N.W. Bottom #4        | ND<3                  | ND<3    | ND<3          | ND<3    |
| 5     | West Wall #5          | ND<3                  | ND<3    | ND<3          | ND<3    |
| 6     | S.W. Corner #6        | ND<3                  | ND<3    | ND<3          | ND<3    |

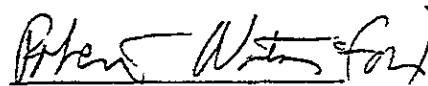
ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

### QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%  
MS/MSD Average Recovery = 114 %: Duplicate RPD = <3

Richard S. ... Ph.D.

  
Laboratory Manager



# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82197  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/02/91  
DATE REPORTED: 12/29/90

### ANALYSIS FOR TOTAL OIL AND GREASE by Standard Method 5520F

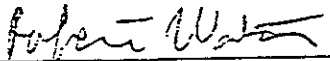
| LAB # | Sample Identification | Concentration(mg/Kg)<br>Oil & Grease |
|-------|-----------------------|--------------------------------------|
| 1     | S, E, WALL            | 2300                                 |
| 2     | N, E, WALL            | 4000                                 |
| 3     | North Wall Right      | 2500                                 |
| 4     | North Wall Center     | 13000                                |
| 5     | North West Wall       | 820                                  |
| 6     | West Wall Center      | 3500                                 |
| 7     | South West Wall       | 2000                                 |

mg/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 50mg/Kg

QAQC Summary: Duplicate RPD : 17

Richard Srna, Ph.D.

  
Laboratory Director

SEMCO

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

431 W. Hatch Rd. Modesto, Calif. 95351  
General & Engineering Contractors  
(800) 533-8293  
FAX (209) 524 0503

80185

SEMCO

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

1741 Leslie St. San Mateo, Calif. 94402  
General & Engineering Contractors  
(415) 572-8033  
FAX (415) 572-8734

CHAIN OF CUSTODY RECORD

| PROJECT NAME: 4751 ARROYO ROAD<br>V. A. HOSPITAL LIVERMORE, CA. |                |      |                                   |      |                  | Number of Containers                                  | Analysis Required |        |                                               |     |            | REMARKS                                        |  |
|-----------------------------------------------------------------|----------------|------|-----------------------------------|------|------------------|-------------------------------------------------------|-------------------|--------|-----------------------------------------------|-----|------------|------------------------------------------------|--|
| SAMPLERS (signature):<br>DON LIGHT                              |                |      |                                   |      |                  |                                                       | TPH-DIESEL        | 418, P | BIKE                                          | RCT | OIL GREASE |                                                |  |
| Station Number                                                  | Date           | Time | Comp.                             | Grab | Station Location |                                                       |                   |        |                                               |     |            |                                                |  |
|                                                                 | 12/28<br>1990  | 1015 |                                   | X    | S.E. CORNER # 1  | 1                                                     | X                 | X      | X                                             | X   |            |                                                |  |
|                                                                 |                | 1035 |                                   | X    | N.E. CORNER # 2  | 1                                                     | X                 | X      | X                                             | X   |            |                                                |  |
|                                                                 |                | 1025 |                                   | X    | C.E. BOTTOM # 3  | 1                                                     | X                 | X      | X                                             | X   |            |                                                |  |
|                                                                 |                | 1045 |                                   | X    | N.W. # 4         | 1                                                     | X                 | X      | X                                             | X   |            |                                                |  |
|                                                                 |                | 1055 |                                   | X    | WEST WALL # 5    | 1                                                     | X                 | X      | X                                             | X   |            |                                                |  |
|                                                                 | P.H.L.<br>1110 |      |                                   | X    | S.W. CORNER # 6  | 1                                                     | X                 | X      | X                                             | X   |            |                                                |  |
| Relinquished by (signature):<br>Don Light                       |                |      | Date / Time<br>12/28<br>1990 1200 |      |                  | Received by (signature):<br>Walden Hatten             |                   |        | Relinquished by (signature):<br>Walden Hatten |     |            | Received by (signature):<br>Company or Agency: |  |
| Relinquished by (signature):<br>N.P.                            |                |      | Date / Time                       |      |                  | Received by (signature):<br>Company or Agency:        |                   |        | Relinquished by:<br>Company or Agency:        |     |            | Received by (signature):<br>Company or Agency: |  |
| Relinquished by (signature):                                    |                |      | Date / Time                       |      |                  | Received for Laboratory by:<br>(signature)<br>Cubel H |                   |        | Date / Time<br>12/28/90<br>1:40               |     |            | Remarks/Shipping Information                   |  |

Plus: Initial: AS  
 Samples Stored in ice. ✓  
 Appropriate containers. ✓  
 Samples preserved. NA  
 VOA without headspace. NA  
 Comments:

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 82197  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/02/91  
DATE REPORTED: 12/29/90

### ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

| LAB # | Sample Identification | Concentration (mg/Kg)<br>Diesel Range |
|-------|-----------------------|---------------------------------------|
| 1     | S,E,WALL              | 1300                                  |
| 2     | N,E,WALL              | 1500                                  |
| 3     | North Wall Right      | 1900                                  |
| 4     | North Wall Center     | 5500                                  |
| 5     | North West Wall       | 930                                   |
| 6     | West Wall Center      | 490                                   |
| 7     | South West Wall       | 770                                   |

Method Detection Limit for Gasoline and Diesel in Soil: 10 mg/Kg

#### QAQC Summary:

Daily Standard run at 200mg/L: RPD Gasoline = NA  
RPD Diesel = 2  
MS/MSD Average Recovery =128 %: Duplicate RPD =3

Richard Serna, Ph.D.

*Richard Serna (for)*  
Laboratory Manager

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 82197  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/02/91  
DATE REPORTED: 01/02/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES  
by EPA SW-846 Methods 5030 and 8020

| LAB # | Sample Identification | Concentration(ug/Kg) |         |               |         |
|-------|-----------------------|----------------------|---------|---------------|---------|
|       |                       | Benzene              | Toluene | Ethyl Benzene | Xylenes |
| 1     | S,E,WALL              | ND<150               | 420     | 810           | 2100    |
| 2     | N,E,WALL              | ND<150               | ND<150  | ND<150        | ND<150  |
| 3     | North Wall Right      | ND<150               | ND<150  | ND<150        | ND<150  |
| 4     | North Wall Center     | ND<150               | ND<150  | 280           | 440     |
| 5     | North West Wall       | ND<30                | ND<30   | 96            | 310     |
| 6     | West Wall Center      | ND<150               | ND<150  | ND<150        | ND<150  |
| 7     | South West Wall       | ND<15                | 71      | 150           | 370     |

ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

### QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%  
MS/MSD Average Recovery =106%: Duplicate RPD = <6

Richard Srna, Ph.D.

  
Laboratory Manager

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 32197  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/02/91  
DATE REPORTED: 01/02/91

ANALYSIS FOR PETROLEUM HYDROCARBONS, TOTAL RECOVERABLE  
by Method 418.1

| LAB # | Sample Identification | Concentration (mg/Kg)<br>Oil & Grease |
|-------|-----------------------|---------------------------------------|
| 1     | S,E,WALL              | 1300                                  |
| 2     | N,E,WALL              | 1530                                  |
| 3     | North Wall Right      | 2100                                  |
| 4     | North Wall Center     | 22000                                 |
| 5     | North West Wall       | 140                                   |
| 6     | West Wall Center      | 2500                                  |
| 7     | South West Wall       | 71                                    |

mg/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 20mg/Kg

QA/QC Summary: Duplicate RPD : 21

Richard Serna, Ph.D.

*Robert White (for)*  
Laboratory Director

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82197  
CLIENT: AUGEAS CORP  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/02/91  
DATE REPORTED: 12/29/90

### ANALYSIS FOR TOTAL OIL AND GREASE by Standard Method 5520F

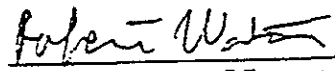
| LAB # | Sample Identification | Concentration (mg/Kg)<br>Oil & Grease |
|-------|-----------------------|---------------------------------------|
| 1     | S,E,WALL              | 2300                                  |
| 2     | N,E,WALL              | 4000                                  |
| 3     | North Wall Right      | 2500                                  |
| 4     | North Wall Center     | 13000                                 |
| 5     | North West Wall       | 820                                   |
| 6     | West Wall Center      | 3500                                  |
| 7     | South West Wall       | 2000                                  |

mg/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 50mg/Kg

QAQC Summary: Duplicate RPD : 17

Richard Srna, Ph.D.

  
Laboratory Director

SEMCO

JA

BATEMAN PETROLEUM SERVICES, INC.

431 W. Hatch Rd. Modesto, Calif 95351  
General & Engineering Contractors  
(800) 533 9293  
FAX (209) 524 0503

Send to [unclear]  
12/1 1990

SEMCO  
JAMES C. BATEMAN PETROLEUM SERVICES

1741 Lealla Dr. San Mateo, Calif. 94402  
General & Engineering Contractors  
(415) 572-8033  
FAX (415) 572-9734

CHAIN OF CUSTODY RECORD

82197

| PROJECT NAME: V.A. HOSPITAL<br>4951 ARROYO ROAD, LIVERMORE<br>CALIF.        |               |      |                                    |                                                                         |                       | Number<br>of<br>Con-<br>tainers                                   | Analysis<br>Required                                                                |        |              |                                                               | REMARKS                |
|-----------------------------------------------------------------------------|---------------|------|------------------------------------|-------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------|--------------|---------------------------------------------------------------|------------------------|
| SAMPLERS (signature):<br>DON LIGHT                                          |               |      |                                    |                                                                         |                       |                                                                   | TPH                                                                                 | DIESEL | BTEX         | HAP                                                           |                        |
| Station<br>Number                                                           | Date          | Time | Comp.                              | Grab                                                                    | Station Location      |                                                                   |                                                                                     |        |              |                                                               |                        |
|                                                                             | 12/31<br>1990 | 1630 |                                    | X                                                                       | S.E. WALL (1)         | 1                                                                 | X                                                                                   | X      | X            | X                                                             | 30" ABOVE FLOOR BOTTOM |
|                                                                             |               | 1646 |                                    | X                                                                       | N.E. WALL (2)         | 1                                                                 | X                                                                                   | X      | X            | X                                                             | 32"                    |
|                                                                             |               | 1700 |                                    | X                                                                       | NORTH WALL RIGHT (3)  | 1                                                                 | X                                                                                   | X      | X            | X                                                             | 34"                    |
|                                                                             |               |      |                                    | X                                                                       | NORTH WALL            | 1                                                                 | X                                                                                   | X      | X            | X                                                             | D.P.L.                 |
|                                                                             |               | 1710 |                                    | X                                                                       | NORTH WALL CENTER (4) | 1                                                                 | X                                                                                   | X      | X            | X                                                             | 18"                    |
|                                                                             |               | 1724 |                                    | X                                                                       | NORTH WEST WALL (5)   | 1                                                                 | X                                                                                   | X      | X            | X                                                             | 36"                    |
|                                                                             |               | 1733 |                                    | X                                                                       | WEST WALL CENTER (6)  | 1                                                                 | X                                                                                   | X      | X            | X                                                             | 26"                    |
|                                                                             | D.L.          | 1744 |                                    | X                                                                       | SOUTH WEST WALL (7)   | 1                                                                 | X                                                                                   | X      | X            | X                                                             | 34"                    |
| Relinquished by (signature):<br>Don Light<br>Company or Agency:<br>AUGERS   |               |      | Date / Time:<br>12/29<br>1990 1824 | Received by (signature):<br>[Signature]<br>Company or Agency:<br>AUGERS |                       | Relinquished by (signature):<br>[Signature]<br>Company or Agency: |                                                                                     |        | Date / Time: | Received by (signature):<br>[Signature]<br>Company or Agency: |                        |
| Relinquished by (signature):<br>[Signature]<br>Company or Agency:           |               |      | Date / Time:                       | Received by (signature):<br>[Signature]<br>Company or Agency:           |                       | Relinquished by:<br>[Signature]<br>Company or Agency:             |                                                                                     |        | Date / Time: | Received by (signature):<br>[Signature]<br>Company or Agency: |                        |
| Relinquished by (signature):<br>[Signature]<br>Company or Agency:<br>AUGERS |               |      | Date / Time:<br>2/1/91<br>0830     | Received for Laboratory by:<br>(signature)<br>[Signature]               |                       | Date / Time:<br>1/2 0837                                          | Remarks/Shipping Information<br>SAME DAY TURN AROUND<br>FAX Results to 209 847-1958 |        |              |                                                               |                        |

# SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82244  
CLIENT: SEMCO  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/09/91  
DATE REPORTED: 01/18/91

### ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

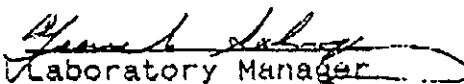
| LAB # | Sample Identification | Concentration (mg/Kg)<br>Diesel Range |
|-------|-----------------------|---------------------------------------|
| 1     | S.E,WALL              | ND<10                                 |
| 2     | N.E,WALL              | ND<10                                 |
| 3     | N.W,WALL              | ND<10                                 |
| 4     | W.WALL,CENTER         | ND<10                                 |
| 5     | S.W,WALL              | ND<10                                 |
| 6     | South WALL            | ND<10                                 |
| 7     | EAST BOTTOM           | ND<10                                 |

Method Detection Limit for Diesel in Soil: 10 mg/Kg

#### QAQC Summary:

Daily Standard run at 200mg/L: RPD Diesel = 13  
MS/MSD Average Recovery = 102%: Duplicate RPD = 3

Richard Srna, Ph.D.

  
Laboratory Manager



**SUPERIOR ANALYTICAL LABORATORIES, INC.**

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 82244  
CLIENT: SEMCO  
CLIENT JOB NO.: VA HOSPITALDATE RECEIVED: 01/09/91  
DATE REPORTED: 01/16/91ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES  
by EPA SW-846 Methods 5030 and 8020

| LAB # | Sample Identification | Concentration(ug/Kg) |         |               |         |
|-------|-----------------------|----------------------|---------|---------------|---------|
|       |                       | Benzene              | Toluene | Ethyl Benzene | Xylenes |
| 1     | S.E,WALL              | ND<3                 | ND<3    | ND<3          | 6       |
| 2     | N.E,WALL              | ND<3                 | ND<3    | ND<3          | 4       |
| 3     | N.W,WALL              | ND<3                 | ND<3    | ND<3          | ND<3    |
| 4     | W.WALL,CENTER         | ND<3                 | ND<3    | ND<3          | ND<3    |
| 5     | S.W,WALL              | ND<3                 | ND<3    | ND<3          | 4       |
| 6     | South WALL            | ND<3                 | ND<3    | ND<3          | ND<3    |
| 7     | EAST BOTTOM           | ND<3                 | ND<3    | ND<3          | ND<3    |


ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

## QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%  
MS/MSD Average Recovery = 102%: Duplicate RPD = <6

Richard Srna, Ph.D.


  
Laboratory Manager

SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 82244  
CLIENT: SEMCO  
CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/09/91  
DATE REPORTED: 01/16/91

ANALYSIS FOR PETROLEUM HYDROCARBONS  
by Method 9071/418.1

| LAB # | Sample Identification | Concentration(mg/Kg)<br>Petroleum Hydrocarbons |
|-------|-----------------------|------------------------------------------------|
| 1     | S.E,WALL              | ND<20                                          |
| 2     | N.E,WALL              | ND<20                                          |
| 3     | N.W,WALL              | ND<20                                          |
| 4     | W.WALL,CENTER         | ND<20                                          |
| 5     | S.W,WALL              | ND<20                                          |
| 6     | South WALL            | ND<20                                          |
| 7     | EAST BOTTOM           | ND<20                                          |

g/kg - parts per million (ppm)

Method Detection Limit for Petroleum Hydrocarbons in Soil: 20 mg/Kg

QAQC Summary:

MS/MSD Average Recovery = 101%: Duplicate RPD = 2

Richard Srna, Ph.D.

*Richard Srna*  
Laboratory Manager

**SUPERIOR ANALYTICAL LABORATORIES, INC.**

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319  
DOHS #220

## C E R T I F I C A T E   O F   A N A L Y S I S

LABORATORY NO.: 82244  
CLIENT: SEMCO  
CLIENT JOB NO.: VA HOSPITALDATE RECEIVED: 01/09/91  
DATE REPORTED: 01/16/91ANALYSIS FOR TOTAL OIL AND GREASE  
by Standard Method 5520F

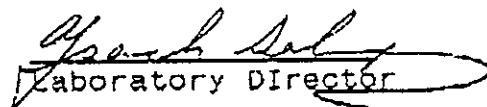
| LAB # | Sample Identification | Concentration(mg/Kg)<br>Oil & Grease |
|-------|-----------------------|--------------------------------------|
| 1     | S.E,WALL              | ND<50                                |
| 2     | N.E,WALL              | ND<50                                |
| 3     | N.W,WALL              | ND<50                                |
| 4     | W.WALL,CENTER         | ND<50                                |
| 5     | S.W,WALL              | ND<50                                |
| 6     | South WALL            | ND<50                                |
| 7     | EAST BOTTOM           | ND<50                                |

µg/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 50mg/Kg

QAQC Summary: Duplicate RPD : 7

Richard Srna, Ph.D.


