

THE SAN JOAQUIN COMPANY INC.
1120 HOLLYWOOD AVENUE, SUITE 3, OAKLAND, CALIFORNIA 94602

RECEIVED

3:28 pm, Aug 31, 2009

Alameda County
Environmental Health

REMEDIATION REPORT

Oak Walk Redevelopment Site
Emeryville, California



for

Bay Rock Oaks, LLC

VOLUME IV of IV

August 2009

Project No.: 0004.086

APPENDIX G

Waste Manifests

Waste Manifests for Disposal of Soil

SJC

- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oaks, LLC		WASTE ACCEPTANCE NO. 212Y79860	
MAILING ADDRESS 1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP Oakland, CA 94612			
PHONE (510) 873-8880			
CONTACT PERSON Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE * H.B. Duf		DATE 8/21/07	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify, and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER LARRY GUINTANA			
ADDRESS 1286 Folsom Ave			
CITY, STATE, ZIP Hayward, CA			
PHONE 510-7827381		NOTES: VEHICLE LICENSE NUMBER: 9C30655 TRUCK NUMBER: 2-11	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * (Signature)		DATE 8-21-07	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		END DUMP <input type="checkbox"/>	
		ROLL-OFF(S) <input type="checkbox"/>	
		BOTTOM DUMP <input type="checkbox"/>	
		FLAT-BED <input type="checkbox"/>	
		VAN <input type="checkbox"/>	
DRUMS <input type="checkbox"/>			
REMARKS		CUBIC YARDS 00	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT * (Signature)		DISPOSE <input type="checkbox"/>	
DATE		OTHER <input type="checkbox"/>	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain Sanitary Landfill
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NON-HAZARDOUS WASTE MANIFEST

64200

GENERATOR Bay Rock Oaks, LLC		WASTE ACCEPTANCE NO. 212Y79860	
MAILING ADDRESS 1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP Oakland, CA 94612		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
PHONE (510) 873-8880		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CONTACT PERSON Marilyn Ponte		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Ditt</i>	8/21/07		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER <i>Harold Ditt</i>	NOTES:	VEHICLE LICENSE NUMBER 9C30655	TRUCK NUMBER 2-11
ADDRESS <i>1286 Edison Ave</i>			
CITY, STATE, ZIP <i>Hayward</i>			
PHONE <i>510-7857387</i>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	END DUMP	BOTTOM DUMP	TRANSFER
* <i>Harold Ditt</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE 8-21-07	ROLL-OFF(S)	FLAT-BED	VAN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS		CUBIC YARDS 20	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE	OTHER
		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
SIGNATURE OF AUTHORIZED AGENT	DATE		
* <i>[Signature]</i>	8-21-07		

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Sanitary Landfill
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 Fax (925) 458-9891

Coffin Butte
Landfill
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 Corvallis, OR 97330
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Forward
Landfill
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 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR
 Bay Rock Oaks, LLC
MAILING ADDRESS
 1300 Clay St., Suite 620
 CITY, STATE, ZIP
 Oakland, CA 94612
PHONE
 (510) 873-8880
CONTACT PERSON
 Marilyn Porter
SIGNATURE OF AUTHORIZED AGENT / TITLE **DATE**
 * *H. B. Dutz* 8/22

WASTE ACCEPTANCE NO.
212Y79860

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
 GLOVES GOGGLES RESPIRATOR HARD HAT
 TY-VEK SAFETY VEST

SPECIAL HANDLING PROCEDURES:

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE:
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE

GENERATING FACILITY
 4090 San Pablo Avenue **EMERYVILLE**

RECEIVING FACILITY

TRANSPORTER *GIBSON TRUCKING*
ADDRESS *DUND RD*
CITY, STATE, ZIP *VALLEY SPRINGS*
PHONE *209-772-0083*
SIGNATURE OF AUTHORIZED AGENT OR DRIVER **DATE**
 * *Darryl Gibson* 8.22.07

NOTES: **VEHICLE LICENSE NUMBER** **TRUCK NUMBER**
 9C20613 *1091*

END DUMP **BOTTOM DUMP** **TRANSFER**

ROLL-OFF(S) **FLAT-BED** **VAN** **DRUMS**

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT **DATE**
 * *[Signature]* 8.22.07

CUBIC YARDS
20

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
<input checked="" type="checkbox"/> SOIL	<i>D</i>	
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