  
Laboratory Director

**SEMCO****JAMES C. BATEMAN PETROLEUM SERVICES, INC.**431 W. Hatch Pk. Modesto, Calif. 95351  
General & Engineering Contractors  
(800) 533-8293  
FAX (209) 524-0502**SEMCO****JAMES C. BATEMAN PETROLEUM SERVICES, INC.**1741 Leslie St. San Mateo, Calif. 94402  
General & Engineering Contractors  
(415) 572-8030  
FAX (415) 572-9734**CHAIN OF CUSTODY RECORD**

| PROJECT NAME: V. A. HOSPITAL<br>4951 ARROYO ROAD LIVERMORE<br>CA,                      |              |                                  |       |                                                                                          |                  | Number<br>of<br>Con-<br>tainers | Analysis<br>Required -<br><del>TRACER</del><br><del>DIESEL</del><br><del>STAIN</del><br><del>GREASE</del> |                              |   |                         | REMARKS                                   |
|----------------------------------------------------------------------------------------|--------------|----------------------------------|-------|------------------------------------------------------------------------------------------|------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|---|-------------------------|-------------------------------------------|
| Station<br>Number                                                                      | Date         | Time                             | Comp. | Grab                                                                                     | Station Location |                                 |                                                                                                           |                              |   |                         |                                           |
| SAMPLERS (signature):<br>DON LIGHT                                                     |              |                                  |       |                                                                                          |                  |                                 |                                                                                                           |                              |   |                         |                                           |
|                                                                                        | 11/5<br>1991 | 0815                             |       | X                                                                                        | S.E. WALL        | 1                               | X                                                                                                         | X                            | X | X                       | 34" ABOVE FLOOR BOTTOM                    |
|                                                                                        |              | 0900                             |       | X                                                                                        | N.E. WALL        | 1                               | X                                                                                                         | X                            | X | X                       | 30"                                       |
|                                                                                        |              | 1003                             |       | X                                                                                        | N.W. WALL        | 1                               | X                                                                                                         | X                            | X | X                       | 34"                                       |
|                                                                                        |              | 1012                             |       | X                                                                                        | W. WALL CENTER   | 1                               | X                                                                                                         | X                            | X | X                       | 30"                                       |
|                                                                                        |              | 1030                             |       | X                                                                                        | S.W. WALL        | 1                               | X                                                                                                         | X                            | X | X                       | 31"                                       |
|                                                                                        |              | 1040                             |       | X                                                                                        | South WALL       | 1                               | X                                                                                                         | X                            | X | X                       | 33"                                       |
|                                                                                        | D-L          | 1100                             |       | X                                                                                        | EAST BOTTOM      | 1                               | X                                                                                                         | X                            | X | X                       | 0" <u>D.L.</u>                            |
|                                                                                        |              |                                  |       |                                                                                          |                  |                                 |                                                                                                           |                              |   |                         | NORMAL TURNAROUND                         |
|                                                                                        |              |                                  |       |                                                                                          |                  |                                 |                                                                                                           |                              |   |                         | FAX RESULTS TO:<br>916 8521411 ATTN: KENT |
| Relinquished by(signature):<br><u>Don Light</u><br>Company or Agency:<br><u>AUGERS</u> |              | Date / Time<br>11/7<br>1991 1800 |       | Received by(signature):<br><u>Frank Torres</u><br>Company or Agency:<br><u>Greyhound</u> |                  | Relinquished by(signature):     |                                                                                                           | Date / Time                  |   | Received by(signature): |                                           |
| Relinquished by(signature):                                                            |              | Date / Time                      |       | Received by(signature):                                                                  |                  | Relinquished by:                |                                                                                                           | Date / Time                  |   | Received by(signature): |                                           |
| Company or Agency:                                                                     |              |                                  |       | Company or Agency:                                                                       |                  | Company or Agency:              |                                                                                                           |                              |   | Company or Agency:      |                                           |
| Relinquished by(signature):                                                            |              | Date / Time                      |       | Received for Laboratory by:(signature)                                                   |                  | Date / Time                     |                                                                                                           | Remarks/Shipping Information |   |                         |                                           |
| Cr or Agency:                                                                          |              |                                  |       |                                                                                          |                  |                                 |                                                                                                           |                              |   |                         |                                           |

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center      Generating Location VA Medical Center  
 Address 4951 Arroyo RD      Address 4951 Arroyo RD  
Livermore CA 94550      Livermore CA 94550  
 Phone No. 415-4472650      Phone No. 415-4472650

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Type |
|----------------|----------------------|----------|-------|----------------|------|
|                | Non-Hazardous Dirt   | 14       | Y     | 01             | T    |
|                |                      |          |       |                |      |
|                |                      |          |       |                |      |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Ctr.      [Signature]      [Date]  
 Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. 950      Phone No. 209-577-4100  
 Transporter Name John Hamilton Trucking      Driver Name (Print) STEVE RAYCOURN  
 Address 12316 Pauline Ave      Vehicle License No./State CA 3R66518  
Modesto CA      Vehicle Certification J753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature]      092791      [Signature]      092791  
 Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name BFI Waste Systems      Phone No. 415-4470491  
 Address 4001 No. Vasco Rd. Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]      092791  
 of Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_



**Waste Systems™**  
BROWNING-FERRIS INDUSTRIES

No. 535026 ✓

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name VA Medical Center      Generating Location VA Medical Center  
 Address 4951 Arroyo RD      Address 4951 Arroyo RD  
Livermore CA 94550      Livermore CA 94550  
 Phone No. 415-447-2560      Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | 1    | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Ctr.      [Signature]             
 Generator Authorized Agent Name      Signature      Shipment Date

## TRANSPORTER

Truck No. 960      Phone No. 214-578-4100  
 Transporter Name Kion Hamilton Trucking      Driver Name (Print) Kevin Kelley  
 Address 1330 Mountain Ave      Vehicle License No./State CA 4D57150  
DUBLISTE CA      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley                 Kevin Kelley             
 Driver Signature      Shipment Date      Driver Signature      Delivery Date

## DESTINATION

Site Name B.F.I. Waste Systems      Phone No. 415-447-0451  
 Address 41001 DE WISCO RD LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]             
 Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type |
|----------------------|----------|-------|------------|------|------|
|                      |          |       | No.        | Type |      |
| Non Hazardous Dirt   | 14       | Y     | 01         | T    |      |
|                      |          |       |            |      |      |
|                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med Ctr Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. 209-578-4100 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) \_\_\_\_\_  
 Address 1330 Pauline Ave Vehicle License No./State CA  
modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date       Driver Signature \_\_\_\_\_ Delivery Date

**DESTINATION**

Site Name B.F.I Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd. Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 09 2 99

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| Non-hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Ctr. Generator Authorized Agent Name  
[Signature] Signature  
     Shipment Date

**TRANSPORTER**

Truck No. #950 Phone No. 309-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Raybourn  
 Address 1336 Pauline Ave Vehicle License No./State 3R66518 CA  
Mendota CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature 09 26 91 Shipment Date  
[Signature] Driver Signature 09 26 91 Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 41001 No. Vasco Rd. Livermore CA 77 500  
7512

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] of Authorized Agent [Signature] Signature 09 26 91 Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

VA Medical Center Generating Location VA Medical Center  
 751 Arroyo RD Address 4951 Arroyo RD  
 Livermore CA 94550 Livermore CA 94550

5-4472650 Phone No. 415-4472650

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| Hazardous Dirt       | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, packaged, and is in proper condition for transportation according to applicable regulations.

VA Medical Center  
 Signature: [Signature]  
 Shipment Date: [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

750 Phone No. 209-578-4110  
 Rich Hamilton Trucking Driver Name (Print) Steve Raybourn  
 Pauline Ave Vehicle License No./State 3K66514 CA  
 Livermore CA Vehicle Certification 2753

the above named material was picked up as listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Shipment Date: 09/26/91 Driver Signature: [Signature] Delivery Date: 09/26/91

**DESTINATION**

I Waste Systems Phone No. 415-4470491  
 170 Vasco Rd. Livermore CA

the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Receipt Date: 09/26/91

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472650

| 3FI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>NON-Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>1</u> | <u>T</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DNA, Med. Cntr. Signature [Signature] Shipment Date 082397

**TRANSPORTER**

Truck No. 960 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Mark Reson  
 Address 1336 Pauline Ave. Vehicle License No./State NO48192 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082397 Driver Signature [Signature] Delivery Date 082397

**DESTINATION**

Site Name BFI WASTE Systems Phone No. 415-44770491  
 Address -4001 N. Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent [Signature] Signature [Signature] Receipt Date 082397

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 AVONDA RD Address 4951 AVONDA RD  
LIVERMORE, CA 94550 LIVERMORE, CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type |
|----------------------|----------|-------|------------|------|------|
|                      |          |       | No.        | Type |      |
| NON HAZARDOUS DRUG   | 15       | y     | 0          | 1    | 7    |
|                      |          |       |            |      |      |
|                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name [Signature] Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. 960 950 Phone No. 209-578-4100  
 Transporter Name RICH NATIONAL TALK Driver Name (Print) Mark Keson  
 Address 1336 PAULINE AVE Vehicle License No./State NO48192 CALIF.  
 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082391 Driver Signature [Signature] Delivery Date 082391

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 915-447-0891  
 Address 4001 NO. VASCO RD LIVERMORE CA 94550

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] Signature [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Medical Center Generating Location Va Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore 94550 Livermore 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 3FI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON Hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Ctr. Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. 960-9501 Phone No. 209 573-4100  
 Transporter Name Rich Hamilton Driver Name (Print) Mark Keon  
 Address 1336 Pauline Ave Vehicle License No./State No48192CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082391 Driver Signature [Signature] Delivery Date 082391

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. Vasco RD Livermore

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] Signature [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_



BROWNING-FERRIS INDUSTRIES

No. 542983V

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name DVA Med. Cntr Generating Location VA

Address 2511 ... Address 2511 ...

Phone No. 415-472-5200 Phone No. 415-472-5200

| BFI Waste Code | Description of Waste | Quantity  | Units    | Containers No. | Containers Type |
|----------------|----------------------|-----------|----------|----------------|-----------------|
|                | <u>...</u>           | <u>14</u> | <u>Y</u> | <u>14</u>      | <u>Y</u>        |
|                |                      |           |          |                |                 |
|                |                      |           |          |                |                 |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr Signature [Signature] Shipment Date 082391

## TRANSPORTER

Truck No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Transporter Name Fish Hawk Trucking Driver Name (Print) \_\_\_\_\_

Address 1336 ... AVE Vehicle License No./State ...

... Vehicle Certification 235

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_ Driver Signature [Signature] Delivery Date \_\_\_\_\_

## DESTINATION

Site Name BFI Waste Systems Phone No. 415-472-5200

Address 2511 N. Vasco Rd. ...

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 [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Airway RD Address 4951 Airway RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste      | Quantity |          | Units    |           | Containers |          |
|---------------------------|----------|----------|----------|-----------|------------|----------|
|                           | No.      | Type     | No.      | Type      | No.        | Type     |
| <u>NON HAZARDOUS DIRT</u> | <u>1</u> | <u>4</u> | <u>7</u> | <u>21</u> | <u>7</u>   | <u>7</u> |
|                           |          |          |          |           |            |          |
|                           |          |          |          |           |            |          |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

**TRANSPORTER**

Truck No. 970 Phone No. 209-278-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY KADIEK  
 Address 1326 Pauline Ave. Vehicle License No./State 159541670  
Modesto CA 95351 Vehicle Certification 207-2

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

LARRY KADIEK 082391 LARRY KADIEK 082391  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-2560  
 Address 4001 N. Vasco RD Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 082391  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center

Address 4951 ARROYO RD Livermore CA 94550 Address 4951 ARROYO RD Livermore CA 94550

Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Type |
|----------------|----------------------|----------|-------|----------------|------|
|                | NON HAZARDOUS DIRT   | 4        | Y     | 01             | T    |
|                |                      |          |       |                |      |
|                |                      |          |       |                |      |

- Type
- D - Drum
  - C - Carton
  - B - Bag
  - T - Truck
  - P - Pounds
  - Y - Yards
  - O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. 970 Phone No. 209 578-4100

Transporter Name Rich Hamilton Driver Name (Print) DARIN LARRIEST

Address 1336 Pauline Ave Modesto Vehicle License No./State JS93467CA

Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082391 Driver Signature [Signature] Delivery Date 082391

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491

Address 4001 N. Vasco Rd Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent [Signature] Signature [Signature] Receipt Date 082391

PASS CODE

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name VA Medical Center Generating Location VA Medical Center

Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94558 Livermore CA 94550

Phone No. 415-4772560 Phone No. 415-4772560

BFI Waste Code

Description of Waste  
NON HAZARDOUS Dirt

| Quantity                                                                                            | Units                    | No.                                               | Type                                              |
|-----------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <u>14</u>                | <u>Y</u>                                          | <u>017</u>                                        |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

- Containers
- Type
  - D - Drum
  - C - Carton
  - B - Bag
  - T - Truck
  - P - Pounds
  - Y - Yards
  - O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr.  
Generator Authorized Agent Name

[Signature]  
Signature

Shipment Date

## TRANSPORTER

Truck No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Transporter Name Rich Hamilton Trucking Driver Name (Print) \_\_\_\_\_

Address 1336 Pauline Ave Vehicle License No./State CA

Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature]  
Driver Signature

Shipment Date

[Signature]  
Driver Signature

Delivery Date

## DESTINATION

Site Name BFI Waste Systems Phone No. 415-4470491

Address 4001 ~~Arroyo~~ N Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]  
Name of Authorized Agent

[Signature]  
Signature

Receipt Date



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Medical Center Generating Location VA. Medical Center  
 Address 4951 Arroyo RD. Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type |
|----------------|---------------------------|-----------|----------|----------------|-----------------|
|                | <u>NON HAZARDOUS DIET</u> | <u>14</u> | <u>Y</u> | <u>01</u>      | <u>T</u>        |
|                |                           |           |          |                |                 |
|                |                           |           |          |                |                 |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med. Cntr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) \_\_\_\_\_  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Winters CA 95851 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] [Date] [Signature] [Date]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 NO. VASCO RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Date]  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-477-2560 Phone No. 415-477-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS Dirt   | 14       | Y     | 01         | 7    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Center Generator Authorized Agent Name  
[Signature] Signature  
 Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) \_\_\_\_\_  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature Shipment Date        
[Signature] Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent Signature  
 Receipt Date 07/28/91

PASS CODE \_\_\_\_\_

*Semco*

No. 335021 ✓

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste  | Quantity | Units | Containers |      |
|-----------------------|----------|-------|------------|------|
|                       |          |       | No.        | Type |
| Non-Hazardous<br>Dirt | 14       | Y     | 01         | T    |
|                       |          |       |            |      |
|                       |          |       |            |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.J.A. Med. Contr. Signature [Signature] Shipment Date 09/19/91

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. 209-578-8100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Darryl FARRIES  
 Address 1336 Pauline Ave Vehicle License No./State 595467 CA  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Darryl FARRIES Shipment Date 09/19/91 Driver Signature Darryl FARRIES Delivery Date 09/19/91

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd. Livermore, CA

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 [Signature] Receipt Date 09/19/91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94533 Livermore CA 94533

Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | non Hazardous Dirt   | 1.4      | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature [Signature] Shipment Date 091991

**TRANSPORTER**

Truck No. 970 Phone No. 309-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Dave Lavelle  
 Address 1336 Pauline Ave Vehicle License No./State CA 1J95467  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 091891 Driver Signature [Signature] Delivery Date 091899

**DESTINATION**

Site Name B.F.I Waste Systems Phone No. 415-44704911  
 Address 4001 No. Vasco Rd. Livermore CA

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 [Signature] Receipt Date 091891

PASS CODE

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name \_\_\_\_\_ Generating Location \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Phone No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

| BFI Waste Code | Description of Waste            | Quantity                | Units | Containers |      | Type                     |
|----------------|---------------------------------|-------------------------|-------|------------|------|--------------------------|
|                |                                 |                         |       | No.        | Type |                          |
| [ ] [ ]        | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] | [ ]   | [ ] [ ]    | [ ]  | <input type="checkbox"/> |
| [ ] [ ]        | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] | [ ]   | [ ] [ ]    | [ ]  | <input type="checkbox"/> |
| [ ] [ ]        | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] | [ ]   | [ ] [ ]    | [ ]  | <input type="checkbox"/> |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

## TRANSPORTER

Truck No. 970 Phone No. \_\_\_\_\_  
Transporter Name \_\_\_\_\_ Driver Name (Print) John Smith  
Address \_\_\_\_\_ Vehicle License No./State 130-0167  
Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.  
I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date [ ] [ ] [ ] [ ] [ ] [ ] Driver Signature \_\_\_\_\_ Delivery Date [ ] [ ] [ ] [ ] [ ] [ ]

## DESTINATION

Site Name \_\_\_\_\_ Phone No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Address \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

\_\_\_\_\_  
of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date [ ] [ ] [ ] [ ] [ ] [ ]

PASS CODE \_\_\_\_\_

GENERATOR RETAIN

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | non hazardous dirt   | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA. Medi. Cntr. [Signature] Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. 909-576-4100  
 Transporter Name Rita Hamilton Trucking Driver Name (Print) \_\_\_\_\_  
 Address 1336 Titline Hve Vehicle License No./State \_\_\_\_\_  
Indio CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 091991 Driver Signature [Signature] Delivery Date 091991

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 RD VASCO RD. LIVERMORE CA  
266.00

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 [Signature] Receipt Date 091991

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location V.A. Medical Center  
 Address 4951 Arroyo Rd. Address 4951 Arroyo Rd.  
Livermore, Ca 94550 Livermore, Ca 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type | Type     |
|----------------|---------------------------|-----------|----------|----------------|-----------------|----------|
|                | <u>Non Hazardous dirt</u> | <u>15</u> | <u>Y</u> | <u>011</u>     | <u>1</u>        | <u>1</u> |
|                |                           |           |          |                |                 |          |
|                |                           |           |          |                |                 |          |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) STEPHEN RAYBOURN  
 Address 1336 Pauline Ave. Vehicle License No./State 3R66518, Ca  
Mokesto, Ca 95351 Vehicle Certification 2153

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 0823911 Driver Signature [Signature] Delivery Date 0823911

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-2560  
 Address 4001 No. Vasco Rd. Livermore, Ca 94550

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 [Signature] Receipt Date 0823911

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V. H. ... Generating Location ...  
 Address 4951 ... Address ...

Phone No. ... Phone No. ...

| Waste Code | Description of Waste        | Quantity  | Units    | Containers |          |
|------------|-----------------------------|-----------|----------|------------|----------|
|            |                             |           |          | No.        | Type     |
|            | <u>100 - Hazardous Dirt</u> | <u>14</u> | <u>4</u> | <u>0</u>   | <u>7</u> |
|            |                             |           |          |            |          |
|            |                             |           |          |            |          |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

**TRANSPORTER**

Truck No. 950 Phone No. ...  
 Transporter Name ... Driver Name (Print) Steve Rankover  
 Address ... Vehicle License No./State 3K60513  
 Vehicle Certification ...

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date 082391 Driver Signature \_\_\_\_\_ Delivery Date 082391

**DESTINATION**

Site Name BFI Waste ... Phone No. 415-...  
 Address 4401 ...

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 082391



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA medical center  
Address 4951 ARROYO RD Address 4951 ARROYO RD

Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste       | Quantity  | Units    | Containers |          | Type |
|----------------|----------------------------|-----------|----------|------------|----------|------|
|                |                            |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS WASTE</u> | <u>14</u> | <u>X</u> | <u>01</u>  | <u>T</u> |      |
|                |                            |           |          |            |          |      |
|                |                            |           |          |            |          |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA, Med. Center Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. 950 Phone No. 204-578-4100  
Transporter Name RICH Hamilton Trucking Driver Name (Print) Steve Kaybock  
Address 1336 Pauline ave Vehicle License No./State 3R665 CA  
Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082391 Driver Signature [Signature] Delivery Date 082391

**DESTINATION**

Site Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

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 [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VVA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 Arroyo Rd  
Livermore Ca 94550 Livermore Ca 94550  
 Phone No. 415-4472560 Phone No. 415-4472650  
 FI Waste Code

| Description of Waste  | Quantity | Units | Containers |      | Type |
|-----------------------|----------|-------|------------|------|------|
|                       |          |       | No.        | Type |      |
| Non Hazardous<br>Dirt | 14       | Y     | 01         | 7    |      |
|                       |          |       |            |      |      |
|                       |          |       |            |      |      |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VVA Med. Ctr. Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. #950 Phone No. 209 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Kinkor  
 Address 1336 Pauline Ave Vehicle License No./State 5K66518 CA  
Modesto Ca 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082391 Driver Signature [Signature] Delivery Date 082391

**DESTINATION**

Site Name BEI Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco RD Livermore Ca

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] Signature [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name V A MEDICAL CENTER Generating Location V A MEDICAL CENTER  
Address 4951 ARROYO RD. Address 4951 ARROYO RD.  
LIVERMORE CA 94550 LIVERMORE CA 94550  
Phone No. 415-447-2560 Phone No. 415-447-2560  
BFI Waste Code

| Description of Waste | Quantity                 | Units                    | Containers               |                          | Type       |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|
|                      |                          |                          | No.                      | Type                     |            |
| NON HAZARDOUS DIRT   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D - Drum   |
|                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C - Carton |
|                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B - Bag    |
|                      |                          |                          |                          |                          | T - Truck  |
|                      |                          |                          |                          |                          | P - Pounds |
|                      |                          |                          |                          |                          | Y - Yards  |
|                      |                          |                          |                          |                          | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA, Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
083391 Shipment Date

## TRANSPORTER

Truck No. \_\_\_\_\_ Phone No. 209-5784100  
Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) \_\_\_\_\_  
Address 1336 PAULINE AVE. Vehicle License No./State CA  
MODESTO CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date                      
Driver Signature \_\_\_\_\_ Delivery Date

## DESTINATION

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0991  
Address 4001 No. VASCO RD LIVERMORE

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent  
[Signature] Signature  
083391 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore Ca 94550 Livermore CA 94550  
 Phone No. 415-4772650 Phone No. 415-4772650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type | Type              |
|----------------|---------------------------|-----------|----------|----------------|-----------------|-------------------|
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>      | <u>T</u>        | <u>D - Drum</u>   |
|                |                           |           |          |                |                 | <u>C - Carton</u> |
|                |                           |           |          |                |                 | <u>B - Bag</u>    |
|                |                           |           |          |                |                 | <u>T - Truck</u>  |
|                |                           |           |          |                |                 | <u>P - Pounds</u> |
|                |                           |           |          |                |                 | <u>Y - Yards</u>  |
|                |                           |           |          |                |                 | <u>O - Other</u>  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D. VA Med. Cntr Generator Authorized Agent Name  
[Signature] Signature  
082391 Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) \_\_\_\_\_  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_ Driver Signature \_\_\_\_\_ Delivery Date \_\_\_\_\_

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4601 N. Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent  
[Signature] Signature  
082391 Receipt Date

PASS CODE \_\_\_\_\_



No. 642961v

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name VA Medical Center Generating Location Va. Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94558 Livermore CA 94558

Phone No. - Phone No. -

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type |
|----------------|---------------------------|-----------|----------|----------------|-----------------|
|                | <u>NON-Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>      | <u>T</u>        |
|                |                           |           |          |                |                 |
|                |                           |           |          |                |                 |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA, Med Ctr. Generator Authorized Agent Name  
[Signature] Signature  
082591 Shipment Date

## TRANSPORTER

Truck No. 950 Phone No. 209 578-4180  
 Transporter Name Rich Hamilton Driver Name (Print) Steve Kambouris  
 Address 1336 Pauline Ave Vehicle License No./State 3K45.6CA  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature 082201 Shipment Date  
[Signature] Driver Signature 082371 Delivery Date

## DESTINATION

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N. Vasco Road Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent [Signature] Signature 082591 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type |
|----------------------|----------|-------|------------|------|------|
|                      |          |       | No.        | Type |      |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    |      |
|                      |          |       |            |      |      |
|                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. 209-578-4100  
 Transporter Name Rich ~~Harris~~ Harris for Trucking Driver Name (Print) \_\_\_\_\_  
 Address \_\_\_\_\_ Vehicle License No./State CA  
 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N Vasco Rd. Livermore

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 [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON Hazardous DIRT   | 14       | Y     | 01         | 1    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA, Med. Cntr. Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY FARRIETH  
 Address 1336 PAULINE AVE Vehicle License No./State CA-1J95467  
MODesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature LARRY FARRIETH Shipment Date 082391 Driver Signature LARRY FARRIETH Delivery Date 082391

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 N. UGSCO RD. LIVERMORE

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] Signature [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center      Generating Location V.A. Medical Center  
 Address 4951 Arroyo Rd.      Address 4951 Arroyo Rd.  
Livermore, Ca 94550      Livermore, Ca 94550  
 Phone No. 415-447-2560      Phone No. 415-447-2560

| BFI Waste Code | Description of Waste            | Quantity     | Units    | Containers No. | Containers Type | Type     |
|----------------|---------------------------------|--------------|----------|----------------|-----------------|----------|
|                | <u>Non-Hazardous Waste Dirt</u> | <u>1 1/2</u> | <u>Y</u> | <u>21</u>      | <u>T</u>        | <u>T</u> |
|                |                                 |              |          |                |                 |          |
|                |                                 |              |          |                |                 |          |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Shipment Date 08 27 91

**TRANSPORTER**

Truck No. 970      Phone No. 209-598-4100  
 Transporter Name Rich Hamilton Trucking      Driver Name (Print) LARRY LARSEN  
 Address 1336 Pauline Ave.      Vehicle License No./State 1J95467 CA  
Mokelum, Ca 95351      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature LARRY LARSEN      Shipment Date 08 27 91      Driver Signature LARRY LARSEN      Delivery Date 08 27 91

**DESTINATION**

Site Name BFI Waste Systems      Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd. Livermore, Ca 94550

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 [Signature]      Receipt Date 08 27 91

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location U.A. Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste        | Quantity | Units | Containers |      | Type |
|-----------------------------|----------|-------|------------|------|------|
|                             |          |       | No.        | Type |      |
| NON HAZARDOUS WASTE<br>DIRT | 14       | Y     | 21         | T    |      |
|                             |          |       |            |      |      |
|                             |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.V.A. Med. Cntr. Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. 960-950T Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Mark Kelson  
 Address 1336 Pauline Ave Vehicle License No./State NO418924  
Modesto CA. 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082391 Driver Signature [Signature] Delivery Date 082391

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco RD Livermore

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] Signature [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) \_\_\_\_\_  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Modesto CA. 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike H [Date] Mike H [Date]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE Systems Phone No. 415-4470419  
 Address 4001 NO. VASCO RD LIVERMORE

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Date]  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Medical Center      Generating Location VA - Medical Center  
 Address 4951 ARROYO RD      Address 4951 ARROYO RD.  
Livermore CA - 94550      Livermore CA 94550  
 Phone No. 415-4472560      Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type |
|----------------|---------------------------|-----------|----------|----------------|-----------------|
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>017</u>     | <u>7</u>        |
|                |                           |           |          |                |                 |
|                |                           |           |          |                |                 |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med. Cntr.      [Signature]      [ ] [ ] [ ] [ ] [ ] [ ]  
 Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. 970      Phone No. 578-4100  
 Transporter Name Rich Hamilton Trucking      Driver Name (Print) Larry Larieth  
 Address 1336 Pauline ave      Vehicle License No./State 1595467 CA  
Modesto CA 95351      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Larry Larieth      082491      Larry Larieth      082491  
 Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS      Phone No. 415-4470491  
 Address 4001 N. Vasco RD - Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]      082491  
 Name of Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Attn Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type |
|----------------|---------------------------|-----------|----------|----------------|-----------------|
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>011</u>     | <u>1</u>        |
|                |                           |           |          |                |                 |
|                |                           |           |          |                |                 |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr. [Signature] 082391  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209 5784100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) DAVID FARRISTON  
 Address 1336 Pauline Ave Vehicle License No./State 1595467CA  
Modesto CA 94550 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

DAVID FARRISTON 082491 DAVID FARRISTON 082491  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 082491  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON Hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.V.A. Med. Cntr. Signature [Signature] Shipment Date 082391

**TRANSPORTER**

Truck No. 750 Phone No. \_\_\_\_\_  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Kambouris  
 Address 1334 Pauline Ave Vehicle License No./State 3R6W58CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082391 Driver Signature \_\_\_\_\_ Delivery Date 082391

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447047  
 Address 4001 N. Vasco Rd. Livermore

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 [Signature] Receipt Date 082391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VIA medical center Generating Location VIA medical center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4473560 Phone No. 415-4473560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON hazardous DIKT   | 14       | Y     | 0          | 1    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VIA Med. Cntr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 960 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) BILL IRIART  
 Address 3336 Pauline ave Vehicle License No./State 4D57150 CA  
Motesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Bice, Liant 082491 Bice Liant 082491  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name RFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 VASCO RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 092791  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name U.A. medical center Generating Location U.A. medical center  
 Address 4951 ARROVO RD Address 4951 ARROVO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|---------------------------|-----------|----------|------------|----------|----------|
|                           |           |          | No.        | Type     |          |
| <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>1</u> | <u>Y</u> |
|                           |           |          |            |          |          |
|                           |           |          |            |          |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

U.A. Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
  .  .  .  .  . Shipment Date

**TRANSPORTER**

Truck No.    Phone No. 209-578-4180  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Bill Bryant  
 Address 1336 Pauline ave Vehicle License No./State AD57150 CA  
modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature 082491 Shipment Date  
[Signature] Driver Signature 082491 Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N VASCO RD LIVERMORE

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent  
[Signature] Signature  
082491 Receipt Date

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROVO RD. Address 4951 ARROVO RD.  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

Description of Waste  
NON-HAZARDOUS DIRT

| Quantity                                                                                                                                                                                                                                                                           | Units                               | No.                                                                                                                                                                                                                                                       | Type                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                          | <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                          | <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

- Containers  
 Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Ctr. Generator Authorized Agent Name [Signature] Signature  
 Shipment Date

**TRANSPORTER**

Truck No. 960 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Bill HART  
 Address 1336 Pauline ave Vehicle License No./State 4D57150 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Bill HART Driver Signature 082491 Shipment Date Bill HART Driver Signature 082491 Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent [Signature] Signature 082491 Receipt Date



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA medical center Generating Location VA. medical center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA 94550 LIVERMORE CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type |
|----------------------|----------|-------|------------|------|------|
|                      |          |       | No.        | Type |      |
| NON Hazardous DIRT   | 14       | V     | 01         | T    |      |
|                      |          |       |            |      |      |
|                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA. Med. Cntr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 960 Phone No. 209 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Bill Liant  
 Address 1336 Pauline ave Vehicle License No./State 4D5715A CA  
MODESTO CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 082491 [Signature] 082491  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-9470491  
 Address 4001 N. VASCO RD. LIVERMORE

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Signature] 082491  
 Name of Authorized Agent Signature Receipt Date

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>0</u>   | <u>1</u> | <u>1</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. #950 Phone No. 709-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Raybourn  
 Address 1336 Buline ave Vehicle License No./State 3R16518 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 082471 [Signature] 082471  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Date]  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
Address 4951 ARKOVIS RD Address 4951 ARKOVIS RD  
Livermore CA 94550 Livermore CA 94550  
Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type | Type                                                                                   |
|----------------|---------------------------|-----------|----------|----------------|-----------------|----------------------------------------------------------------------------------------|
|                | <u>NON HAZARDOUS BIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>      | <u>T</u>        | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                           |           |          |                |                 |                                                                                        |
|                |                           |           |          |                |                 |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr. Generator Authorized Agent Name      [Signature] Signature      01 Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 209-578-4100  
Transporter Name Rick Hamilton Trucking Driver Name (Print) Steve Hamilton  
Address 1336 Pauline Ave Vehicle License No./State 3R6658 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature      082421 Shipment Date      [Signature] Driver Signature      082421 Delivery Date

**DESTINATION**

Site Name RFI Waste Systems Phone No. 415-447-0491  
Address 4001 N Vasco Rd. Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent      [Signature] Signature      082421 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. medical center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Containers Type |
|----------------|----------------------|----------|-------|----------------|-----------------|
|                | NON HAZARDOUS DIRT   | 14       | ✓     | 31             | D               |
|                |                      |          |       |                |                 |
|                |                      |          |       |                |                 |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.V.A. Med. Ctr. [Signature] Shipment Date [ ]

**TRANSPORTER**

Truck No. 970 Phone No. 209 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) DARREY TAPIES  
 Address 1330 Pauline ave Vehicle License No./State 1395467 CA  
modesto CA 95351 Vehicle Certification 2553

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 082491 [Signature] 082491  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0451  
 Address 4001 VASCO RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Signature] 082491  
 Name of Authorized Agent Signature Receipt Date

UNLOADING AREA



No. 642723 ✓

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name V.A. Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD. Address 4951 ARROYO RD.  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity                 |                             | Containers                 |                            | Type                                |
|----------------------|--------------------------|-----------------------------|----------------------------|----------------------------|-------------------------------------|
|                      |                          | Units                       | No.                        | Type                       |                                     |
| NON HAZARDOUS DIRT   | <input type="checkbox"/> | <input type="checkbox"/> 14 | <input type="checkbox"/> 7 | <input type="checkbox"/> 0 | <input type="checkbox"/> D - Drum   |
|                      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> C - Carton |
|                      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> B - Bag    |
|                      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> T - Truck  |
|                      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> P - Pounds |
|                      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Y - Yards  |
|                      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature [Signature] Shipment Date

## TRANSPORTER

Truck No. 950 Phone No. 209-533-4100  
 Transporter Name Kick Hamilton Trucking Driver Name (Print) Steve Rabinowitz  
 Address 1336 Pauline Ave Vehicle License No./State 3B66515 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082491 Driver Signature [Signature] Delivery Date 082491

## DESTINATION

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N Vasco Rd. Livermore

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] Signature [Signature] Receipt Date 082491

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Type |
|----------------|----------------------|----------|-------|----------------|------|
|                | NON HAZARDOUS DIRT   | 14       | Y     | 01             | T    |
|                |                      |          |       |                |      |
|                |                      |          |       |                |      |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VA Med. Cntr. Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LARREST  
 Address 1336 Padline Ave Vehicle License No./State 1J95467 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 08 28 91 Driver Signature [Signature] Delivery Date 08 28 91

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 NO. VASCO RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent [Signature] Signature [Signature] Receipt Date 08 28 91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550

Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Type |
|----------------|----------------------|----------|-------|----------------|------|
|                | NON-HAZARDOUS Dict   | 14       | Y     | 01             | T    |
|                |                      |          |       |                |      |
|                |                      |          |       |                |      |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Shipment Date

**TRANSPORTER**

Truck No. 960 Phone No. \_\_\_\_\_  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave Vehicle License No./State 405.7150 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley Driver Signature 082891 Shipment Date  
Kevin Kelley Driver Signature 082891 Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. VASCO RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent [Signature] Signature 082891 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472500 Phone No. 415-4472500  
 BFI Waste Code

| Description of Waste      | Quantity | Units    | Containers |          | Type     |
|---------------------------|----------|----------|------------|----------|----------|
|                           |          |          | No.        | Type     |          |
| <u>NON HAZARDOUS DIRT</u> | <u>1</u> | <u>Y</u> | <u>0</u>   | <u>1</u> | <u>T</u> |
|                           |          |          |            |          |          |
|                           |          |          |            |          |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
     Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) \_\_\_\_\_  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Modesto CA 95357 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike H Driver Signature      Shipment Date  
Mike H Driver Signature      Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent [Signature] Signature 09/28/91 Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON-HAZARDOUS Dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr. Generator Authorized Agent Name [Signature] Signature      Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4190  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LARRIESTI  
 Address 1336 Pauline Ave Vehicle License No./State 1J95467 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

LARRY LARRIESTI Driver Signature       Shipment Date LARRY LARRIESTI Driver Signature       Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. VASCO RD LIVERMORE

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent [Signature] Signature       Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

Description of Waste  
NON HAZARDOUS DIT

| Quantity                 | Units                    | Containers No.           | Type                     |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>14</u>                | <u>Y</u>                 | <u>01</u>                | <u>T</u>                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VA Med. Cntr. Signature [Signature] Shipment Date [Date]

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LARREST  
 Address 1336 Pauline Ave Vehicle License No./State 1595462A  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature LARRY LARREST Shipment Date 082891 Driver Signature LARRY LARREST Delivery Date 082891

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 Navarro Rd Livermore

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] Signature [Signature] Receipt Date 082891

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type              |
|----------------|---------------------------|-----------|----------|------------|----------|-------------------|
|                |                           |           |          | No.        | Type     |                   |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>7</u> | <u>D - Drum</u>   |
|                |                           |           |          |            |          | <u>C - Carton</u> |
|                |                           |           |          |            |          | <u>B - Bag</u>    |
|                |                           |           |          |            |          | <u>T - Truck</u>  |
|                |                           |           |          |            |          | <u>P - Pounds</u> |
|                |                           |           |          |            |          | <u>Y - Yards</u>  |
|                |                           |           |          |            |          | <u>O - Other</u>  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.V.A. Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
082891 Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Driver Name (Print) LARRY LARIENT  
 Address 1336 PAULINE AVE Vehicle License No./State CA 1S92467  
MODESTO CA 95357 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

LARRY LARIENT Driver Signature 082891 Shipment Date  
LARRY LARIENT Driver Signature 082891 Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N. VASCO RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] of Authorized Agent Signature 082891 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550

Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                      |          |       | No.        | Type |                                                                                        |
| NON HAZARDOUS Dir-1  | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                      |          |       |            |      |                                                                                        |
|                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VA Med. Cntr. [Signature]        
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 960 Phone No. \_\_\_\_\_  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave Vehicle License No./State 4057150 CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley 082891 Kevin Kelley 082891  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 NO. VASCO RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 082891  
 Name of Authorized Agent Signature Receipt Date



No. 642710W

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name V.A. Medical Center Generating Location V.A. Medical Center

Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore Ca. 94550

Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Type |
|----------------|----------------------|----------|-------|----------------|------|
|                | NON HAZARDOUS DIRT   | 14       | Y     | 01             | T    |
|                |                      |          |       |                |      |
|                |                      |          |       |                |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
Shipment Date

## TRANSPORTER

Truck No. 960 Phone No. 209-578-4100

Transporter Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelley

Address 1336 Pauline Ave Vehicle License No./State 4Q67150CA  
Modesto Ca 95351 Vehicle Certification 0753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley Driver Signature  
082891 Shipment Date  
Kevin Kelley Driver Signature  
082891 Delivery Date

## DESTINATION

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491

Address 4001 No. Vasco Rd Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent  
[Signature] Signature  
082891 Receipt Date

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO Rd. Address 4951 ARROYO Rd.  
LIVERMORE CA 94550 LIVERMORE CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS DIRT   | 141      | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med Cntr Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. 209-574-4100  
 Transporter Name Rich Hamite Trucking Driver Name (Print) Steve Raybourn  
 Address 1336 Pauline Ave Vehicle License No./State CA 3R66518  
LIVERMORE CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator-site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 092691 Driver Signature [Signature] Delivery Date 092691

**DESTINATION**

Site Name B.F.I. WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4101 No. Arroyo Rd. Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 092691