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- | | | | | |
|--|---|---|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input checked="" type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|---|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE			
(510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>H.B. Duf</i>			
DATE			
8/22/07			
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WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4050 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
GIBSON Trucking		VEHICLE LICENSE NUMBER	
DUNN RD		9C2063	
CITY, STATE, ZIP		TRUCK NUMBER	
Valley Spring		1091	
PHONE		GT1091	
209.772-0083		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER			
* <i>Dan Gibson</i>			
DATE			
8-22-07		CUBIC YARDS	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		50	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
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FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT			
* <i>[Signature]</i>			
DATE			
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MAILING ADDRESS 1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP Oakland, CA 94612		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
PHONE (510) 873-8860		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Dutz</i>	8/22/07		
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WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER Dave's Eq		NOTES:	VEHICLE LICENSE NUMBER 9B81926
ADDRESS 17866 Seidman Rd			TRUCK NUMBER D-99
CITY, STATE, ZIP Escalon CA, 95320			4GK4991
PHONE 209-838-6024		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		TRANSFER <input type="checkbox"/>	
* <i>Gail Huff</i>		ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>
DATE 8-22-07		VAN <input type="checkbox"/>	DRUMS <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS 2	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE 8-22-07		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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- | | | | | |
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Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
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Corvallis, OR 97330
Phone (541) 745-2018
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Phone (408) 945-2800
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GENERATING FACILITY																								
4090 San Pablo Avenue EMERYVILLE																								
TRANSPORTER LARRY GUINAHANA		NOTES:																						
ADDRESS 12816 Folsom Ave		VEHICLE LICENSE NUMBER TRUCK NUMBER																						
CITY, STATE, ZIP Hayward, CA		3C3655 L-11																						
PHONE 510 783 9381																								
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER																						
* <i>Arnold Dutz</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
DATE 8/22/07																								
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		20																						
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">DISPOSE</td> <td style="width:25%; text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
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Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
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Landfill
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Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.					
Ray Rock Oaks LLC		212Y79860					
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT					
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST					
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:					
Oakland, CA 94612							
PHONE							
(510) 873-8880							
CONTACT PERSON							
Marilyn Ponte							
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE					
* <i>H.B. Dink</i>		8/22/07					
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>							
WASTE TYPE:		RECEIVING FACILITY					
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE							
GENERATING FACILITY							
4090 San Pablo Avenue		EMERYVILLE					
TRANSPORTER Larry Quintana		NOTES:					
ADDRESS 1286 Folsom Ave		VEHICLE LICENSE NUMBER 9C36SS					
CITY, STATE, ZIP Hayward CA 94544		TRUCK NUMBER L-11					
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER							
* <i>Arnold Dink</i>		8-22-07					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS					
		<i>20</i>					
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">DISPOSE</td> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">OTHER</td> </tr> </table>			DISPOSE		OTHER
			DISPOSE		OTHER		
		<input type="checkbox"/> SOIL					
		<input type="checkbox"/> CONSTRUCTION DEBRIS					
		<input type="checkbox"/> NON-FRIABLE ASBESTOS					
		<input type="checkbox"/> WOOD					
<input type="checkbox"/> ASH							
<input type="checkbox"/> SPECIAL OTHER							
SIGNATURE OF AUTHORIZED AGENT		DATE					
* <i>[Signature]</i>		8-22-07					

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
- Mountain Sa.itary Landfill**
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183
- Newby Island Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871
- Forward Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE		RECEIVING FACILITY																				
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Fonte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																					
* <i>H. B. Dietz</i>	8/22/07																					
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WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
Larry Quintana		VEHICLE LICENSE NUMBER																				
ADDRESS		TRUCK NUMBER																				
1206 Tolson Ave		9C 306,53																				
CITY, STATE, ZIP																						
Hayward, CA 94544																						
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>Arnold J. ...</i>																						
DATE																						
8-22-07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">DISPOSE</td> <td style="width: 25%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
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FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
* <i>[Signature]</i>																						
DATE																						
8-22-07																						

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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620			
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612			
PHONE		SPECIAL HANDLING PROCEDURES:	
(510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
* <i>H. B. Duff</i>			
DATE			
8/23/07			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
Rock Transport Inc.		VEHICLE LICENSE NUMBER	
ADDRESS		9D92605	
725 Julie Ann Way		TRUCK NUMBER	
CITY, STATE, ZIP		101	
Oakland CA 94621		J+A Trucking	
PHONE		END DUMP BOTTOM DUMP TRANSFER	
510-633-1528		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN DRUMS	
* <i>[Signature]</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE OTHER	
		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
SIGNATURE OF AUTHORIZED AGENT		<input checked="" type="checkbox"/> SPECIAL OTHER	
* <i>[Signature]</i>			
DATE			

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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 873-8880		212Y79860																				
CONTACT PERSON Marilyn Ponte		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
SIGNATURE OF AUTHORIZED AGENT / TITLE		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
* <i>H.B. Dief</i>		SPECIAL HANDLING PROCEDURES:																				
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WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue EMERYVILLE																						
TRANSPORTER		NOTES:																				
Rock Transport Inc.		VEHICLE LICENSE NUMBER TRUCK NUMBER																				
ADDRESS		9D92605 101																				
725 Julie Ann Way		J+A Trucking																				
CITY, STATE, ZIP																						
Oakland CA 94621		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
PHONE																						
510 633 1528																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>Joe</i>																						
DATE																						
8/23/07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
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	DISPOSE	OTHER																				
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SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>[Signature]</i>		8/23/07																				