PASS CODE \_\_\_\_\_

UNLOADING AREA COPY

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd. Address 4951 Arroyo Rd.  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity |        | Units |        | Containers |        | Type |
|----------------------|----------|--------|-------|--------|------------|--------|------|
|                      | No.      | Weight | No.   | Weight | No.        | Weight |      |
| non hazardous dirt   |          |        |       |        |            |        |      |
|                      |          |        |       |        |            |        |      |
|                      |          |        |       |        |            |        |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Ctr. Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. #950 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Siruk Koybouani  
 Address 1336 Pauline Ave Vehicle License No./State CA 3R66518  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082691 Driver Signature [Signature] Delivery Date 082691

**DESTINATION**

Site Name B.F.F Waste Systems Phone No. 415-447-70491  
 Address 41001 No. Vasco Rd. Livermore CA

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 [Signature] Receipt Date 082691

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94558 Livermore CA  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>Non Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Ctr. Signature [Signature] Shipment Date 092691

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE H  
 Address 1330 McLaughlin Ave Vehicle License No./State CA  
Merced CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Mike H Shipment Date 092691 Driver Signature Mike H Delivery Date 092691

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 40001 N. Vasco Rd, Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 092691

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4957 Arroyo RD Address 4957 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                      |          |       | No.        | Type |                                                                                        |
| non hazardous dirt   | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                      |          |       |            |      |                                                                                        |
|                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr [Signature]        
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE H  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike H       Mike H        
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 4001 rd. Vasco Rd. Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 092691  
 If Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center      Generating Location VA Medical Center  
 Address 4951 Arroyo Rd      Address 4951 Arroyo Rd  
Livermore CA 94550      Livermore CA 94550  
 Phone No. 415-447-2560      Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | non hazardous unit   | 1        | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med Cntr.      Signature [Signature]      Shipment Date 092691

**TRANSPORTER**

Truck No. 990      Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking      Driver Name (Print) MIKE H  
 Address 1336 Pauline Ave      Vehicle License No./State CA  
Mooresville CA      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature]      Shipment Date [ ]      Driver Signature [Signature]      Delivery Date [ ]

**DESTINATION**

Site Name B.F.I. Waste Systems      Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd., Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent [Signature]      Signature [Signature]      Receipt Date 092691

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4957 Arroyo RD Address 4957 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| Non Hazardous Dirt   | 1        | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature [Signature] Shipment Date 092691

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE H  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Mike H Shipment Date 092691 Driver Signature Mike H Delivery Date 092691

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 No. Vasco Rd. Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 092691

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arrow Rd Address 4951 Arrow Rd  
Livermore CA 94550 Livermore CA  
 Phone No. 415-447-2650 Phone No. 415-447-2650

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Containers Type |
|----------------|----------------------|----------|-------|----------------|-----------------|
|                | non-hazardous dirt   | 1        | N     | 01             | D               |
|                |                      |          |       |                |                 |
|                |                      |          |       |                |                 |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med Ctr Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Robinson  
 Address 1336 Mainline Ave Vehicle License No./State CA 3B6LS  
Modesto CA Vehicle Certification 2053

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 100391 Driver Signature [Signature] Delivery Date 100391

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4101 A Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

No. of Authorized Agent [ ] Signature [Signature] Receipt Date 100391

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2650 Phone No. 415-447-2650  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| non-hazardous Dirt   | 14       | Y     | 01         | 1    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Ctr. Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Rabinowitz  
 Address 1336 Pauline Ave Vehicle License No./State CA 3116514  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 100391 Driver Signature [Signature] Delivery Date 102351

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 41001 N. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent Signature [Signature] Receipt Date 100391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name DVA Medical Center Generating Location DVA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2450 Phone No.     -    

| BFI Waste Code | Description of Waste       | Quantity  | Units    | Containers |          | Type     |
|----------------|----------------------------|-----------|----------|------------|----------|----------|
|                |                            |           |          | No.        | Type     |          |
|                | <u>non-hazardous waste</u> | <u>15</u> | <u>Y</u> | <u>01</u>  | <u>1</u> | <u>T</u> |
|                |                            |           |          |            |          |          |
|                |                            |           |          |            |          |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Ctr. Signature [Signature] Shipment Date     

**TRANSPORTER**

Truck No. 950 Phone No. (209) 558-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Hamilton  
 Address 1330 Pauline Ave Vehicle License No./State CA 3P60913  
Mudesto CA Vehicle Certification 2253

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 100591 Driver Signature [Signature] Delivery Date 100591

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N Lasco Rd Livermore

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] Signature [Signature] Receipt Date 100591

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center      Generating Location VAMedical Center  
 Address 4951 Arroyo Rd      Address 4951 Arroyo Rd.  
Livermore CA 94550      Livermore CA 94550  
 Phone No. 415-447-2650      Phone No. 415-447-2650

| BFI Waste Code | Description of Waste      | Quantity | Units    | Containers |          | Type |
|----------------|---------------------------|----------|----------|------------|----------|------|
|                |                           |          |          | No.        | Type     |      |
|                | <u>non Hazardous Dirt</u> | <u>1</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |          |          |            |          |      |
|                |                           |          |          |            |          |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr.      Signature [Signature]      Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

Truck No. 950      Phone No. 309-578-4100  
 Transporter Name Rich Hamilton Trucking      Driver Name (Print) Steve Raybourn  
 Address 1336 Pauline Ave      Vehicle License No./State CA 3R66518  
Muckato CA      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature]      Shipment Date 100391      Driver Signature [Signature]      Delivery Date 100391

**DESTINATION**

Site Name BFI Waste Systems      Phone No. 415-447-0491  
 Address 4001 Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

BFI Authorized Agent [Signature]      Signature [Signature]      Receipt Date 100391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA Livermore CA  
 Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste                | Quantity  | Units    | Containers |          | Type |
|----------------|-------------------------------------|-----------|----------|------------|----------|------|
|                |                                     |           |          | No.        | Type     |      |
|                | <u>NON-HAZARDOUS</u><br><u>DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>7</u> |      |
|                |                                     |           |          |            |          |      |
|                |                                     |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 2-9 Phone No. (408) 297-8866  
 Transporter Name Supall Trucking Driver Name (Print) Eric Hawkins  
 Address 1000 3rd Street Vehicle License No./State 1590654  
CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Eric Hawkins 10791 Eric Hawkins 10791  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. VASCO Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 100791  
 Name/Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name BVA Hospital Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA Livermore CA  
 Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.V.A. Med. Center [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Transporter Name \_\_\_\_\_ Driver Name (Print) \_\_\_\_\_  
 Address \_\_\_\_\_ Vehicle License No./State \_\_\_\_\_  
 Vehicle Certification 2153

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] [Date] [Signature] [Date]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N. VASCO RD Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Date]  
 if Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

UNLOADING AREA COPY

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2650 Phone No. 415-447-2650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          |
|----------------|---------------------------|-----------|----------|------------|----------|
|                |                           |           |          | No.        | Type     |
|                | <u>NON-HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>7</u> |
|                |                           |           |          |            |          |
|                |                           |           |          |            |          |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
     Shipment Date

**TRANSPORTER**

Truck No. #950 Phone No. 709-553-2000  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Rich Hamilton  
 Address 1336 Pauline Ave Vehicle License No./State CA 3K126  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature 092791 Shipment Date  
[Signature] Driver Signature 092791 Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 W. VAISCA RD Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] of Authorized Agent Signature 092791 Receipt Date

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type |
|----------------|---------------------------|-----------|----------|----------------|-----------------|
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>1</u>       | <u>T</u>        |
|                |                           |           |          |                |                 |
|                |                           |           |          |                |                 |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Ctr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Larry Lamie  
 Address 1330 Pauline Ave Vehicle License No./State CA 1595467  
Livermore CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 092791 [Signature] 092791  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 41001 LC VCC RD LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 092791  
 of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA 94550 LIVERMORE CA 94550  
 Phone No. 415-447-2650 Phone No. 415-447-2650  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| non Hazardous Dirt   | 14       | Y     | 01         | 1    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Ctr. Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 309-598-4100  
 Transporter Name Kich Hamilton Trucking Driver Name (Print) Steve Rayburn  
 Address 1336 Pauline Ave Vehicle License No./State CA 3R66518  
MARLETTA CA Vehicle Certification 27.53

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 082791 Driver Signature [Signature] Delivery Date 082791

**DESTINATION**

Site Name B.F.I Waste Systems Phone No. 415-447-0491  
 Address 41001 170 VASCO RD. LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent [Signature] Signature [Signature] Receipt Date 082791

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 N. Vasco Rd Address 4951 N. Vasco Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type              |
|----------------|---------------------------|-----------|----------|------------|----------|-------------------|
|                |                           |           |          | No.        | Type     |                   |
|                | <u>NON HAZARDOUS DRUG</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>1</u> | <u>D - Drum</u>   |
|                |                           |           |          |            |          | <u>C - Carton</u> |
|                |                           |           |          |            |          | <u>B - Bag</u>    |
|                |                           |           |          |            |          | <u>T - Truck</u>  |
|                |                           |           |          |            |          | <u>P - Pounds</u> |
|                |                           |           |          |            |          | <u>Y - Yards</u>  |
|                |                           |           |          |            |          | <u>O - Other</u>  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Center Signature [Signature] Shipment Date 082591

**TRANSPORTER**

Truck No. 960 Phone No. 209-575-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave Vehicle License No./State CA 4D57150  
Miraflores CA Vehicle Certification 3753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Kevin Kelley Shipment Date 92791 Driver Signature Kevin Kelley Delivery Date 92791

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470791  
 Address 4901 N. VASCO RD LIVERMORE CA.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 070791

PASS CODE \_\_\_\_\_

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Medical Center  
 4951 Arroyo Rd  
 Livermore CA  
 94550  
 Phone No. 415-447-0650

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| HAZARDOUS DIRT       | 14       | Y     | 01         | 7    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

The named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, is in proper condition for transportation according to applicable regulations.

Signature: [Signature] Shipment Date: [ ]

## TRANSPORTER

Phone No. 309-578-4100  
 Union Trucking  
 Driver Name (Print) Steve Raymond  
 1st Ave  
 Vehicle License No./State CA 3B26613  
 CA  
 Vehicle Certification 2753

The named material was picked up I hereby certify that the above named material was delivered without incident to the destination listed below.

Shipment Date: 092791 Driver Signature: [Signature] Delivery Date: 092791

## DESTINATION

STE Systems  
 Phone No. 415-447-0491  
 VASCO RD. Livermore

The named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature: [Signature] Receipt Date: 092791

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type |
|----------------|----------------------|----------|-------|------------|------|------|
|                |                      |          |       | No.        | Type |      |
|                | NON-HAZARDOUS DIRT   | 14       | Y     | 0          | 1    | T    |
|                |                      |          |       |            |      |      |
|                |                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Cntr. [Signature] [ ] [ ] [ ] [ ] [ ]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY FARRISH  
 Address 1336 Auline Ave Vehicle License No./State CA 1J95467  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Larry Farrish 092791 Larry Farrish 092791  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 W. VASCO RD Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 092791  
 of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA Livermore CA

Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>7</u> | <u>T</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LARRIEST  
 Address 1336 Pauline Ave Vehicle License No./State CA 1595467  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

LARRY LARRIEST 092791 LARRY LARRIEST 092791  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. VASCO RD

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 092791  
 of Authorized Agent Signature Receipt Date



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472650 Phone No. 415-4472650  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type |
|----------------------|----------|-------|------------|------|------|
|                      |          |       | No.        | Type |      |
| Non Hazardous Soil   | 14       | Y     | 01         | T    |      |
|                      |          |       |            |      |      |
|                      |          |       |            |      |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.V.A. Med. Center Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 909-578-4600  
 Transporter Name Kitch Hamilton Trucking Driver Name (Print) LARRY LARLEY  
 Address 1336 Kauline Ave Vehicle License No./State 1S95467  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Larry Larley Shipment Date 092791 Driver Signature Larry Larley Delivery Date 092791

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-4470491  
 Address 4001 Mc Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 092791

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA Livermore CA

Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>0</u>   | <u>1</u> | <u>T</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Ctr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. Q-14 Phone No. 408-297-8868  
 Transporter Name EDITALL TRUCKING Driver Name (Print) DERALD RIGGS  
 Address 1000 S 37th Vehicle License No./State IZ 09844  
SAN JOSE CA 95112 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 10791 [Date] [Signature] [Date]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco Rd Livermore CA.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 108791  
 of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center      Generating Location VA Medical Center  
 Address 4951 Arroyo RD      Address 4951 Arroyo RD  
Livermore CA      Livermore CA  
 Phone No. 415-4472650      Phone No. 415-4472650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Center      [Signature]      [Date]  
Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. G8      Phone No. (408) 397-8868  
 Transporter Name Girdall Trucking      Driver Name (Print) LARRY D. MANLEY  
 Address 1000 S 3rd St      Vehicle License No./State \_\_\_\_\_  
San Jose CA 95112      Vehicle Certification 0753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature]      [Date]      [Signature]      [Date]  
Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name BFI Waste Systems      Phone No. 415-4470491  
 Address 4001 N. VASCO RD      Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]      [Date]  
Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4451 Alameda Rd Address 4451 Alameda Rd  
Livermore CA Livermore CA

Phone No. 415-447-2650 Phone No. 415-447-2650

| Waste Code | Description of Waste       | Quantity  | Units    | Containers |          | Type |
|------------|----------------------------|-----------|----------|------------|----------|------|
|            |                            |           |          | No.        | Type     |      |
|            | <u>30 HAZARDOUS LIQUID</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>1</u> |      |
|            |                            |           |          |            |          |      |
|            |                            |           |          |            |          |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Authorized Agent Name VA Med. Center Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

No. G-14 Phone No. 409-207-8565  
 Transporter Name BRASILL Driver Name (Print) LEAH R. P...  
 Address 1004509 TACT Vehicle License No./State T LA9044  
San Jose CA Vehicle Certification 2723

I hereby certify that the above named material was picked up at generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ] Driver Signature [ ] [ ] [ ] [ ] [ ] [ ] Delivery Date [ ] [ ] [ ] [ ] [ ] [ ]

**DESTINATION**

Name Waste Systems Phone No. 415-447-0491  
 Address 1101 N. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent [ ] [ ] [ ] [ ] [ ] [ ] Signature [ ] [ ] [ ] [ ] [ ] [ ] Receipt Date [ ] [ ] [ ] [ ] [ ] [ ]

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4957 Arroyo Rd Address 4957 Arroyo Rd  
Livermore CA Livermore CA

Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>0</u>   | <u>1</u> | <u>T</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. S-9 Phone No. 297-8868  
 Transporter Name Sufall Trucking Driver Name (Print) Eric Hawkins  
 Address 1000 3rd San Jose Vehicle License No./State \_\_\_\_\_  
Ca. Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Eric Hawkins 10791 [Date] Eric Hawkins 10791 [Date]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 10/27/91  
 of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_



# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Medical Center Generating Location VA Medical Center  
Arroyo RD Address 4951 Arroyo RD  
Livermore CA  
 Phone No. 415-4472650

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| ardous Dirt          | 17       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

The above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, and is in proper condition for transportation according to applicable regulations.

[Signature] Signature [Date] Shipment Date

## TRANSPORTER

Phone No. 297-8868  
[Signature] Driver Name (Print) Eric Hawkins  
[Signature] Vehicle License No./State 1509  
 Vehicle Certification 2753

The above named material was picked up at the location listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Shipment Date 10/7/91 [Signature] Driver Signature Eric Hawkins Delivery Date 10/7/91

## DESTINATION

ITE Systems Phone No. 415-4470491  
VASCO RD Livermore CA

The above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Signature 10/07/91 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA Livermore CA

Phone No. 415-447-2650 Phone No. 415-447-2650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>Non Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>0</u>   | <u>1</u> | <u>T</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.V.A. Med. Center Generator Authorized Agent Name [Signature] Signature  
 Shipment Date

**TRANSPORTER**

Truck No. G-14 Phone No. 408-297-8868  
 Transporter Name CRITALL TRUCKING Driver Name (Print) DONALD RIGGS  
 Address 1000 S 3TH ST Vehicle License No./State 1209844  
SAN JOSE CA 95112 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Donald Riggs Driver Signature 10791 Shipment Date  
 Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 N. VASCO RD LIVERMORE CA.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Donald Riggs Name of Authorized Agent [Signature] Signature 10791 Receipt Date

PASS CODE

UNLOADING AREA

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location 4951 Arroyo RD  
 Address 4951 Arroyo RD Address Livermore  
Livermore CA

Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers No. | Containers Type | Type     |
|----------------|---------------------------|-----------|----------|----------------|-----------------|----------|
|                | <u>NON-HAZARDOUS Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>      | <u>1</u>        | <u>T</u> |
|                |                           |           |          |                |                 |          |
|                |                           |           |          |                |                 |          |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA, Med. Cntr [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. D-9 Phone No. 297-8868  
 Transporter Name Griffith Truck Driver Name (Print) Eric Zank  
 Address 1000 3rd San Jose Vehicle License No./State 1590654  
CA. Vehicle Certification JTS3

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Eric Zank [Date] Eric Zank [Date]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BET Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco Rd

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Date]  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Hospital Generating Location V.A. Hospital  
 Address 21951 Highway RD Address 21951 Highway RD  
Livermore CA Livermore CA  
 Phone No. 415-447-3690 Phone No. 415-447-3690  
 BFI Waste Code

Description of Waste  
NON HAZARDOUS DRUG

| Quantity                 | Units                    | Containers No.           | Type                     |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.A. Haled. Cnt. Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. C-14 Phone No. 415-217-8857  
 Transporter Name Griffith Trucking Driver Name (Print) Ronald Rippe  
 Address 1000 S. 3TH Vehicle License No./State 1ZQ-F-4  
Santa Rosa CA 95419 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature     Shipment Date     Driver Signature [Signature] Delivery Date

**DESTINATION**

Site Name BIT WASTE SYSTEMS Phone No. 415-447-6491  
 Address 4001 N. Vasco RD Livermore

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] Signature [Signature] Receipt Date

PASS CODE \_\_\_\_\_



**Waste Systems™**  
BROWNING-FERRIS INDUSTRIES

No. 835028V

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4957 Arroyo RD Address 4951 Arroyo RD  
Livermore CA. Livermore CA

Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type              |
|----------------|---------------------------|-----------|----------|------------|----------|-------------------|
|                |                           |           |          | No.        | Type     |                   |
|                | <u>NON HAZARDOUS Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>1</u> | <u>D - Drum</u>   |
|                |                           |           |          |            |          | <u>C - Carton</u> |
|                |                           |           |          |            |          | <u>B - Bag</u>    |
|                |                           |           |          |            |          | <u>T - Truck</u>  |
|                |                           |           |          |            |          | <u>P - Pounds</u> |
|                |                           |           |          |            |          | <u>Y - Yards</u>  |
|                |                           |           |          |            |          | <u>O - Other</u>  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.V.A. Med. Cntr. Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

## TRANSPORTER

Truck No. 2-14 Phone No. 408-297-8868  
 Transporter Name FRIEHL TRUCKING Driver Name (Print) DERALD RIGGS  
 Address 1000 S. 3TH ST Vehicle License No./State 1Z09844  
SANTOSY CA 95112 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ] Driver Signature Derald Riggs Delivery Date 10 7 91