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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Duty</i>																						
DATE																						
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WASTE TYPE:		RECEIVING FACILITY																				
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GENERATING FACILITY																						
4090 San Pablo Avenue EMERYVILLE																						
TRANSPORTER		NOTES:																				
Rock Transport Inc.		VEHICLE LICENSE NUMBER																				
ADDRESS		9D92605																				
725 Julie Ann Way		TRUCK NUMBER																				
CITY, STATE, ZIP		101																				
Oakland CA 94621		J+A Trucking																				
PHONE		END DUMP BOTTOM DUMP TRANSFER																				
510-633-1578		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
* <i>Joe</i>																						
DATE																						
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DATE																						
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- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|---|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Duff</i>																						
DATE																						
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WASTE TYPE:		RECEIVING FACILITY																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
Rock Transport Inc.		VEHICLE LICENSE NUMBER																				
ADDRESS		9D92605																				
775 Julie Ann Way		TRUCK NUMBER																				
CITY, STATE, ZIP		101																				
Oakland CA 94621		J+A Trucking																				
PHONE		END DUMP BOTTOM DUMP TRANSFER																				
510-633-1528		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS																				
* <i>Joe</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
DATE																						
8/23/07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DISPOSE</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><i>X</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<i>X</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	<i>X</i>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>fl</i>		8-23-07																				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
200 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		7287 212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>M.B. Duff</i>																						
DATE																						
8/23/07																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		RECEIVING FACILITY																				
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
Dave's Eq		VEHICLE LICENSE NUMBER																				
		9B81926																				
ADDRESS		TRUCK NUMBER																				
		D-99																				
CITY, STATE, ZIP		46K4991																				
Emeryville, CA 94607																						
PHONE		END DUMP BOTTOM DUMP TRANSFER																				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS																				
* <i>Marilyn Ponte</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
DATE																						
8/23/07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DISPOSE</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>Marilyn Ponte</i>		8/23/07																				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE			
(510) 873-8890			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* <i>H. B. Dietz</i>		8/23/07	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER Dave's E9		NOTES:	
ADDRESS 17866 Seidman Rd		VEHICLE LICENSE NUMBER TRUCK NUMBER	
CITY, STATE, ZIP ESCALON CA, 95320		9B81926 D-99	
PHONE 209-838-6024		46K4991	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER	
* <i>David Duff</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS	
DATE 8-23-07		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		<i>20</i>	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE			
(510) 873-8880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* H. B. Dutz			
DATE			
8/23/07			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER DAVE'S EG		NOTES:	
ADDRESS 17866 Seidman Rd		VEHICLE LICENSE NUMBER	
CITY, STATE, ZIP ESCALON CA, 95370		9B81926	
PHONE 209 838-6029		TRUCK NUMBER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		D-99	
* David Dutz		46K4991	
DATE 8-23-07		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" type="checkbox"/> SOIL <input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT			
* [Signature]			
DATE			
8-23-07			

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- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183
- Newby Island Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871
- Forward Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE (510) 873-8880			
CONTACT PERSON Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* H. B. Diaz	8/23/07		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER Dave's Ego		NOTES:	
ADDRESS 17866 Seidman Rd		VEHICLE LICENSE NUMBER TRUCK NUMBER	
CITY, STATE, ZIP Escalon CA, 95320		9B8192G D-99	
PHONE 209-838-6074		4GK4991	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER	
* David Lopez		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE 8-22-07		CUBIC YARDS	
<p style="text-align: center;">I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>		20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE OTHER	
		<input checked="" type="checkbox"/> SOIL	
		<input checked="" type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			
SIGNATURE OF AUTHORIZED AGENT		DATE	
* [Signature]		8-22-07	

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- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
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Corvallis, OR 97330
Phone (541) 745-2018
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Phone (408) 945-2800
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9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR <i>Bay Rock Oaks, LLC</i>		WASTE ACCEPTANCE NO. 212Y79860																						
MAILING ADDRESS <i>1300 Clay St., Suite 620</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																						
CITY, STATE, ZIP <i>Oakland, CA 94612</i>																								
PHONE <i>(510) 873-8880</i>																								
CONTACT PERSON <i>Marilyn Ponte</i>		SPECIAL HANDLING PROCEDURES:																						
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																							
<i>* H.B. Dietz</i>	<i>8/23/07</i>																							
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WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY <i>4090 San Pablo Avenue</i> EMERYVILLE																								
TRANSPORTER <i>FIELDS TRK</i>	NOTES:	VEHICLE LICENSE NUMBER <i>9A219961</i>	TRUCK NUMBER <i>F99</i>																					
ADDRESS <i>2219 Budischeck Rd</i>	END DUMP <input checked="" type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/>																							
CITY, STATE, ZIP <i>STUN RA 95215</i>																								
PHONE <i>209 993-7093</i>																								
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	CUBIC YARDS 20																						
<i>* Randy Jiff</i>	<i>8-23-07</i>																							
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.																								
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DISPOSE</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	X		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE			OTHER																				
<input checked="" type="checkbox"/> SOIL	X																							
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
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<input type="checkbox"/> SPECIAL OTHER																								
FACILITY TICKET NUMBER																								
SIGNATURE OF AUTHORIZED AGENT	DATE	SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.																						
<i>* [Signature]</i>	<i>2-23-07</i>																							
GENERATOR COPY																								
		MANIFEST # 597790																						

Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

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 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oaks, LLC		WASTE ACCEPTANCE NO. 212Y79860	
MAILING ADDRESS 1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP Oakland, CA 94612			
PHONE (510) 873-8880			
CONTACT PERSON Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE		SPECIAL HANDLING PROCEDURES:	
* <i>H. B. Duty</i> 8/23/07		RECEIVING FACILITY	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER <i>Field TRK</i>		NOTES:	VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS <i>2219 Buchselich Rd</i>			<i>9A21994</i> <i>F99</i>
CITY, STATE, ZIP <i>SJKN CA 95215</i>			
PHONE <i>209 993-7093</i>		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		TRANSFER <input type="checkbox"/>	
* <i>Randy Hill</i> 8-23-07		ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		VAN <input type="checkbox"/>	DRUMS <input type="checkbox"/>
		CUBIC YARDS <i>20</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input type="checkbox"/> SOIL	DISPOSE
REMARKS		<input type="checkbox"/> CONSTRUCTION DEBRIS	
FACILITY TICKET NUMBER		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> WOOD	
* <i>[Signature]</i> 8-23-07		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon Sanitary Landfill
 901 Bailey Rd
 Pittsburg, CA 95665
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS			
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* H.B. Deely		GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER Fielder Truck		NOTES:	VEHICLE LICENSE NUMBER 9A21991
ADDRESS 2219 Budischick Rd			TRUCK NUMBER F99
CITY, STATE, ZIP STKN CA 95215			
PHONE 209 993 7093			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER	
* Randy Hills		<input checked="" type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE 8-23-07			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS 20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input checked="" type="checkbox"/> SOIL	
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
* [Signature]		<input type="checkbox"/> WOOD	
DATE 8-23-07		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Keller Canyon | <input type="checkbox"/> Coffin Butte | <input type="checkbox"/> Ox Mountain | <input type="checkbox"/> Newby Island | <input type="checkbox"/> Forward |
| Sanita Landfill | Landfill | Sanitary Landfill | Sanitary Landfill | Landfill |
| 901 Baile
Pittsburg, CA 9565
Phone (925) 458-8900
Fax (925) 458-9891 | 28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | 12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | 1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | 9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.		
Bay Rock Oaks LLC		7287 212Y79860		
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT		
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT		
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST		
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:		
PHONE				
CONTACT PERSON				
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* H. B. Dietz	8/23/07			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
WASTE TYPE:		RECEIVING FACILITY		
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE				
GENERATING FACILITY				
4050 San Pablo Avenue EMERYVILLE				
TRANSPORTER <i>Fields Truck</i>		NOTES:	VEHICLE LICENSE NUMBER	
ADDRESS <i>2219 Budiseluck Rd</i>			<i>9A21994</i>	
CITY, STATE, ZIP <i>STKN CA 95215</i>			<i>F99</i>	
PHONE <i>209 993 9093</i>		END DUMP BOTTOM DUMP TRANSFER		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
* <i>Randy Mills</i>		ROLL-OFF(S)	FLAT-BED VAN DRUMS	
DATE <i>8-23-07</i>		<input type="checkbox"/>	<input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS		
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
			DISPOSE	OTHER
		<input type="checkbox"/> SOIL		
		<input type="checkbox"/> CONSTRUCTION DEBRIS		
REMARKS		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
FACILITY TICKET NUMBER		<input type="checkbox"/> WOOD		
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> ASH		
* <i>Marx</i>		<input type="checkbox"/> SPECIAL OTHER		
DATE <i>8/23/07</i>				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon
Sanitary Landfill
 9013 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte
Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain
Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island
Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward
Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		7287 212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* H. B. Duly			
DATE			
8/23/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue			
EMERYVILLE			
TRANSPORTER		NOTES:	
McConnell & Son		VEHICLE LICENSE NUMBER	
ADDRESS		9A79043	
16919 Boelter Rd		TRUCK NUMBER	
CITY, STATE, ZIP		M-87	
Escalon, CA 95320		Low rate	
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	
209 838-2960		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER			
* Dennis McConnell			
DATE			
8/23/07			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input type="checkbox"/> SOIL	
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> WOOD	
* Mary R		<input type="checkbox"/> ASH	
DATE		<input type="checkbox"/> SPECIAL OTHER	
8/23/07			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon
Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte
Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain
Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island
Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward
Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oaks, LLC		WASTE ACCEPTANCE NO. 212Y79860	
MAILING ADDRESS 1300 Clay St., Suite 620 Oakland, CA 94612		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE (510) 873-8880		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CONTACT PERSON Marilyn Pente		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Duty</i>	8/23/07		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER <i>McDonald & Son</i>		NOTES:	VEHICLE LICENSE NUMBER 9A79043
ADDRESS 16919 Boston Rd			TRUCK NUMBER M-87
CITY, STATE, ZIP Escalon CA 95320		<i>Lowside</i>	
PHONE 209 838 2910		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* <i>Chennis McDonald</i>		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
REMARKS		CUBIC YARDS 20	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
* <i>[Signature]</i>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183
- Newby Island Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871
- Forward Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP Oakland, CA 94612		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
PHONE (510) 873-8880		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON			
Marilyn Forte			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* <i>H.B. Duty</i>		8/23/07	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
<i>McDonald & Son</i>		VEHICLE LICENSE NUMBER TRUCK NUMBER	
ADDRESS 16919 Beeler Rd Easton		9A79043 M-87	
CITY, STATE, ZIP Escalon, CA 95320		Lowside	
PHONE (209) 838-2960		END DUMP BOTTOM DUMP TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* <i>Dennis McDonald</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE 8/23/07			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE OTHER	
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input checked="" type="checkbox"/> CONSTRUCTION DEBRIS	
DATE 8/23/07		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
* <i>[Signature]</i>		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183
- Newby Island Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871
- Forward Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																											
Bay Rock Oaks LLC		212Y79860																											
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																											
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																											
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																											
Oakland, CA 94612																													
PHONE (510) 873-8880																													
CONTACT PERSON		RECEIVING FACILITY																											
Marilyn Forte																													
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																												
* <i>H. B. Dietz</i>	8/23/07																												
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																													
WASTE TYPE:																													
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																													
GENERATING FACILITY																													
4090 San Pablo Avenue		EMERYVILLE																											
TRANSPORTER		NOTES:																											
<i>McDonald & Son</i>		VEHICLE LICENSE NUMBER																											
ADDRESS		9A79043																											
<i>16919 Beeler Rd</i>		TRUCK NUMBER																											
CITY, STATE, ZIP		M-87																											
<i>Escaton CA 95320</i>		<i>Low side</i>																											
PHONE		END DUMP BOTTOM DUMP TRANSFER																											
<i>209 838-2960</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																											
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS																											
* <i>Chris Mc Donald</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																											
<p align="center">I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>		CUBIC YARDS																											
		20																											
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																											
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">DISPOSE</td> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> <td></td> </tr> </table>			DISPOSE		OTHER	<input type="checkbox"/> SOIL				<input type="checkbox"/> CONSTRUCTION DEBRIS				<input type="checkbox"/> NON-FRIABLE ASBESTOS				<input type="checkbox"/> WOOD				<input type="checkbox"/> ASH				<input type="checkbox"/> SPECIAL OTHER	
	DISPOSE		OTHER																										
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<input type="checkbox"/> SPECIAL OTHER																													
FACILITY TICKET NUMBER																													
SIGNATURE OF AUTHORIZED AGENT		DATE																											
* <i>[Signature]</i>																													