## DESTINATION

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. VASCO RD LIVERMORE

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] Signature [Signature] Receipt Date 10 7 91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VPI Hospital Generating Location VPI Hq, Calif  
 Address 4171 Lincoln Rd Address 4171 Lincoln Rd  
Livermore, Cal Livermore, Cal  
 Phone No. 415-417-2600 Phone No. 415-417-2600  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS DIRT   | 1        | V     | 1          | 7    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name Tasha Med. Cruz Signature [Signature] Shipment Date 1-7-91

**TRANSPORTER**

Truck No. L-9 Phone No. (407) 297-7767  
 Transporter Name Sinclair Trucking Driver Name (Print) Eric Hankins  
 Address 1000 3rd St Vehicle License No./State 1R561254  
20 Vehicle Certification CFE3

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 1-7-91 Driver Signature [Signature] Delivery Date 1-7-91

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-417-2600  
 Address 4001 N. Valco Rd Livermore, Cal

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent [Signature] Signature [Signature] Receipt Date 1-7-91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Kaneland Rd Address 4951 Kaneland Rd  
Livermore PA 15050 Livermore PA 15050  
 Phone No. 415-447-2650 Phone No. 415-447-2650

| BFI Waste Code | Description of Waste     | Quantity  | Units    | Containers |          | Type                                                                                   |
|----------------|--------------------------|-----------|----------|------------|----------|----------------------------------------------------------------------------------------|
|                |                          |           |          | No.        | Type     |                                                                                        |
|                | <u>NON-HAZARDOUS LIQ</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                          |           |          |            |          |                                                                                        |
|                |                          |           |          |            |          |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med Center Signature [Signature] Shipment Date 100791

**TRANSPORTER**

Truck No. 990 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Bill FRIART  
 Address 1336 Pauline Ave Vehicle License No./State PA  
Madesto PA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 100791 Driver Signature [Signature] Delivery Date 100791

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 1001 N Lasco Rd Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Not Authorized Agent Signature [Signature] Receipt Date 100791

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name DVA Medical Center Generating Location DVA Medical Center  
 Address 4401 Vasco Rd Address 4401 Vasco Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2650 Phone No. 415-447-2650  
 BFI Waste Code

| Description of Waste | Quantity |        | Units |        | Containers |        | Type |
|----------------------|----------|--------|-------|--------|------------|--------|------|
|                      | No.      | Weight | No.   | Weight | No.        | Weight |      |
| Non-hazardous dirt   |          |        |       |        |            |        |      |
|                      |          |        |       |        |            |        |      |
|                      |          |        |       |        |            |        |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med Center Signature [Signature] Shipment Date 100791

**TRANSPORTER**

Truck No. 990 Phone No. 209 558 4100  
 Transporter Name Rich Hamilton Tracking Driver Name (Print) Bill IRIART  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Modesto CA Vehicle Certification 3753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Bill Iriart Shipment Date 100791 Driver Signature Bill Iriart Delivery Date 100791

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4401 Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent Signature [Signature] Receipt Date 100791

UNLOADING AREA

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name DVA Medical Center Generating Location DVA Medical Center  
 Address 495 Arroyo Rd Address 495 Arroyo Rd  
Lawrence CA 94550 Lawrence CA 94550

Phone No. 415-447-2650 Phone No. 415-447-2650

| BFI Waste Code | Description of Waste  | Quantity | Units    | Containers |          | Type     |
|----------------|-----------------------|----------|----------|------------|----------|----------|
|                |                       |          |          | No.        | Type     |          |
|                | <u>Chemical waste</u> | <u>4</u> | <u>2</u> | <u>0</u>   | <u>1</u> | <u>D</u> |
|                |                       |          |          |            |          |          |
|                |                       |          |          |            |          |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Medical Center Signature [Signature] Shipment Date 100791

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. (509) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Bill Friart  
 Address 11200 1st Vehicle License No./State CA  
Woodbridge CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Bill Friart Shipment Date 100791 Driver Signature Bill Friart Delivery Date 100791

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 495 Arroyo Rd Lawrence CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent Signature [Signature] Receipt Date 100791

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

UA Medical Center  
 4951 Franklin Rd  
 Livermore CA 94550  
 Phone No. 415-447-6650

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| Hazardous Waste      | 14       | 7     | 0          | 1    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, has been properly described, packaged, and is in proper condition for transportation according to applicable regulations.

UA Medical Center  
 Agent Name: [Signature] Signature  
 Shipment Date: 100791

**TRANSPORTER**

Phone No. (209) 578-4100  
 Rich Hamilton Trucking  
 Driver Name (Print) BILL HAMILTON  
 Vehicle License No./State 7A  
 Vehicle Certification 3753

I hereby certify that the above named material was delivered without incident to the destination listed below.

Shipment Date: 100791  
 Driver Signature: [Signature]  
 Delivery Date: 100791

**DESTINATION**

I Waste Systems  
 Phone No. 415-447-4991  
 100000 Rd Livermore CA

I certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature: [Signature]  
 Receipt Date: 100791

UNLOADING AREA

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center      Generating Location VA Medical Center  
 Address 4951 Arroyo Rd      Address 4951 Arroyo Rd  
Livermore CA      Livermore CA  
 Phone No. 415-447-2650      Phone No. 415-447-2650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Center      [Signature]      [Date]  
 Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. B-14      Phone No. 408-297-8868  
 Transporter Name Capital Trucking      Driver Name (Print) Donald Nieggs  
 Address 91000 S. 3TH      Vehicle License No./State 1Z09844CA  
SAN JOSE CA 95112      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Donald Nieggs      10/29/      [Signature]      [Date]  
 Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name BFI Waste Systems      Phone No. 415-447-0491  
 Address 4001 N. VASCO RD      Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]      10/29/  
 Name of Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center      Generating Location VA Medical Center  
 Address 4951 Arroyo Rd      Address 4957 Arroyo Rd  
Livermore CA      Livermore CA  
 Phone No. 415-4472650      Phone No. 415-4472650  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type |
|----------------------|----------|-------|------------|------|------|
|                      |          |       | No.        | Type |      |
| NON HAZARDOUS Dirt   | 14       | Y     | 01         | T    |      |
|                      |          |       |            |      |      |
|                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Center      [Signature]             
 Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. G8      Phone No. 408-297-8868  
 Transporter Name Intalco Trucking      Driver Name (Print) LARRY D MANLEY  
 Address 1000 3rd St      Vehicle License No./State \_\_\_\_\_  
San Jose      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

            
 Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS      Phone No. 415-4470491  
 Address 4001 N. VASO RD      Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Larry D Manley             
 Signature      Receipt Date

1e of Authorized Agent

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 1951 Miraflojo RD Address 1951 Miraflojo RD  
Livermore CA Livermore CA

Phone No. 415-447-2650 Phone No. 415-447-2650

| BFI Waste Code | Description of Waste       | Quantity  | Units    | Containers |          | Type |
|----------------|----------------------------|-----------|----------|------------|----------|------|
|                |                            |           |          | No.        | Type     |      |
|                | <u>NON Hazardous D.I.T</u> | <u>14</u> | <u>Y</u> | <u>1</u>   | <u>7</u> |      |
|                |                            |           |          |            |          |      |
|                |                            |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Center Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

Truck No. 1-9 Phone No. 207-2267  
 Transporter Name Small Trucking Driver Name (Print) Eric Hawkins  
 Address Small Trucking Vehicle License No./State [ ] [ ] [ ] [ ] [ ] [ ]  
 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ] Driver Signature [Signature] Delivery Date [ ] [ ] [ ] [ ] [ ] [ ]

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-6491  
 Address 4001 N. Vasco RD Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent [Signature] Signature [Signature] Receipt Date 10/14/91

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center      Generating Location UA Medical Center  
 Address 4951 Arroyo Rd      Address 4951 Arroyo Rd  
Livermore Ca. 94550      Livermore Ca. 94550  
 Phone No. 415-4472560      Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>Non Hazardous Dirt</u> | <u>19</u> | <u>Y</u> | <u>01</u>  | <u>T</u> | <u>T</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Ctr.      [Signature]      103191  
Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. 960      Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking      Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave.      Vehicle License No./State 4D57150 Ca.  
Modesto Ca. 95351      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley      103191      Kevin Kelley      103191  
Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name BFI Waste Systems      Phone No. 415-4470491  
 Address 4001 N. Vasco Rd      Livermore Ca.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]      103191  
Name of Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA MEDICAL CENTER Generating Location VA MEDICAL CENTER  
 Address 4951 ARROYO RD. Address 4951 ARROYO RD.  
LIVERMORE, CA 94550 LIVERMORE, CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type |
|----------------|----------------------|----------|-------|------------|------|------|
|                |                      |          |       | No.        | Type |      |
|                | NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    |      |
|                |                      |          |       |            |      |      |
|                |                      |          |       |            |      |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VA MC Signature [Signature] Shipment Date 9/1

**TRANSPORTER**

Truck No. 950 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) STEVE RAYBOURN  
 Address 1336 PAULINE AVE. Vehicle License No./State 3R66518 / CALIF.  
MODESTO, CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 10/31/91 Driver Signature [Signature] Delivery Date 10/31/91

**DESTINATION**

Site Name B. F. I. WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 NO. VASIO RD. LIVERMORE, CA

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 [Signature] Receipt Date 10/31/91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA 94550 LIVERMORE CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med. Cent. [Signature] 103191  
Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 4D53320 CA.  
MODESTO CA 95351 Vehicle Certification 206782 (2753)

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard 103191 Mike Howard 103191  
Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 NO. VASCO RD. LIVERMORE CA.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 103191  
Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA Livermore CA  
 Phone No. 415-4472651 Phone No. 415-4472651  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VA MC Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 209 573 1111  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) [Name]  
 Address 1336 Pauline Ave Vehicle License No./State 2753 CA  
Modesto CA Vehicle Certification ↓

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 102381 Driver Signature [Signature] Delivery Date 102381

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. VASIO RD LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent Signature [Signature] Receipt Date 102381

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA Livermore CA

Phone No. 415-447-2651 Phone No.      -     

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Signature [Signature] Shipment Date     

**TRANSPORTER**

Truck No. 950 Phone No. 909 772-4100  
 Transporter Name Rick's Trucking Driver Name (Print) Steve Rando  
 Address 1330 Pacific Ave Vehicle License No./State CA 3R66511  
Moraga CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 102391 Driver Signature [Signature] Delivery Date 102391

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0471  
 Address 4001 N. Vasco Rd Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent [Signature] Signature [Signature] Receipt Date 102391

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA. Livermore CA

Phone No. 415-447-2651 Phone No. 415-447-2651

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Type |
|----------------|----------------------|----------|-------|----------------|------|
|                | NON HAZARDOUS DIRT   | 14       | Y     | 01             | T    |
|                |                      |          |       |                |      |
|                |                      |          |       |                |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Ctr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve K...  
 Address 1336 Pauline Ave Vehicle License No./State CA  
Modesto Ca Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 10/23/91 [Signature] [Date]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N. Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Date]  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA HOSPITAL Generating Location VA HOSPITAL  
 Address 4951 ARROYO Address 4951 ARROYO RD  
Livermore CA Livermore CA  
 Phone No. 415-447-2651 Phone No. 415-447-2651

| BFI Waste Code | Description of Waste       | Quantity  | Units    | Containers |          | Type |
|----------------|----------------------------|-----------|----------|------------|----------|------|
|                |                            |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS, Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                            |           |          |            |          |      |
|                |                            |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name [Signature] Signature Ralph W. Kane Shipment Date 10 24 91

**TRANSPORTER**

Truck No. 970 Phone No. 209 570-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LARIBEST  
 Address 1336 PAULINE AVE Vehicle License No./State CA 1J55467  
Moderato CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature LARRY LARIBEST Shipment Date 10 24 91 Driver Signature LARRY LARIBEST Delivery Date 10 24 91

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 N. VASCO RD Livermore CA.

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] Signature [Signature] Receipt Date 10 23 91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA Livermore CA  
 Phone No. 415-4472651 Phone No. 415-4472651

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type |
|----------------|----------------------|----------|-------|------------|------|------|
|                |                      |          |       | No.        | Type |      |
|                | NON HAZARDOUS DITA * | 14       | Y     | 61         | T    |      |
|                |                      |          |       |            |      |      |
|                |                      |          |       |            |      |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med-Cent Signature [Signature] Shipment Date 102491

**TRANSPORTER**

Truck No. 970 Phone No. 578-4100  
 Transporter Name Pch Hamilton Trucking Driver Name (Print) JAMES LARSEN  
 Address 1336 Danline Ave Vehicle License No./State CA 1J95467  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above)

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature JAMES LARSEN Shipment Date 102491 Driver Signature JAMES LARSEN Delivery Date 102491

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. VASCO RD LIVERMORE CA.

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 [Signature] Receipt Date 102391

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA Livermore CA

Phone No. 415-447-2651 Phone No. 415-447-2651

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type |
|----------------|----------------------|----------|-------|------------|------|------|
|                |                      |          |       | No.        | Type |      |
|                | NON HAZARDOUS Dirt   | 14       | Y     | 61         | T    |      |
|                |                      |          |       |            |      |      |
|                |                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Smed Antz Signature [Signature] Shipment Date 102491

**TRANSPORTER**

Truck No. 976 Phone No. 578-4100  
 Transporter Name Rick Hamilton Trucking Driver Name (Print) LARRY LARVEST  
 Address 1336 Faulstich Ave Vehicle License No./State CA 1395467  
Martinez CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature LARRY LARVEST Shipment Date 102491 Driver Signature LARRY LARVEST Delivery Date 102491

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N. VAECO RD Livermore CA

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 [Signature] Receipt Date 102491

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name U.A. Hospital Generating Location U.A. Hospital  
 Address 4951 Horizon Dr Address 4951 Horizon Dr  
Livermore CA Livermore CA

Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste | Quantity | Units | Containers No. | Containers Type |
|----------------|----------------------|----------|-------|----------------|-----------------|
|                | Non Hazardous Dirt   | 14       | 9     | 01             | 7               |
|                |                      |          |       |                |                 |
|                |                      |          |       |                |                 |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA, med cont. Signature [Signature] Shipment Date 101791

**TRANSPORTER**

Truck No. 950 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Driver Name (Print) Steve Hamilton  
 Address 1336 Palomar Ave Vehicle License No./State 3R6651X CA  
Madera CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 101791 Driver Signature [Signature] Delivery Date 101791

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco Rd Livermore CA

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] Signature [Signature] Receipt Date 101791

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V. A. Hospital Generating Location V. A. Hospital  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA Livermore CA  
 Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     | D - Drum |
|                | <u>Non Hazardous Diet</u> | <u>14</u> | <u>0</u> | <u>01</u>  | <u>4</u> |          |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.A. Med Ctr. Generator Authorized Agent Name  
[Signature] Signature  
10 17 91 Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209 538-4100  
 Transporter Name Rich Hamilton Driver Name (Print) Larry Loriech  
 Address 1336 Pauline Ave Vehicle License No./State 1595467  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Larry Loriech Driver Signature 10 17 91 Shipment Date  
Larry Loriech Driver Signature 10 17 91 Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-4470491  
 Address 4001 XI Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent [Signature] Signature 10 17 91 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA Livermore CA

Phone No. 415-447-2650 Phone No. 415-447-2650

| BFI Waste Code | Description of Waste      | Quantity  | Units    | No.       | Type     | Containers | Type                                                                                   |
|----------------|---------------------------|-----------|----------|-----------|----------|------------|----------------------------------------------------------------------------------------|
|                | <u>NON Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u> | <u>1</u> |            | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                           |           |          |           |          |            |                                                                                        |
|                |                           |           |          |           |          |            |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.V.A. Med Cntr. [Signature] [ ] [ ] [ ] [ ] [ ] [ ]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 930 Phone No. 209-575-4100  
 Transporter Name Rich Hamilton Tru Driver Name (Print) Stuart R. E.  
 Address 1336 Paulino Ave Vehicle License No./State 3KCL 5 CA  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 101791 [Signature] 101791  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N. Vasco RD Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 101791  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Hospital Generating Location VA Hospital  
 Address 4951 Harrop Rd Address 4951 Harrop Rd  
Louisville KY Louisville KY

Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type |
|----------------|----------------------|----------|-------|------------|------|------|
|                |                      |          |       | No.        | Type |      |
|                | Non Hazardous Oral   | 14       | 4     | 0          | 1    | T    |
|                |                      |          |       |            |      |      |
|                |                      |          |       |            |      |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA. Sped. Contr. Signature [Signature] Shipment Date 10/17/91

**TRANSPORTER**

Truck No. 950 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Driver Name (Print) Steve Kambouris  
 Address 1336 Pauline Rd Vehicle License No./State 3R66518  
Madison KY Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator-site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 10/17/91 Driver Signature [Signature] Delivery Date 10/17/91

**DESTINATION**

Site Name B.F.I. WASTE SYSTEMS Phone No. 415-4470991  
 Address 4001 N. VASEN RD LOUISVILLE KY

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 [Signature] Receipt Date 10/17/91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Hospital Generating Location V.A. Hospital  
 Address 4951 Arroyo Rd Address 4951 Arroyo  
Livermore Ca. Livermore Calif  
 Phone No. 415-4472650 Phone No. 415-4472650  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type |
|----------------------|----------|-------|------------|------|------|
|                      |          |       | No.        | Type |      |
| Non Hazardous Dief   | 14       | 9     | 01         | 7    | T    |
|                      |          |       |            |      |      |
|                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DWA Med Contr Signature [Signature] Shipment Date 101791

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Driver Name (Print) Larry Harrison  
 Address 1336 Paulino Ave Vehicle License No./State 1J95467  
Modesto Calif Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Larry Harrison Shipment Date 101791 Driver Signature Larry Harrison Delivery Date 101791

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470991  
 Address 4001 N. Vasco Livermore

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] Signature [Signature] Receipt Date 101791

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name DVA Medical Center Generating Location DVA Medical Center  
 Address 4001 N Vasco Rd Address 4001 N Vasco Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2650 Phone No. 415-447-2650

| BFI Waste Code | Description of Waste       | Quantity  | Units    | Containers No. | Type     |
|----------------|----------------------------|-----------|----------|----------------|----------|
|                | <u>non-hazardous waste</u> | <u>10</u> | <u>4</u> | <u>1</u>       | <u>1</u> |
|                |                            |           |          |                |          |
|                |                            |           |          |                |          |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Medical Center [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. (209) 578-1100  
 Transporter Name First Hamilton Trucking Driver Name (Print) LARRY LAZIER  
 Address 1331 ... Vehicle License No./State 15  
Livermore CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Larry Lazier 10/16/91 Larry Lazier 10/16/91  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 10/16/91  
 Name of Authorized Agent Signature Receipt Date

PASS CODE



No. 535037

WINING-FERRIS INDUSTRIES

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

## GENERATOR

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo RD Address 4951 Arroyo RD  
Livermore CA Livermore CA

Phone No. 415-4472650 Phone No. 415-4472650

| BFI Waste Code | Description of Waste     | Quantity  | Units    | Containers |          | Type |
|----------------|--------------------------|-----------|----------|------------|----------|------|
|                |                          |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS Dra</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                          |           |          |            |          |      |
|                |                          |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Cntr [Signature] [ ] [ ] [ ] [ ] [ ] [ ]  
 Generator Authorized Agent Name Signature Shipment Date

## TRANSPORTER

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Raymond  
 Address 1336 Pauline Ave Vehicle License No./State CA 3R66518  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 101691 [Signature] 101691  
 Driver Signature Shipment Date Driver Signature Delivery Date

## DESTINATION

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4051 N. VASCO RD Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 101691  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA Livermore CA  
 Phone No. 415-447-2650 Phone No. 415-447-2650  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                      |          |       | No.        | Type |                                                                                        |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                      |          |       |            |      |                                                                                        |
|                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.V.A. Med. Cntr. [Signature]        
Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 209 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Kaybourn  
 Address 1336 Pauline Ave Vehicle License No./State CA 3R66518  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature]       [Signature]        
Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0490  
 Address 4001 N. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]       [Signature]        
Name of Authorized Agent Signature Receipt Date

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name U.A. Medical Center Generating Location U.A. Medical Center  
 Address 4451 S. ... Rd Address 4451 S. ... Rd  
Livermore CA 94550 Livermore CA 94550

Phone No. 415-447-2150 Phone No. 415-447-2150

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | Non-hazardous dirt   | 10       | Y     | 1          |      | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.A. Med. Center [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. Blue Diamond Trucking Phone No. 510-558-4140  
 Transporter Name 1336 Lawrence Ave Driver Name (Print) LARRY FARRIS  
 Address Medford CA Vehicle License No./State CA 1395467  
 Vehicle Certification 5753

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Larry Farris 10/16/91 Larry Farris 10/16/91  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-4441  
 Address 4451 S. ... Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 10/16/91  
 Name of Authorized Agent Signature Receipt Date

UNLOADING AREA OF ...

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Medical Center Generating Location V.A. Medical Center  
 Address 4951 HARBOUR Rd Address 4951 HARBOUR Rd  
LIVERMORE CA LIVERMORE CA  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NOX HAZARDOUS DRG    | 14       | Y     | 01         | T    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Ctr. Signature [Signature] Shipment Date 10 31 91

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY FARRIST  
 Address 1336 PAULINE AVE Vehicle License No./State 1J95467  
Modesto CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Larry Farrist Shipment Date 10 31 91 Driver Signature Larry Farrist Delivery Date 10 31 91

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-4470491  
 Address 4001 No Vasco Rd LIVERMORE CA

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] Signature [Signature] Receipt Date 10 31 91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA MEDICAL CENTER Generating Location VA MEDICAL CENTER  
 Address 4951 ARROYO RD. Address 4951 ARROYO RD.  
LIVERMORE, CA 94550 LIVERMORE, CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      |
|----------------------|----------|-------|------------|------|
|                      |          |       | No.        | Type |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | 7    |
|                      |          |       |            |      |
|                      |          |       |            |      |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VA MC Signature [Signature] Shipment Date 103191

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) DARRY LORREST  
 Address 1336 PAULINE AVE Vehicle License No./State 595417 / CALIF.  
MADEIRO, CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 103191 Driver Signature [Signature] Delivery Date 103191

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0991  
 Address 4001 NO. VASCO RD. LIVERMORE, CA

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 [Signature] Receipt Date 103191

PASS CODE \_\_\_\_\_

TRANSPORTER RETAIN.

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA MEDICAL CENTER Generating Location VA MEDICAL CENTER  
 Address 4951 ARROYO RD Address 4951 ARROYO RD,  
LIVERMORE, CA 94550 LIVERMORE, CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | NON HAZARDOUS OILS   | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

JAMC Robert W. Ferris 103191  
Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) LARRY LADRIESTI  
 Address 1336 PAULINE AVE. Vehicle License No./State 1J95461 /CALIF.  
MODESTO, CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

LARRY LADRIESTI 103191 LARRY LADRIESTI 103191  
Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 NO. VASCO RD. LIVERMORE, CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 103191  
Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name U.A. MEDICAL CENTER Generating Location VA MEDICAL CENTER  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA LIVERMORE CA  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON-HAZARDOUS DIRT   | 17       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Center [Signature]        
Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 209 578-4100  
 Transporter Name RICHARD HAMILTON Driver Name (Print) STUT RAINBORN  
 Address 1336 PAULINE AVE Vehicle License No./State 3R66514 CA  
MODesto CA Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature]       [Signature]        
Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name \_\_\_\_\_ Phone No.          
 Address \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]        
Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

TRANSPORTER RETAIN





**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VN Medical Center Generating Location VN Medical Center  
 Address 7951 Alameda Rd Address 7951 Alameda Rd  
Livermore Ca 94550 Livermore Ca 94550  
 Phone No. 415-470-5600 Phone No. 415-472-4000  
 BFI Waste Code

| Description of Waste        | Quantity  | Units    | Containers |          |
|-----------------------------|-----------|----------|------------|----------|
|                             |           |          | No.        | Type     |
| <u>NON-HAZARDOUS LIQUID</u> | <u>17</u> | <u>Y</u> | <u>01</u>  | <u>1</u> |
|                             |           |          |            |          |
|                             |           |          |            |          |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VN Medical Center [Signature]

**TRANSPORTER**

Truck No. 430 Phone No. 415-570-1100  
 Transporter Name California Trucking & Storage Driver Name (Print) James R. [unclear]  
 Address 1730 Pacific Ave Vehicle License No./State 5K66515 CA  
Livermore Ca 94550 Vehicle Certification  

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature]

**DESTINATION**

Site Name   Phone No.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Signature]

TRANSPORTER RETAIN

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V/A Medical Center Generating Location V/A Medical Center  
 Address 443 Parkway RD Address 443 Parkway RD  
Lisimore Co 95350 Lisimore Co 95350  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste      | Quantity | Units    | Containers |          | Type |
|----------------|---------------------------|----------|----------|------------|----------|------|
|                |                           |          |          | No.        | Type     |      |
|                | <u>NON-HAZARDOUS DIRT</u> | <u>1</u> | <u>Y</u> | <u>1</u>   | <u>T</u> |      |
|                |                           |          |          |            |          |      |
|                |                           |          |          |            |          |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA [Signature] Generator Authorized Agent Name      [Signature] Signature                           Shipment Date

**TRANSPORTER**

Truck No. 930 Phone No. 909-578-4100  
 Transporter Name Richardson [Signature] Driver Name (Print) Steve K. [Signature]  
 Address 1336 Pauline Ave Vehicle License No./State 3K66518 CA  
INC. EST. Co 95351 Vehicle Certification                     

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature      103191 Shipment Date      [Signature] Driver Signature      103191 Delivery Date

**DESTINATION**

Site Name                      Phone No.                       
 Address                     

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] Signature      103191 Receipt Date

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO Rd Address 4951 ARROYO Rd  
LIVERMORE CA 94550 LIVERMORE CA  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DIVA Med Center Signature [Signature] Shipment Date 103191

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 4D53380 CA.  
MODESTO CA 95351 Vehicle Certification 206782 (2753)

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Mike Howard Shipment Date 103191 Driver Signature Mike Howard Delivery Date 103191

**DESTINATION**

Site Name B.F.I. WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 HO. VASCO Rd LIVERMORE CA.

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 [Signature] Receipt Date 103191

PASS CODE \_\_\_\_\_

TRANSPORTER RETAIN

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center      Generating Location UA Medical Center  
 Address 4951 Arroyo Rd.      Address 4951 Arroyo Rd.  
Livermore Ca. 94550      Livermore, Ca 94550  
 Phone No. 415-4472560      Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type                                                                                   |
|----------------|---------------------------|-----------|----------|------------|----------|----------------------------------------------------------------------------------------|
|                |                           |           |          | No.        | Type     |                                                                                        |
|                | <u>Non Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>7</u> | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                           |           |          |            |          |                                                                                        |
|                |                           |           |          |            |          |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Center      [Signature]      103191  
Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. 960      Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking      Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave.      Vehicle License No./State 4D57150 / ca  
Modesto, Ca. 95351      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley      103191      Kevin Kelley      103191  
Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems      Phone No. 415-4470491  
 Address 4001 No. Vasco Rd      LIVERMORE Ca.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]      103191  
Name of Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore Ca. 94550 Livermore Ca. 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>Non Hazardous DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Ctr. [Signature] 103191  
Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 960 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave. Vehicle License No./State 4D57150 Ca.  
Madras Ca. 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley 103191 Kevin Kelley 103191  
Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 No Vasco Rd Livermore Ca.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 103191  
Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | NON Hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature [Signature] Shipment Date 112091

**TRANSPORTER**

Truck No. 960 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave Vehicle License No./State 4D57150 /CA/F  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Kevin Kelley Shipment Date 112091 Driver Signature Kevin Kelley Delivery Date 112091

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd. Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

No. of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 112091

PASS CODE \_\_\_\_\_

## NON-HAZARDOUS SPECIAL WASTE MANIFEST

### GENERATOR

Name UA Medical Center Generating Location UA Medical Center  
4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550

Phone No. 415-447-2560

| EPA Code | Description of Waste  | Quantity  | Units    | Containers |          | Type                                                                                   |
|----------|-----------------------|-----------|----------|------------|----------|----------------------------------------------------------------------------------------|
|          |                       |           |          | No.        | Type     |                                                                                        |
|          | <u>Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|          |                       |           |          |            |          |                                                                                        |
|          |                       |           |          |            |          |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, identified and packaged, and is in proper condition for transportation according to applicable regulations.

Authorized Agent Name Med. Ctr. Signature [Signature] Shipment Date 112091

### TRANSPORTER

Phone No. (209) 378-4100  
Carrier Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelly  
336 Pauline Ave Vehicle License No./State 4D57150 / CA  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Carrier Signature Kevin Kelly Shipment Date 112091 Driver Signature [Signature] Delivery Date 112091

### DESTINATION

Name B.F.I. Waste Systems Phone No. 415-447-0491  
1001 No. (Jasen) Rd. Livermore

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent Signature [Signature] Receipt Date 112091

PASS CODE



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |                          | Type       |
|----------------------|----------|-------|------------|--------------------------|------------|
|                      |          |       | No.        | Type                     |            |
| NON Hazardous Dirt   | 14       | Y     | 01         | <input type="checkbox"/> | D - Drum   |
|                      |          |       |            | <input type="checkbox"/> | C - Carton |
|                      |          |       |            | <input type="checkbox"/> | B - Bag    |
|                      |          |       |            | <input type="checkbox"/> | T - Truck  |
|                      |          |       |            | <input type="checkbox"/> | P - Pounds |
|                      |          |       |            | <input type="checkbox"/> | Y - Yards  |
|                      |          |       |            | <input type="checkbox"/> | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med Center Signature [Signature] Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Rabinowitz  
 Address 1336 Pauline Ave Vehicle License No./State 3866518 /CALIF  
Modesto, CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 112091 Driver Signature [Signature] Delivery Date 112091

**DESTINATION**

Site Name B.F.I Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd Livermore CA

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 [Signature] Receipt Date 112091

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center      Generating Location UA Medical Center  
 Address 4951 Arroyo Rd.      Address 4951 Arroyo Rd.  
Livermore Ca. 94550      Livermore Ca. 94550  
 Phone No. 4115-4472560      Phone No. 4115-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type                                                                                   |
|----------------|---------------------------|-----------|----------|------------|----------|----------------------------------------------------------------------------------------|
|                |                           |           |          | No.        | Type     |                                                                                        |
|                | <u>NON Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                           |           |          |            |          |                                                                                        |
|                |                           |           |          |            |          |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.A. Med Cntr      [Signature]      112091  
 Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. 960      Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking      Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave      Vehicle License No./State 4D57150 Ca.  
Modesto, Ca. 95351      Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley      112091      Kevin Kelley      112091  
 Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems      Phone No. 4115-4470991  
 Address 4001 N. Vasco Rd.      Livermore Ca.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]      112091  
 of Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_

NON-HAZARDOUS SPECIAL WASTE MANIFEST

No. 07-322 ✓

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO Rd Address 4951 ARROYO Rd  
LIVERMORE CA 94550 LIVERMORE CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.A. Med Cntr Signature [Signature] Shipment Date 112091

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 4D53320 CA.  
MODESTO CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Mike Howard Shipment Date 112091 Driver Signature Mike Howard Delivery Date 112091

**DESTINATION**

Site Name B.F.I. WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 N. VASCO Rd LIVERMORE CA

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 [Signature] Receipt Date 112091

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON Hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      |            |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Ctr. Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Roubouli  
 Address 1336 Pauline Ave Vehicle License No./State 3R266518/CA  
Modesto, CA 95351 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 112091 Driver Signature [Signature] Delivery Date 112091

**DESTINATION**

Site Name B. F. I. Waste Systems Phone No. 415-4470491  
 Address 4001 No. Vasco Rd Livermore, CA

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] Signature [Signature] Receipt Date 112091

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON HAZARDOUS DIRT   | 14       | 4     | 0          | 1    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Center Generator Authorized Agent Name  
[Signature] Signature  
112091 Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Pauline Ave Vehicle License No./State 4253320 / CA 1  
Modesto CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard Driver Signature 112091 Shipment Date  
Mike Howard Driver Signature 112091 Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N. Vasco Rd Livermore, CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] of Authorized Agent Signature 112091 Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA medical Center Generating Location UA medical Center  
 Address 4951 Arroyo Rd. Address 4951 Arroyo Rd  
Livermore, CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | NON Hazardous Dirt   | 14       | Y     | 01         |      | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

UA Med. Center Generator Authorized Agent Name  
[Signature] Signature  
 [ ] [ ] [ ] [ ] [ ] [ ] Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Rayburn  
 Address 1336 Pauline Ave Vehicle License No./State 3K266518 /CALIF  
Modesto, CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature  
 [ ] [ ] [ ] [ ] [ ] [ ] Shipment Date  
[Signature] Driver Signature  
 [ ] [ ] [ ] [ ] [ ] [ ] Delivery Date

**DESTINATION**

Site Name B. F. I Waste Systems Phone No. 415-4470491  
 Address 4001 No Wasco Rd Livermore, CA

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

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON Hazardous Dirt</u> | <u>14</u> | <u>4</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

PVA Med. Ctr [Signature] 112091  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Pauline Ave Vehicle License No./State 4253320 /CALIF  
Modesto, CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard 112091 Mike Howard 112091  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-6491  
 Address 4001 N. Wason Rd. Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 112091  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON HAZARDOUS DIRT   | 1        | Y     | 011        |      | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Center [Signature] 11/20/91  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Pauline Ave Vehicle License No./State 4153320 /CA1+  
Modesto, CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard 11/20/91 Mike Howard 11/20/91  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B. F. I. Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd Livermore, CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 11/20/91  
 Name of Authorized Agent Signature Receipt Date

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>NON Hazardous Dirt</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>1</u> | <u>D</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Ctr. [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Rabinovich  
 Address 1336 Pauline Ave Vehicle License No./State 3R6654 / CALIF  
modesto CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 110691 [Signature] 112091  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B F I Waste Systems Phone No. 415-4470491  
 Address 4001 No. Vasco Rd. Livermore, CA

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 [Signature] 112091  
 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON Hazardous Dirt   | 14       | Y     | 01         |      | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      |            |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

UA Med. Cntr. [Signature] 112091  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Pauline Ave Vehicle License No./State 4D53320 /CALIF  
Modesto CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard 112091 Mike Howard 112091  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-2560  
 Address 4001 No Vasco Rd Livermore, CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 112091  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON Hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      |            |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature [Signature] Shipment Date 112091

**TRANSPORTER**

Truck No. 960 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelley  
 Address 1336 Daucine Ave Vehicle License No./State 4D57150 /CALIF  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Kevin Kelley Shipment Date 112091 Driver Signature Kevin Kelley Delivery Date 112091

**DESTINATION**

Site Name B. F. T Waste Systems Phone No. 415-447-0491  
 Address 4001 Al. Vasco Rd

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 [Signature] Receipt Date 112091

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA 94 LIVERMORE CA 94  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA. And Gnt. Signature [Signature] Shipment Date 110191

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 4D53320 CA  
MODESTO CA 95351 Vehicle Certification 206782 (2753)

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Mike Howard Shipment Date 110191 Driver Signature Mike Howard Delivery Date 110191

**DESTINATION**

Site Name B. F. I. WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 NO. VASCO RD LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent [Signature] Signature [Signature] Receipt Date 110191

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA LIVERMORE CA  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type              |
|----------------|---------------------------|-----------|----------|------------|----------|-------------------|
|                |                           |           |          | No.        | Type     |                   |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>7</u> | <u>D - Drum</u>   |
|                |                           |           |          |            |          | <u>C - Carton</u> |
|                |                           |           |          |            |          | <u>B - Bag</u>    |
|                |                           |           |          |            |          | <u>T - Truck</u>  |
|                |                           |           |          |            |          | <u>P - Pounds</u> |
|                |                           |           |          |            |          | <u>Y - Yards</u>  |
|                |                           |           |          |            |          | <u>O - Other</u>  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Sued Int. Generator Authorized Agent Name  
[Signature] Signature  
110191 Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 4D53320 CA  
MODESTO CA - 95351 Vehicle Certification 206782 (2753)

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard Driver Signature 110191 Shipment Date  
Mike Howard Driver Signature 110191 Delivery Date

**DESTINATION**

Site Name B.F.I. WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 NO. VASCO RD LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] of Authorized Agent Signature 110191 Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO Rd Address 4951 ARROYO Rd  
LIVERMORE CA LIVERMORE CA  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type              |
|----------------|---------------------------|-----------|----------|------------|----------|-------------------|
|                |                           |           |          | No.        | Type     |                   |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>4</u> | <u>01</u>  | <u>7</u> | <u>D - Drum</u>   |
|                |                           |           |          |            |          | <u>C - Carton</u> |
|                |                           |           |          |            |          | <u>B - Bag</u>    |
|                |                           |           |          |            |          | <u>T - Truck</u>  |
|                |                           |           |          |            |          | <u>P - Pounds</u> |
|                |                           |           |          |            |          | <u>Y - Yards</u>  |
|                |                           |           |          |            |          | <u>O - Other</u>  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.V.A. Sud-Lutz [Signature] 110191  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 4D53320 CA  
MODESTO CA 95351 Vehicle Certification 206782 (2753)

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard 110191 Mike Howard 110191  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 NO. VASCO Rd LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 110191  
 of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA LIVERMORE CA  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity |      | Units |      | Containers |      |
|----------------------|----------|------|-------|------|------------|------|
|                      | No.      | Type | No.   | Type | No.        | Type |
| NON HAZARDOUS DIRT   | 14       | Y    | 01    | T    |            |      |
|                      |          |      |       |      |            |      |
|                      |          |      |       |      |            |      |

- Type
- D - Drum
  - C - Carton
  - B - Bag
  - T - Truck
  - P - Pounds
  - Y - Yards
  - O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA. [Signature] Generator Authorized Agent Name [Signature] Signature 110191 Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name Rob Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 4D53320 CA  
MODESTO CA 95351 Vehicle Certification 206782 (2753)

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard Driver Signature 110191 Shipment Date Mike Howard Driver Signature 110191 Delivery Date

**DESTINATION**

Site Name B.F.I. WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 NO. VASCO RD LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] of Authorized Agent [Signature] Signature 110191 Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

U.A. MEDICAL CENTER Generating Location U.A. MEDICAL CENTER  
 7 ARROYO Rd Address 4951 ARROYO Rd  
 LIVERMORE CA LIVERMORE CA  
 15-4472560 Phone No. 415-4472560

| Description of Waste | Quantity | Units | Containers |      | Type |
|----------------------|----------|-------|------------|------|------|
|                      |          |       | No.        | Type |      |
| HAZARDOUS DIRT       | 14       | Y     | 01         | T    | T    |
|                      |          |       |            |      |      |
|                      |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable regulation, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, packaged, and is in proper condition for transportation according to applicable regulations.