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|---|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ostain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|---|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oats, LLC		WASTE ACCEPTANCE NO. 212Y79860			
MAILING ADDRESS 1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST			
CITY, STATE, ZIP Oakland, CA 94612					
PHONE (510) 873-8880					
CONTACT PERSON Marilyn Ponte		SPECIAL HANDLING PROCEDURES: RECEIVING FACILITY 			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE				
* <i>H.B. Duty</i>	8/23/07				
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>					
WASTE TYPE:					
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE					
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE					
TRANSPORTER <i>Rock Trucks</i>		NOTES:	VEHICLE LICENSE NUMBER 2H57899		
ADDRESS 725 Julie Ann way		TRUCK NUMBER 194			
CITY, STATE, ZIP Oakland		<i>SAE Trucking</i>			
PHONE (510) 633-1528		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS			
* <i>[Signature]</i>		8-23-07			
REMARKS		CUBIC YARDS 20			
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)			
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL			
		<input type="checkbox"/> CONSTRUCTION DEBRIS			
		<input type="checkbox"/> NON-FRIABLE ASBESTOS			
		<input type="checkbox"/> WOOD			
		<input type="checkbox"/> ASH			
		<input type="checkbox"/> SPECIAL OTHER			
		<input type="checkbox"/>			
SIGNATURE OF AUTHORIZED AGENT		DATE			
* <i>[Signature]</i>		8-23-07			

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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR <i>Bay Rock Oaks, LLC</i> MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 873-8880 CONTACT PERSON <i>Marilyn Forte</i> SIGNATURE OF AUTHORIZED AGENT / TITLE DATE * <i>H. B. Dietz</i> 8/23/07 <small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		WASTE ACCEPTANCE NO. 212Y79860	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DEBRIS <input type="checkbox"/> SPECIAL WASTE <input type="checkbox"/> SLUDGE <input type="checkbox"/> WOOD <input checked="" type="checkbox"/> OTHER		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE		SPECIAL HANDLING PROCEDURES:	
TRANSPORTER <i>Rock Trans</i> ADDRESS 725 Julia Ann way CITY, STATE, ZIP Oakland, Ca. PHONE (510) 893-1528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * <i>[Signature]</i> 8-23-07		RECEIVING FACILITY	
NOTES:		VEHICLE LICENSE NUMBER 2H57899	TRUCK NUMBER 194
		<i>SAE Trucking</i>	
		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
		ROLL-OFF(S) <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
			DRUMS <input type="checkbox"/>
REMARKS		CUBIC YARDS 20	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT DATE * <i>[Signature]</i>		DISPOSE	OTHER
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Mountain Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 873-8880 CONTACT PERSON Marilyn Forte		212Y79860	
SIGNATURE OF AUTHORIZED AGENT / TITLE * <i>H. B. Dietz</i>			
DATE 8/23/07		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		SPECIAL HANDLING PROCEDURES:	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		RECEIVING FACILITY	
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER 2H57899 194 SAE Trucking	
TRANSPORTER Back Trans ADDRESS 725 Julie Ann way CITY, STATE, ZIP Oakland ca PHONE (510) 633-1528		END DUMP <input checked="" type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * <i>[Signature]</i>		DATE 8-23-07	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS 20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER <input checked="" type="checkbox"/> SOIL <input checked="" type="checkbox"/>	
REMARKS		<input type="checkbox"/> CONSTRUCTION DEBRIS	
FACILITY TICKET NUMBER		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
SIGNATURE OF AUTHORIZED AGENT * <i>[Signature]</i>		<input type="checkbox"/> WOOD	
DATE 8-23-07		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183
- Newby Island Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871
- Forward Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8890		RECEIVING FACILITY																				
CONTACT PERSON																						
Marilyn Forte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H.B. Ditty</i>																						
DATE																						
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<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
BARRY GUERRA		VEHICLE LICENSE NUMBER																				
ADDRESS		TRUCK NUMBER																				
1296 Folsom Ave		13C90636 * 1-11																				
CITY, STATE, ZIP																						
HAWAII CA																						
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
7837581																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>[Signature]</i>																						
DATE																						
8-23-17																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DISPOSE</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
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- | | | | | |
|--|---|---|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
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Phone (408) 945-2800
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Landfill
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Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|---|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 873-8880 CONTACT PERSON Marilyn Ponte <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">SIGNATURE OF AUTHORIZED AGENT / TITLE</td> <td style="width:30%;">DATE</td> </tr> <tr> <td>* <i>H. B. D. [Signature]</i></td> <td></td> </tr> </table> <p style="font-size: small;">GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</p> WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE	SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	* <i>H. B. D. [Signature]</i>		WASTE ACCEPTANCE NO. <h2 style="text-align: center;">212Y79860</h2> REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST SPECIAL HANDLING PROCEDURES: RECEIVING FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">NOTES:</td> <td style="width:35%;">VEHICLE LICENSE NUMBER</td> <td style="width:35%;">TRUCK NUMBER</td> </tr> <tr> <td></td> <td style="text-align: center;">3675070</td> <td style="text-align: center;">L12</td> </tr> </table> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input checked="" type="checkbox"/> END DUMP</td> <td style="width:33%;"><input type="checkbox"/> BOTTOM DUMP</td> <td style="width:33%;"><input type="checkbox"/> TRANSFER</td> </tr> <tr> <td><input type="checkbox"/> ROLL-OFF(S)</td> <td><input type="checkbox"/> FLAT-BED</td> <td><input type="checkbox"/> VAN</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER		3675070	L12	<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TRANSPORTER</td> <td style="width:50%;">NOTES:</td> </tr> <tr> <td style="text-align: center;"><i>Josely Cruz</i></td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td style="text-align: center;">1286 Folsom Ave</td> <td></td> </tr> <tr> <td>CITY, STATE, ZIP</td> <td></td> </tr> <tr> <td style="text-align: center;">Hayward, Ca 94544</td> <td></td> </tr> <tr> <td>PHONE</td> <td></td> </tr> <tr> <td style="text-align: center;">(510) 713-7381</td> <td></td> </tr> <tr> <td>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</td> <td>DATE</td> </tr> <tr> <td>* <i>[Signature]</i></td> <td style="text-align: center;">8/23</td> </tr> </table>	TRANSPORTER	NOTES:	<i>Josely Cruz</i>		ADDRESS		1286 Folsom Ave		CITY, STATE, ZIP		Hayward, Ca 94544		PHONE		(510) 713-7381		SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	* <i>[Signature]</i>	8/23	CUBIC YARDS 20 DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">DISPOSE</td> <td style="width:20%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>		DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
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* <i>[Signature]</i>	8/23																																									
	DISPOSE	OTHER																																								
<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/>																																									
<input type="checkbox"/> CONSTRUCTION DEBRIS																																										
<input type="checkbox"/> NON-FRIABLE ASBESTOS																																										
<input type="checkbox"/> WOOD																																										
<input type="checkbox"/> ASH																																										
<input type="checkbox"/> SPECIAL OTHER																																										
<p>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p> REMARKS FACILITY TICKET NUMBER <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">SIGNATURE OF AUTHORIZED AGENT</td> <td style="width:30%;">DATE</td> </tr> <tr> <td>* <i>[Signature]</i></td> <td></td> </tr> </table>	SIGNATURE OF AUTHORIZED AGENT	DATE	* <i>[Signature]</i>																																							
SIGNATURE OF AUTHORIZED AGENT	DATE																																									
* <i>[Signature]</i>																																										