Agent Name: [Signature] Signature: [Signature] Shipment Date: 110191

**TRANSPORTER**

70 Phone No. 209-578-4100  
 Rich Hamilton TRUCKING Driver Name (Print) MIKE HOWARD  
 PAULINE AVE. Vehicle License No./State 4D53320 CA  
 WESTO CA 95357 Vehicle Certification 206782 (2753)

I certify that the above named material was picked up at the site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Shipment Date: 110191 Driver Signature: [Signature] Delivery Date: 110191

**DESTINATION**

F.I. WASTE SYSTEMS Phone No. 415-4470491  
 1 NO. VASCO Rd LIVERMORE CA

I certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature: [Signature] Receipt Date: 110191

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA LIVERMORE CA  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Center [Signature] 110191  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 9D53320 CA  
MODESTO CA 95351 Vehicle Certification 206782 (2753)

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard 110191 Mike Howard 110191  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B. F. I. WASTE SYSTEMS Phone No. 415-4470491  
 Address 4001 NO. VASCO RD LIVERMORE CA.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 110191  
 of Authorized Agent Signature Receipt Date

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name LIA Medical Center Generating Location LIA Medical Center  
 Address 41951 Arroyo Rd Address 41951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | non hazardous Dirt   | 14       | Y     | 10         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

J.A.M.C. Ralph W. Kelley 102891  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 4110 Phone No. 209-518-4100  
 Transporter Name Rich Nam Nam Trucking Driver Name (Print) Kevin Kelley  
 Address 1326 Parkway Ave Vehicle License No./State 4D57150 CA15  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley 102891 Kevin Kelley 102891  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 41001 N. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 102891  
 Name of Authorized Agent Signature Receipt Date

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Newby Rd Address 4951 Newby Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | Non hazardous Dirt   | 14       | Y     | 10         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VA MC Signature [Signature] Shipment Date 102891

**TRANSPORTER**

Truck No. 960 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Kevin Kelley  
 Address 1336 Pauline Ave Vehicle License No./State 4D57150 PA1.F  
Madesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Kevin Kelley Shipment Date 102891 Driver Signature Kevin Kelley Delivery Date 102891

**DESTINATION**

Site Name B.F.T Waste Systems Phone No. 415-447-0491  
 Address 4001 Newby Rd Livermore CA

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 [Signature] Receipt Date 102891

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA MEDICAL CENTER Generating Location VA MEDICAL CENTER  
 Address 4951 ARROYO RD. Address 4951 ARROYO RD.  
LIVERMORE CA 94550 LIVERMORE, CA  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | NON HAZARDOUS DIRT   | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name JAMC Signature Ralph W. James Shipment Date 102891

**TRANSPORTER**

Truck No. 960 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) Kevin Kelley  
 Address 1336 PAULINE AVE. Vehicle License No./State 4057150 / CALIF.  
MODESTO CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Kevin Kelley Shipment Date 102891 Driver Signature Kevin Kelley Delivery Date 102891

**DESTINATION**

Site Name B.F.I. WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 NO VASIO RD. LIVERMORE CA 94550

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 [Signature] Receipt Date 102891

PASS CODE \_\_\_\_\_

TRANSPORTER RETAIN.



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name LJA Medical Center Generating Location LJA Medical Center  
 Address 4451 N. Union Rd Address 4451 N. Union Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-3560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | Non Hazardous Int    | 14       | Y     | 1          | 1    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name JAMC Signature [Signature] Shipment Date 102891

**TRANSPORTER**

Truck No. 990 Phone No. 909 578-4100  
 Transporter Name Pack Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Dunbar Ave Vehicle License No./State 453330 IND  
Madison IN 47351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 102891 Driver Signature [Signature] Delivery Date 102891

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-6491  
 Address 4001 N. Vasco Rd Livermore CA 945

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] Signature [Signature] Receipt Date 102891

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

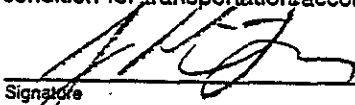
Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4951 ARROYO Rd Address 4951 ARROYO Rd  
LIVERMORE CA 94550 LIVERMORE CA 94550

Phone No.           Phone No. 415

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>T</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature  Shipment Date 102891

**TRANSPORTER**

Truck No. 990 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) MIKE HOWARD  
 Address 1336 PAULINE AVE Vehicle License No./State 4D53320 CA.  
MODESTO CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

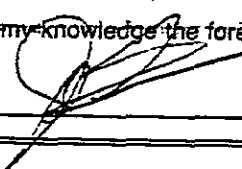
I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Mike Howard Shipment Date 102891 Driver Signature Mike Howard Delivery Date 102891

**DESTINATION**

Site Name B. F. I. WASTE SYSTEMS Phone No. 415            
 Address 4001 MOYASIO Rd LIVERMORE CA

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 102891

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name Lit Medical Center Generating Location Lit Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | non hazardous Dirt   | 14       | Y     | 01         |      | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VAMC Signature [Signature] Shipment Date 102891

**TRANSPORTER**

Truck No. 990 Phone No. 209 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Pauline Ave Vehicle License No./State LD53320 CA  
Modesto CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 102891 Driver Signature [Signature] Delivery Date 102891

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 5101 N. Vasco Rd Livermore CA

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] Signature [Signature] Receipt Date 102891

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center

Address 4451 Newburg Rd Address 4451 Newburg Rd

Livermore CA 94550

Livermore CA 94550

Phone No. 415-447-2560

Phone No. 415-447-2560

BFI Waste Code

Description of Waste  
NON HAZARDOUS WASTE

| Quantity                                                                                                                                                                                                                                                                           | Units                                                                                                                                                                                                                                                     | Containers No.                                                                                                                                                                                                                                            | Type                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

- Type  
D - Drum  
C - Carton  
B - Bag  
T - Truck  
P - Pounds  
Y - Yards  
O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VA MC Signature [Signature] Shipment Date 102891

**TRANSPORTER**

Truck No. 990 Phone No. 209-512-4100

Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD

Address 1336 Paradise Ave Vehicle License No./State LD 53300 CA

Livermore CA 94551 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 102891

Driver Signature [Signature] Delivery Date 102891

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491

Address 41001 N. Van N Rd Livermore CA

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] Signature [Signature] Receipt Date 102891

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name I.A. Medical Center Generating Location I.A. Medical Center  
 Address 4451 Arroyo Rd Address 4451 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | non hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.V.A. Med. Ctr. Signature [Signature] Shipment Date 102891

**TRANSPORTER**

Truck No. 9710 Phone No. 918-418-4100  
 Transporter Name Ron Hamilton Trucking Driver Name (Print) LARRY LADRIET  
 Address 1336 Pauline Ave Vehicle License No./State 1595467 PA  
Andover PA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 102891 Driver Signature [Signature] Delivery Date 102891

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 4001 New York Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent [Signature] Receipt Date 102891

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name L/A Medical Center Generating Location L/A Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | non-hazardous Dirt   | 14       | Y     | 01         |      | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

for Authorized Agent Name JAMC Signature Rafael W. Kanao Shipment Date 102891

**TRANSPORTER**

Truck No. 91-11 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LARRECH  
 Address 1236 Pauline Ave Vehicle License No./State 4157150 PAIS  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature LARRY LARRECH Shipment Date 102891 Driver Signature LARRY LARRECH Delivery Date 102891

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 N. Yasio Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent Signature MKP Receipt Date 102891

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA MEDICAL CENTER Generating Location VIA MEDICAL CENTER  
 Address 4951 ARROYO RD Address 4951 ARROYO RD.  
LIVERMORE CA LIVERMORE, CA  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type     |
|----------------|---------------------------|-----------|----------|------------|----------|----------|
|                |                           |           |          | No.        | Type     |          |
|                | <u>NON HAZARDOUS DIRT</u> | <u>14</u> | <u>4</u> | <u>0</u>   | <u>1</u> | <u>7</u> |
|                |                           |           |          |            |          |          |
|                |                           |           |          |            |          |          |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

VAMC [Signature] 102891  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) LARRY FARRIES  
 Address 1336 PAULINE AVE. Vehicle License No./State 1S95467 / CALIF.  
MODESTO CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 102891 [Signature] 102891  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I WASTE SYSTEMS Phone No. 415-447-0491  
 Address 4001 NOVASIO RD. LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 102891  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

TRANSPORTER RETAIN

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550

Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | non hazardous dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Vilinc Ralph W. Jones                       
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Rich Hamilton  
 Address 1336 Pauline Ave Vehicle License No./State 3R6618 CA  
Modesto CA 95351 Vehicle Certification                     

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

                                                                
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I Waste Systems Phone No. 415-447-0491  
 Address 4001 N. Yasia Rd. Livermore CA

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

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Medical Center Generating Location VA Medical Center  
 Address 4951 Arrow Rd Address 4951 Arrow Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON-HAZARDOUS DIRT   | 14       | Y     | 01         | T    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name VMC Signature [Signature] Shipment Date 102291

**TRANSPORTER**

Truck No. 950 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Hamilton  
 Address 1336 Pauline Ave Vehicle License No./State 3R66518 CAIF  
Modesto CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 102291 Driver Signature [Signature] Delivery Date 102291

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-44704191  
 Address 4001 No. Vasco Rd Livermore CA

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 [Signature] Receipt Date 102891

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name LJA Medical Center Generating Location LJA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | non hazardous Dirt   | 111      | Y     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

for Authorized Agent Name VAMC Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

Truck No. 950 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Rabinowitz  
 Address 13210 Pauline Ave Vehicle License No./State 3R6618 CA14  
Modesto CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 10 28 91 Driver Signature [Signature] Delivery Date 10 28 91

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 No Vasco Rd Livermore

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 [Signature] Receipt Date 10 28 91

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

Description of Waste  
non hazardous Dirt

| Quantity                                                                                                                                                                                                                                                                           | Units                                                                                                                                                                                                                                                     | No.                                                                                                                                                                                                                                                       | Type                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.A. Med. Ctr. Signature [Signature] Shipment Date 102891

**TRANSPORTER**

Truck No. 970 Phone No. 209 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Larry Lammies  
 Address 1336 Pauline Ave Vehicle License No./State 1395467 CA 14  
Modesto CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Larry Lammies Shipment Date 102891 Driver Signature Larry Lammies Delivery Date 102891

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-4470491  
 Address 4001 No Vasco Rd Livermore CA

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 [Signature] Receipt Date 102891

PASS CODE \_\_\_\_\_



Waste Systems™

OWNING-FERRIS INDUSTRIES

No. 57225

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name V.A. Medical Center Generating Location V.A. Medical Center  
 Address 4951 Hancock Rd Address 4951 Hancock Rd  
Luzerne Co Luzerne Co  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity |    | Units |      | Containers |      | Type       |
|----------------------|----------|----|-------|------|------------|------|------------|
|                      |          |    | No.   | Type | No.        | Type |            |
| NON HAZARDOUS DIT    |          | 14 | 4     |      | 01         |      | D - Drum   |
|                      |          |    |       |      |            |      | C - Carton |
|                      |          |    |       |      |            |      | B - Bag    |
|                      |          |    |       |      |            |      | T - Truck  |
|                      |          |    |       |      |            |      | P - Pounds |
|                      |          |    |       |      |            |      | Y - Yards  |
|                      |          |    |       |      |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med. Center. [Signature] 120391  
 Generator Authorized Agent Name Signature Shipment Date

TRANSPORTER

Truck No. 970 Phone No. 209 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY HAMILTON  
 Address 1336 PAULINE A. Vehicle License No./State 1395467  
Mooresville NC Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

LARRY HAMILTON 120391 LARRY HAMILTON 120391  
 Driver Signature Shipment Date Driver Signature Delivery Date

DESTINATION

Site Name B.F.I. Waste System Phone No. 415-447-0491  
 Address 4001 No. VASPO Rd Luzerne Co

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 120391  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_







Waste Systems™

No. 672889

OWNING-FERRIS INDUSTRIES

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name UA Medical Center, Generating Location UA Medical Center, Address 4951 Arroyo Rd., Livermore, Ca. 94550, Phone No. 415-447-2560

Table with columns: BFI Waste Code, Description of Waste (Non Hazardous DivT), Quantity, Units, Containers No., Containers Type, and a legend for container types (D-Drum, C-Carton, B-Bag, T-Truck, P-Pounds, Y-Yards, O-Other).

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Ctr. (Generator Authorized Agent Name), Signature, Shipment Date 120391

TRANSPORTER

Truck No. 960, Phone No. 209-578-4100, Transporter Name Rich Hamilton Trucking, Driver Name (Print) Kevin Kelley, Address 1336 Pauline Ave., Modesto Ca. 95351, Vehicle License No./State 4057150 Ca., Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Kevin Kelley (Driver Signature), Shipment Date 120391, Kevin Kelley (Driver Signature), Delivery Date 120391

DESTINATION

Site Name B.F.I. Waste Systems, Phone No. 415-947-0491, Address 4001 No. Vasca Rd, Livermore Ca.

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 120391

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Medical Center Generating Location V.A. Medical Center  
 Address 4951 Harwood Rd Address 4951 Harwood Rd  
LUMINAIRE CA LUMINAIRE CA  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| Non Hazardous Drt    | 14       | 9     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name D.A. Med-Ctr Signature [Signature] Shipment Date 11/21/91

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LAMBERT  
 Address 1336 Pauline Ave Vehicle License No./State 1595467 CA  
110615th CA Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Larry Lambert Shipment Date 11/21/91 Driver Signature Larry Lambert Delivery Date 11/21/91

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd LUMINAIRE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 11/21/91

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|----------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                |                      |          |       | No.        | Type |                                                                                        |
|                | NON HAZARDOUS DIRT   | 14       | Y     | 011        | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                |                      |          |       |            |      |                                                                                        |
|                |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Ctr [Signature] Shipment Date 11/2/91  
 Generator Authorized Agent Name Signature

**TRANSPORTER**

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Raymond  
 Address 1336 Pauline Ave Vehicle License No./State 3WU-54 /CALIF  
Modesto, CA 95351 Vehicle Certification -

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 11/2/91 [Signature] 11/2/91  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 11/2/91  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore, CA 94550 Livermore, CA 94550  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON HAZARDOUS DIRT   | 14       | 4     | 01         | 1    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      | B - Bag    |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Cntr [Signature] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Steve Rantava  
 Address 1336 Pauline Ave Vehicle License No./State 3R66518 / CALIF  
Modesto, CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 11/21/91 [Signature] 11/21/91  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-4470491  
 Address 4001 Alameda Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 11/21/91  
 of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON Hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law; 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.

DVA Med. Ctr. [Signature] 112191  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Pauline Ave. Vehicle License No./State 4D53320 / CA 1-F  
Modesto CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Mike Howard 112191 Mike Howard 112191  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B F I Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 112191  
 N. of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

UNLOADING AREA COPY











**Waste Systems™**  
BROWNING-FERRIS INDUSTRIES

No. 740572 ✓

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center      Generating Location UA Medical Center  
 Address 4951 Arroyo Rd      Address 4951 Arroyo Rd  
Livermore CA 94550      Livermore CA 94550  
 Phone No. 415-447-2560      Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON Hazardous Dirt   | 14       | Y     | 011        | 1    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med-Ctr.      [Signature]     

Generator Authorized Agent Name      Signature      Shipment Date

**TRANSPORTER**

Truck No. 950      Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking      Driver Name (Print) Steve Rant...  
 Address 1336 Pauline Ave      Vehicle License No./State 3R166518 / CALIF  
Modesto CA 95351      Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature]     

Driver Signature      Shipment Date      Driver Signature      Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems      Phone No. 415-447-0491  
 Address 4001 No Vasco Rd      Livermore, CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature]     

Authorized Agent      Signature      Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Medical Center Generating Location UA Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------|----------------------|----------|-------|------------|------|------------|
|                |                      |          |       | No.        | Type |            |
|                | NON Hazardous Dirt   | 14       | Y     | 01         | T    | D - Drum   |
|                |                      |          |       |            |      | C - Carton |
|                |                      |          |       |            |      |            |
|                |                      |          |       |            |      | T - Truck  |
|                |                      |          |       |            |      | P - Pounds |
|                |                      |          |       |            |      | Y - Yards  |
|                |                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr. Signature [Signature] Shipment Date 112191

**TRANSPORTER**

Truck No. 990 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Pauline Ave Vehicle License No./State 4D53320 / CA-1-F  
Modesto CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Mike Howard Shipment Date 112191 Driver Signature Mike Howard Delivery Date 112191

**DESTINATION**

Site Name BFI Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent Signature [Signature] Receipt Date 112191

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name J.A. Medical Center Generating Location J.A. Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Louisville Ca Louisville Ca  
 Phone No. 415-447-2560 Phone No. 415-447-2560  
 BFI Waste Code

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| Non Hazardous Dirt   | 14       | 9     | 01         | T    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name J.A. Med Center Signature [Signature] Shipment Date 11/21/91

**TRANSPORTER**

Truck No. 970 Phone No. 209.578-4100  
 Transporter Name Rich Hamilton Truckers Driver Name (Print) LARRY LARREST  
 Address 1336 Pauline Rd Vehicle License No./State 1555467  
Modesto Ca Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature LARRY LARREST Shipment Date 11/21/91 Driver Signature LARRY LARREST Delivery Date 11/21/91

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0991  
 Address 4001 No Gasco Rd Louisville Ca

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 11/21/91

PASS CODE \_\_\_\_\_

UNLOADING AREA COPY



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name U.A. MEDICAL CENTER Generating Location U.A. MEDICAL CENTER  
4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE CA 94550 LIVERMORE CA 94550

No. 415-4472560 Phone No. 415-4472560

| Waste Code | Description of Waste | Quantity | Units | Containers |      | Type                                                                                   |
|------------|----------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|            |                      |          |       | No.        | Type |                                                                                        |
|            | NON HAZARDOUS DIRT   | 14       | 4     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|            |                      |          |       |            |      |                                                                                        |
|            |                      |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Authorized Agent Name U.A. Med-Ctr. Signature [Signature] Shipment Date 112191

**TRANSPORTER**

Phone No. 990 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
1336 PAULINE AVE Vehicle License No./State 4D53320 CA.  
MENESTO CA. 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Signature Mike Howard Shipment Date 112191 Driver Signature Mike Howard Delivery Date 112191

**DESTINATION**

Name B. F. I. WASTE SYSTEMS Phone No. 415-4470491  
4001 N. VASCO RD LIVERMORE CA.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Authorized Agent Signature [Signature] Receipt Date 112191

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A Medical Center Generating Location V.A Medical Center  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Durham Ca Durham Ca  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste     | Containers |           |          |           | Type     |
|----------------|--------------------------|------------|-----------|----------|-----------|----------|
|                |                          | Quantity   | Units     | No.      | Type      |          |
|                | <u>NON HAZARDOUS DRG</u> |            | <u>19</u> | <u>9</u> | <u>01</u> | <u>7</u> |
|                |                          |            |           |          |           |          |
|                |                          |            |           |          |           |          |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med Center [Signature] 112191  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) Larry Larnest  
 Address 1336 Polaris Hw. Vehicle License No./State 1595467  
Modesto Calif Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Larry Larnest 112191 Larry Larnest 112191  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.T Waste Spstn Phone No. 415-4470991  
 Address 4001 No Vasco Rd Durham

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 112191  
 of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Medical Center Generating Location V.A. Medical Center  
 Address 4951 Arrowood Rd Address 4951 Arrowood Rd  
LIVERMORE CA. LIVERMORE CA.  
 Phone No. 415-4472560 Phone No. 415-4472560  
 BFI Waste Code

| Description of Waste      | Quantity  | Units    | Containers |          | Type |
|---------------------------|-----------|----------|------------|----------|------|
|                           |           |          | No.        | Type     |      |
| <u>Nox Hazardous Diet</u> | <u>14</u> | <u>0</u> | <u>01</u>  | <u>T</u> |      |
|                           |           |          |            |          |      |
|                           |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med Ctr. [Signature] 103191  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LADRIEST  
 Address 1336 Pauline Ave Vehicle License No./State 1J95467  
Modesto Ca. Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

LARRY LADRIEST 103191 LARRY LADRIEST 103191  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-4470491  
 Address 4001 N. Vasco Rd LIVERMORE CA.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 103191  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name Vettrans Administration Hospital Generating Location Vettrans Administration Hospital  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550

Phone No. 510-4472650 Phone No. 510-4472650

| BFI Waste Code      | Description of Waste                      | Quantity | Units | Containers |      | Type                                                                                   |
|---------------------|-------------------------------------------|----------|-------|------------|------|----------------------------------------------------------------------------------------|
|                     |                                           |          |       | No.        | Type |                                                                                        |
| CA 405 030592 21539 | NON Hazardous Petroleum Contaminated Soil | 10       | 4     | 01         | T    | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
|                     |                                           |          |       |            |      |                                                                                        |
|                     |                                           |          |       |            |      |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA. Med. Cntr. Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) DAVID OLLER  
 Address 1336 Pauline Ave Vehicle License No./State 4L25526 / CALIF  
Modesto CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature David Oller Shipment Date 3/1/92 Driver Signature David Oller Delivery Date 3/1/92

**DESTINATION**

Site Name B.F.I. Phone No. 510-4470494  
 Address 4001 No. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date 03/1/92

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VA Hospital Generating Location VA Hospital  
 Address 4951 Avenue Rd Address 4951 Avenue Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 510-4472650 Phone No. 510-4472650

| BFI Waste Code             | Description of Waste                             | Quantity  | Units    | Containers |          | Type |
|----------------------------|--------------------------------------------------|-----------|----------|------------|----------|------|
|                            |                                                  |           |          | No.        | Type     |      |
| <u>CA 405 030592 21539</u> | <u>NON Hazardous Petroleum Contaminated Soil</u> | <u>10</u> | <u>1</u> | <u>01</u>  | <u>T</u> |      |
|                            |                                                  |           |          |            |          |      |
|                            |                                                  |           |          |            |          |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med Cntr [Signature] [Shipment Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) DAVID OLLER  
 Address 1331c Pauline Ave Vehicle License No./State 4L25526 / CAIE  
Modesto, CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

David Oller 31292 David Oller 31292  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name BFI Phone No. 510-4470491  
 Address 4001 No. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 31292  
 No. of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VETERANS ADMINISTRATION <sup>HQBP</sup> Generating Location Veterans Administration HQBP  
 Address 4951 Arroyo R Address 4951 Arroyo RA  
Livermore CA 94550 Livermore Ca 94550  
 Phone No. 510-4472650 Phone No. 510-4472650  
 BFI Waste Code CA 405 030592 21539 Containers

| Description of Waste                      | Quantity | Units | Containers |      | Type |
|-------------------------------------------|----------|-------|------------|------|------|
|                                           |          |       | No.        | Type |      |
| Non Hazardous Petroleum Contaminated Soil | 10       | 1     | 01         | T    |      |
|                                           |          |       |            |      |      |
|                                           |          |       |            |      |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DA Med. Cntr Generator Authorized Agent Name  
[Signature] Signature  
 [ ] [ ] [ ] [ ] [ ] [ ] Shipment Date

**TRANSPORTER**

Truck No. 940 Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) DAVID OLLER  
 Address 1336 PAULINE AVE Vehicle License No./State 4L2SS26, CA  
MODESTO CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

David Oller Driver Signature 31292 Shipment Date  
David Oller Driver Signature 31292 Delivery Date

**DESTINATION**

Site Name \_\_\_\_\_ Phone No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Address \_\_\_\_\_

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

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA Hospital Generating Location UA Hospital  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 510-4472650 Phone No. 510-4472650  
 BFI Waste Code CA 405 03592 21339

| Description of Waste                      | Quantity | Units | Containers |      | Type       |
|-------------------------------------------|----------|-------|------------|------|------------|
|                                           |          |       | No.        | Type |            |
| NON Hazardous Petroleum Contaminated Soil | 10       | 1     | 01         | T    | D - Drum   |
|                                           |          |       |            |      | C - Carton |
|                                           |          |       |            |      | B - Bag    |
|                                           |          |       |            |      | T - Truck  |
|                                           |          |       |            |      | P - Pounds |
|                                           |          |       |            |      | Y - Yards  |
|                                           |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D.A. Med. Contr [Signature] [Date]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 940 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) DAVID OLLER  
 Address 1336 Puline Ave Vehicle License No./State 4225526 /CA/IF  
Modesto CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

David Oller [Date] David Oller [Date]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Phone No. 510-4470491  
 Address 4001 No. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Date]  
 Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_



**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name UA HOSPITAL Generating Location UA HOSPITAL  
 Address 4591 ARROYO RD Address 4591 ARROYO RD  
LIVERMORE CA 94550 LIVERMORE CA 94550  
 Phone No. 510-4472650 Phone No. 510-4472650  
 BFI Waste Code CA 405 030592 21539

| Description of Waste                          | Quantity | Units | Containers |      |
|-----------------------------------------------|----------|-------|------------|------|
|                                               |          |       | No.        | Type |
| NON HAZARDOUS PETROLUEPT<br>CONTAMINATED SOIL | 10       | 1     | 01         | T    |
|                                               |          |       |            |      |
|                                               |          |       |            |      |

- Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
 Shipment Date

**TRANSPORTER**

Truck No. 940 Phone No. 209 578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) DAVID OLLER  
 Address 1336 PAULINE AVE Vehicle License No./State 4L25526 CA  
MODESTO CA 95351 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

David Oller Driver Signature 31292 Shipment Date David Oller Driver Signature 31292 Delivery Date

**DESTINATION**

Site Name BFI Phone No. 510-4470491  
 Address 4001 N. VASCO RD LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] If Authorized Agent Signature 051291 Receipt Date

PASS CODE

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name Veterans Administration Hospital Generating Location Veterans Administration Hospital  
 Address 4951 Arroyo Rd Address 4951 Arroyo Rd  
Livermore CA 94550 Livermore CA 94550  
 Phone No. 510-4472650 Phone No. 510-4472650  
 BFI Waste Code CA 05 030 SP 2 21539

Description of Waste  
NON HAZARDOUS Petroleum Contaminated Soil

| Quantity  | Units    | Containers No. | Type     |
|-----------|----------|----------------|----------|
| <u>18</u> | <u>4</u> | <u>011</u>     | <u>T</u> |
|           |          |                |          |
|           |          |                |          |

Containers No. 011 Type T

Type  
 D - Drum  
 C - Carton  
 B - Bag  
 T - Truck  
 P - Pounds  
 Y - Yards  
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr. [Signature] 03/29/2  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 990 Phone No. (209) 578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) MIKE HOWARD  
 Address 1336 Pauline Ave Vehicle License No./State 4D53320 / Calif  
Modesto CA 95351 Vehicle Certification 206782

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 03/29/2 [Signature] 03/29/2  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Phone No. 510-4470491  
 Address 4001 No. Wasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 03/29/2  
 of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VETERAN'S ADMINISTRATION HOSPITAL Generating Location VETERAN'S ADMINISTRATION HOSPITAL  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
LIVERMORE, CA 94550 LIVERMORE, CA 94550  
 Phone No. 510-4472650 Phone No. 510-4472650  
 BFI Waste Code CA 405 030592 21539

| Description of Waste                         | Quantity | Units | Containers |      | Type       |
|----------------------------------------------|----------|-------|------------|------|------------|
|                                              |          |       | No.        | Type |            |
| NON HAZARDOUS PETROLEUM<br>CONTAMINATED SOIL | 18       | Y     | 01         | T    | D - Drum   |
|                                              |          |       |            |      | C - Carton |
|                                              |          |       |            |      | B - Bag    |
|                                              |          |       |            |      | T - Truck  |
|                                              |          |       |            |      | P - Pounds |
|                                              |          |       |            |      | Y - Yards  |
|                                              |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Shipment Date

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. 209-578-4100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) STEVE RANBOW  
 Address 1336 PAULINE AVE. Vehicle License No./State 3R66514 / CALIF  
MODESTO, CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Driver Signature \_\_\_\_\_ Delivery Date [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**DESTINATION**

Site Name BFI Phone No. 510-4470491  
 Address 4001 No. VASCO RD. LIVERMORE, CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] of Authorized Agent Signature [Signature] Receipt Date [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name Veterans Administration Hospital Generating Location Veterans Administration Hospital

Address 4951 Anaya Rd Address 4951 Anaya Rd

Livermore CA 94550 Livermore CA 94550

Phone No. 510-4472650 Phone No. 510-4472650

BFI Waste Code CA 405 030 592 21529

Description of Waste

Quantity

Units

Containers

Type

NON HAZARDOUS Petroleum  
Contaminated Soil

| Quantity | Units | No. | Type |
|----------|-------|-----|------|
| 18       | 4     | 01  | T    |
|          |       |     |      |
|          |       |     |      |

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name V.A. Med. Cntr. Signature [Signature] Shipment Date [ ] [ ] [ ] [ ] [ ] [ ]

**TRANSPORTER**

Truck No. 930 Phone No. (209) 578-4100

Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY FARRIED

Address 1336 Pauline Ave Vehicle License No./State /CALIF

Modesto CA 95351 Vehicle Certification [ ] [ ] [ ] [ ] [ ] [ ]

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature LARRY FARRIED Shipment Date 031292 Driver Signature LARRY FARRIED Delivery Date 031292

**DESTINATION**

Site Name B.F.I. Phone No. 510-4470491

Address 4001 N. Vasco Rd Livermore CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

of Authorized Agent [Signature] Signature [Signature] Receipt Date 031292

PASS CODE [ ] [ ] [ ] [ ] [ ] [ ]

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name VETERANS ADMINISTRATION HOSPITAL Generating Location VETERANS ADMINISTRATION  
 Address 4951 ARROYO RD Address 4951 ARROYO RD,  
LIVERMORE, CA 94550 LIVERMORE, CA 94550  
 Phone No. 510-4472650 Phone No. 510-4472650  
 BFI Waste Code EA 405 030592 21539

| Description of Waste                         | Quantity | Units | Containers |      |
|----------------------------------------------|----------|-------|------------|------|
|                                              |          |       | No.        | Type |
| NON HAZARDOUS PETROLEUM<br>CONTAMINATED SOIL | 10       | 7     | 01         | F    |
|                                              |          |       |            |      |
|                                              |          |       |            |      |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DVA Med. Cntr Signature [Signature] Shipment Date 1/17/86

**TRANSPORTER**

Truck No. \_\_\_\_\_ Phone No. 209 5784100  
 Transporter Name RICH HAMILTON TRUCKING Driver Name (Print) DAVID OLLER  
 Address 1536 PAULINE AVE. Vehicle License No./State 4L25526 /CALIF.  
MODESTO CA 95351 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature David Oller Shipment Date 3 11 92 Driver Signature David Oller Delivery Date 3 11 92

**DESTINATION**

Site Name B.F.I. Phone No. 510-4470491  
 Address 4001 No. VASO RD LIVERMORE, CA

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 [Signature] Receipt Date 03/11/92

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. MEDICAL CENTER Generating Location V.A. MEDICAL CENTER  
 Address 4851 AIRCROFT RD Address 4851 AIRCROFT RD  
LIVERMORE CA 94550 LIVERMORE, CA 94550  
 Phone No. [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] Phone No. [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

| BFI Waste Code | Description of Waste      | Quantity                  | Units                               | Containers                |                          | Type                                                                                   |
|----------------|---------------------------|---------------------------|-------------------------------------|---------------------------|--------------------------|----------------------------------------------------------------------------------------|
|                |                           |                           |                                     | No.                       | Type                     |                                                                                        |
| [ ] [ ]        | <u>NON HAZARDOUS DIRT</u> | [ ] [ ] [ ] [ ] <u>14</u> | <input checked="" type="checkbox"/> | [ ] [ ] [ ] [ ] <u>01</u> | [ ] [ ] [ ] [ ] <u>7</u> | D - Drum<br>C - Carton<br>B - Bag<br>T - Truck<br>P - Pounds<br>Y - Yards<br>O - Other |
| [ ] [ ]        |                           | [ ] [ ] [ ] [ ]           | <input type="checkbox"/>            | [ ] [ ] [ ] [ ]           | [ ] [ ] [ ] [ ]          |                                                                                        |
| [ ] [ ]        |                           | [ ] [ ] [ ] [ ]           | <input type="checkbox"/>            | [ ] [ ] [ ] [ ]           | [ ] [ ] [ ] [ ]          |                                                                                        |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med. Cntr. Generator Authorized Agent Name  
[Signature] Signature  
 [ ] [ ] [ ] [ ] [ ] [ ] Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 209 578-4100  
 Transporter Name RICHARD HAMILTON TRUCKING Driver Name (Print) STEVE RAYBOURN  
 Address 1336 PAULINE AVE Vehicle License No./State 3R66518  
MODESTO CA 95351 Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature  
 [ ] [ ] [ ] [ ] [ ] [ ] Shipment Date  
[Signature] Driver Signature  
 [ ] [ ] [ ] [ ] [ ] [ ] Delivery Date

**DESTINATION**

Site Name \_\_\_\_\_ Phone No. [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]  
 Address \_\_\_\_\_

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

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Medical Center Generating Location V.A. Medical Center  
 Address 4951 ARROYO RD Address 4951 ARROYO RD  
Livermore CA 94550 Livermore CA 94550  
 Phone No. [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ] Phone No. [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ]  
 BFI Waste Code [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ]

| Description of Waste | Quantity | Units | Containers |      | Type       |
|----------------------|----------|-------|------------|------|------------|
|                      |          |       | No.        | Type |            |
| NON HAZARDOUS DIRT   | 14       | Y     | 01         | 7    | D - Drum   |
|                      |          |       |            |      | C - Carton |
|                      |          |       |            |      | B - Bag    |
|                      |          |       |            |      | T - Truck  |
|                      |          |       |            |      | P - Pounds |
|                      |          |       |            |      | Y - Yards  |
|                      |          |       |            |      | O - Other  |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med. Center [Signature] [ ][ ][ ][ ][ ][ ][ ][ ]  
 Generator Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 950 Phone No. 209 578-4100  
 Transporter Name Richard Hamilton Trucking Driver Name (Print) Steve Rainbowen  
 Address 1336 PAULINE RD Vehicle License No./State 3R66514 CA  
MODesto CA 95351 Vehicle Certification 2733

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] [120391] [Signature] [120391]  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name \_\_\_\_\_ Phone No. [ ][ ][ ][ ][ ][ ][ ][ ]  
 Address \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Signature] [120391]  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name U.A. Medical Center Generating Location U.A. Medical Center  
 Address 4951 Harwood Rd Address 4951 Harwood Rd  
Louisiana Co Louisiana Co  
 Phone No. 415-447-2560 Phone No. 415-447-2560

| BFI Waste Code | Description of Waste     | Quantity  | Units    | Containers |          | Type |
|----------------|--------------------------|-----------|----------|------------|----------|------|
|                |                          |           |          | No.        | Type     |      |
|                | <u>Non Hazardous Dis</u> | <u>14</u> | <u>4</u> | <u>01</u>  | <u>7</u> |      |
|                |                          |           |          |            |          |      |
|                |                          |           |          |            |          |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DVA Med. Cntr. [Signature] 120391  
 Director Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209-578-4100  
 Transporter Name Rich Hamilton Trucking Driver Name (Print) LARRY LADDIES  
 Address 1336 Daphne St Vehicle License No./State LS954167  
Madison La Vehicle Certification 2753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] 120391 LARRY LADDIES 120391  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-447-0491  
 Address 4001 No. Waseo Rd Louisiana Co

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 120391  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_





**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name V.A. Medical Center Generating Location V.A. Medical Center  
 Address 4951 Harvard Rd Address 4951 Harvard Rd  
Livermore CA Livermore CA  
 Phone No. 415-4472560 Phone No. 415-4472560

| BFI Waste Code | Description of Waste      | Quantity  | Units    | Containers |          | Type |
|----------------|---------------------------|-----------|----------|------------|----------|------|
|                |                           |           |          | No.        | Type     |      |
|                | <u>NON HAZARDOUS DRUG</u> | <u>14</u> | <u>Y</u> | <u>01</u>  | <u>+</u> |      |
|                |                           |           |          |            |          |      |
|                |                           |           |          |            |          |      |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

V.A. Med. Center [Signature] 120391  
 Authorized Agent Name Signature Shipment Date

**TRANSPORTER**

Truck No. 970 Phone No. 209 578-4600  
 Transporter Name Rich Hamilton Driver Name (Print) LARRY LAMIESH  
 Address 1336 Pauline Ave Vehicle License No./State 1J55467  
Modesto CA Vehicle Certification Q753

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

LARRY LAMIESH 120391 LARRY LAMIESH 120391  
 Driver Signature Shipment Date Driver Signature Delivery Date

**DESTINATION**

Site Name B.F.I. Waste Systems Phone No. 415-4470491  
 Address 4001 Ho Vaspo Rd LIVERMORE CA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 120391  
 Name of Authorized Agent Signature Receipt Date

PASS CODE \_\_\_\_\_