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 873-8880 CONTACT PERSON Marilyn Ponte		WASTE ACCEPTANCE NO. 212Y79860	
SIGNATURE OF AUTHORIZED AGENT / TITLE * <i>H. B. Dietz</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
DATE 8/23/07		SPECIAL HANDLING PROCEDURES:	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER <i>Jenny Quintana</i>		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER	
ADDRESS <i>1286 Folsom Ave</i>		<i>3675070</i> <i>412</i>	
CITY, STATE, ZIP <i>Hayward, CA, 94544</i>			
PHONE <i>(510) 783-7381</i>		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * <i>Jenny Quintana</i>		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
DATE 8/23			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS <i>20</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE OTHER	
		<input checked="" type="checkbox"/> SOIL <input checked="" type="checkbox"/>	
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
SIGNATURE OF AUTHORIZED AGENT * <i>[Signature]</i>		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
DATE 8/23/07		<input type="checkbox"/> SPECIAL OTHER	

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- | | | | | |
|--|---|---|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR.97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|---|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE		RECEIVING FACILITY																				
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Pente																						
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY																				
* <i>H. B. Duty</i>																						
DATE																						
8/23/07																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue																						
EMERYVILLE																						
TRANSPORTER		NOTES:																				
Jarry Dumfries		VEHICLE LICENSE NUMBER																				
ADDRESS		3675070																				
1286 Folsom Ave		TRUCK NUMBER																				
CITY, STATE, ZIP		L12																				
Hayward Calif 94544																						
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
(510) 783-7381																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>J. Dumfries</i>																						
DATE																						
8/23/07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">DISPOSE</td> <td style="width:25%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;">D</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	D		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	D																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
* <i>[Signature]</i>																						
DATE																						
8-23-07																						

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Keller Canyon
Sanitary Landfill
 701 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte
Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain
Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island
Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward
Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		7287 - 212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* H.B. Dutz			
DATE			
8/23/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
GIBSON TRUCKING		VEHICLE LICENSE NUMBER	
4059 DUNN RD		9C20613	
CITY, STATE, ZIP		TRUCK NUMBER	
Valley Springs		1091	
PHONE		END DUMP	
209 772 0083		<input checked="" type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		BOTTOM DUMP	
* Danny Skon		<input type="checkbox"/>	
8.23.07		TRANSFER	
		<input type="checkbox"/>	
		ROLL-OFF(S)	
		<input type="checkbox"/>	
		FLAT-BED	
		<input type="checkbox"/>	
		VAN	
		<input type="checkbox"/>	
		DRUMS	
		<input type="checkbox"/>	
REMARKS		CUBIC YARDS	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE	
		OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
* Mary K		<input type="checkbox"/> CONSTRUCTION DEBRIS	
8/23/07		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE (510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* H. B. Duty	8/23/07		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
GIBSON TRUCKING		9C20613	1091
ADDRESS			
DUNN RD			
CITY, STATE, ZIP			
VALLEY SPRINGS			
PHONE			
209 772 0083			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
* Damon Gibson	8.23.07		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input type="checkbox"/> SOIL	DISPOSE
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
DATE		<input type="checkbox"/> SPECIAL OTHER	
*			

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- | | | | | |
|--|---|---|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mo in Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|---|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Cals, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8890																						
CONTACT PERSON																						
Marilyn Forte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Dietz</i>																						
DATE																						
8/23/07																						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																						
WASTE TYPE:		RECEIVING FACILITY																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER <i>GIBSON TRUCKING</i>		NOTES:																				
ADDRESS <i>DUND RD</i>		VEHICLE LICENSE NUMBER <i>9C20613</i>																				
CITY, STATE, ZIP <i>VALLEY SPRINGS</i>		TRUCK NUMBER <i>1091</i>																				
PHONE <i>209-972-0083</i>																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
* <i>Danny Gibson</i>																						
DATE																						
8/23/07																						
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		<i>20</i>																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">DISPOSE</td> <td style="width: 25%; text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
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* <i>[Signature]</i>																						
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- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183
- Newby Island Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871
- Forward Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS			
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP			
Oakland, CA 94612		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
PHONE			
(510) 873-8880		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON			
Marilyn Forte		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE			
DATE			
* H. B. Dutz		GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
8/23/07			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY		RECEIVING FACILITY	
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER Gibson Trucking		NOTES:	
ADDRESS Dunn Rd		VEHICLE LICENSE NUMBER	
CITY, STATE, ZIP Valley Springs		TRUCK NUMBER	
PHONE 209-772-0083		9C20613 7091	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
* [Signature]		8-23-07	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input checked="" type="checkbox"/> SOIL	
* [Signature]		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
8-23-07		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> O. Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 873-8880 CONTACT PERSON Marilyn Forte <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SIGNATURE OF AUTHORIZED AGENT / TITLE</td> <td style="width: 50%;">DATE</td> </tr> <tr> <td>* <i>H. B. Dietz</i></td> <td>8/23/07</td> </tr> </table> <p style="font-size: small;">GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</p> WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE	SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	* <i>H. B. Dietz</i>	8/23/07	WASTE ACCEPTANCE NO. <h2 style="text-align: center;">212Y79860</h2> REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST SPECIAL HANDLING PROCEDURES: RECEIVING FACILITY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">NOTES:</td> <td style="width: 33%;">VEHICLE LICENSE NUMBER</td> <td style="width: 33%;">TRUCK NUMBER</td> </tr> <tr> <td></td> <td>9D12671</td> <td>MT-74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">END DUMP</td> <td style="width: 33%;">BOTTOM DUMP</td> <td style="width: 33%;">TRANSFER</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ROLL-OFF(S)</td> <td>FLAT-BED</td> <td>VAN</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER		9D12671	MT-74	END DUMP	BOTTOM DUMP	TRANSFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROLL-OFF(S)	FLAT-BED	VAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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ROLL-OFF(S)	FLAT-BED	VAN																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
TRANSPORTER McDonald & Son Trucking ADDRESS 16919 Becker Rd CITY, STATE, ZIP Escalon CA 95320 PHONE 209-838-2960 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SIGNATURE OF AUTHORIZED AGENT OR DRIVER</td> <td style="width: 50%;">DATE</td> </tr> <tr> <td>* <i>[Signature]</i></td> <td>8/23/07</td> </tr> </table>	SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	* <i>[Signature]</i>	8/23/07	CUBIC YARDS <h2 style="text-align: center;">20</h2> DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%;">DISPOSE</td> <td style="width: 25%;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><i>0</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>		DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<i>0</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
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SIGNATURE OF AUTHORIZED AGENT	DATE																									
* <i>[Signature]</i>	8-23-07																									

- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
- Mountain Sanitary Landfill**
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183
- Newby Island Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871
- Forward Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Forte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Forte</i>																						
DATE																						
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WASTE TYPE:		RECEIVING FACILITY																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
McDonald & Son Trucking		VEHICLE LICENSE NUMBER																				
ADDRESS		9D12671																				
16919 Reeler Rd.		TRUCK NUMBER																				
CITY, STATE, ZIP		MT-74																				
Escalon CA 95320																						
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER																				
209-838-2960		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 873-8880 CONTACT PERSON Marilyn Ponte		7287 212Y79860	
SIGNATURE OF AUTHORIZED AGENT / TITLE * <i>H. B. Dutz</i>		DATE	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		SPECIAL HANDLING PROCEDURES:	
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE		RECEIVING FACILITY	
TRANSPORTER McDonald & Son Trucking ADDRESS 16919 Reeler Rd. CITY, STATE, ZIP Escalon CA 95320 PHONE 205-838-2960 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * <i>[Signature]</i> DATE 8/23/07		NOTES:	VEHICLE LICENSE NUMBER 1D92671
			TRUCK NUMBER MT-74
		END DUMP BOTTOM DUMP TRANSFER	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		ROLL-OFF(S) FLAT-BED VAN DRUMS	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE OTHER	
SIGNATURE OF AUTHORIZED AGENT * <i>[Signature]</i> DATE 8/23/07		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
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- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
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 Half Moon Bay, CA 94019
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- Newby Island Sanitary Landfill**
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NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE																				
* <i>H. B. Dietz</i>		8/24/07																				
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GENERATING FACILITY																						
4090 San Pablo Avenue EMERYVILLE																						
TRANSPORTER		NOTES:																				
McDonald & Sons		VEHICLE LICENSE NUMBER																				
ADDRESS		9A79043																				
16919 Beeson Rd		TRUCK NUMBER																				
CITY, STATE, ZIP		M-87																				
Escalon, CA 95320		Low Side																				
PHONE		END DUMP BOTTOM DUMP TRANSFER																				
209 838-2960		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS																				
* <i>Dennis McDonald</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
DATE		CUBIC YARDS																				
8/24/07		20																				
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 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
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- Ox Mountain Sanitary Landfill**
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NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON		RECEIVING FACILITY																				
Marilyn Porter																						
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																					
* <i>H.B. Dutz</i>	8/24/07																					
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER Dave's E9		NOTES:																				
ADDRESS 17866 Seidman Rd		VEHICLE LICENSE NUMBER 9B81926																				
CITY, STATE, ZIP Escalon CA, 95320		TRUCK NUMBER D-99																				
PHONE 209-838-6024		46K4991																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
* <i>[Signature]</i>		8-24-07																				
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		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
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Keller Canyon
Sanitary Landfill
 907 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte
Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain
Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island
Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward
Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS																						
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
Oakland, CA 94612		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
PHONE		SPECIAL HANDLING PROCEDURES:																				
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Pronte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY																				
DATE																						
* H.B. Dutz																						
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GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
Fields Truck		VEHICLE LICENSE NUMBER																				
2219 Budweiser Rd		9A21994																				
CITY, STATE, ZIP		TRUCK NUMBER																				
Stockton CA 95215		F99																				
PHONE		END DUMP																				
209 993 7093		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		BOTTOM DUMP																				
DATE		TRANSFER																				
* Randy J. Williams		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
8/24/07		ROLL-OFF(S)																				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																																																																																	
Bay Rock Oaks, LLC		212Y79860																																																																																	
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CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																																																																																	
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CONTACT PERSON		RECEIVING FACILITY																																																																																	
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- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|---|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
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GENERATING FACILITY																						
4090 San Pablo Avenue EMERYVILLE																						
TRANSPORTER		NOTES:																				
McDonald & Son Trucking		VEHICLE LICENSE NUMBER TRUCK NUMBER																				
ADDRESS		9D12671 MT-79																				
16919 Reeler Rd.																						
CITY, STATE, ZIP																						
Escalon CA 95320																						
PHONE		Mariscal Trucking <input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
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- | | | | | |
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| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
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Bay Rock Oakes, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
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TRANSPORTER		NOTES:																				
McDonald & Son Trucking		VEHICLE LICENSE NUMBER																				
ADDRESS		9812671																				
16919 Beeler Rd.		TRUCK NUMBER																				
CITY, STATE, ZIP		MT-74																				
Escalon CA 95320																						
PHONE		Mariscal Trucking <input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER																				
205-838-2960		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>[Signature]</i>																						
DATE																						
8/24/07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">DISPOSE</td> <td style="width:50%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><i>[Handwritten mark]</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>		DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<i>[Handwritten mark]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	<i>[Handwritten mark]</i>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
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FACILITY TICKET NUMBER																						
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DATE																						
8-24-07																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 873-8880 CONTACT PERSON Marilyn Pante SIGNATURE OF AUTHORIZED AGENT / TITLE DATE * <i>H.B. Dutz</i> 8/24/07 <small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>	WASTE ACCEPTANCE NO. <h2 style="text-align: center;">212Y79860</h2> REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST SPECIAL HANDLING PROCEDURES: 																					
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE	RECEIVING FACILITY 																					
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 10%;">NOTES:</td> <td style="width: 40%;">VEHICLE LICENSE NUMBER</td> <td style="width: 50%;">TRUCK NUMBER</td> </tr> <tr> <td>9D92605</td> <td>10A</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">J+A Trucking</td> </tr> <tr> <td>END DUMP</td> <td>BOTTOM DUMP</td> <td>TRANSFER</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ROLL-OFF(S)</td> <td>FLAT-BED</td> <td>VAN</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER	9D92605	10A	J+A Trucking			END DUMP	BOTTOM DUMP	TRANSFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROLL-OFF(S)	FLAT-BED	VAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOTES:	VEHICLE LICENSE NUMBER		TRUCK NUMBER																			
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ROLL-OFF(S)	FLAT-BED	VAN																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
TRANSPORTER Rock Transport Inc. ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland CA 94621 PHONE 510-633-1528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * <i>Joe</i> 8/24/07	CUBIC YARDS <h2 style="text-align: center;">20</h2> DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%;">DISPOSE</td> <td style="width: 20%;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>		DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
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<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE * <i>[Signature]</i> 8-24-07																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE (510) 873-8880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Forte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Dietz</i>	8/24/07		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
Rock Transport Inc.		VEHICLE LICENSE NUMBER	
ADDRESS		9D92605	
725 Julie Ann Way		TRUCK NUMBER	
CITY, STATE, ZIP		101	
Oakland, CA 94621		J+A Trucking	
PHONE			
510-633-1528		END DUMP BOTTOM DUMP TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		ROLL-OFF(S) FLAT-BED VAN DRUMS	
* <i>[Signature]</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p align="center">I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>		CUBIC YARDS	
REMARKS		20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE OTHER	
		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			
SIGNATURE OF AUTHORIZED AGENT		DATE	
* <i>[Signature]</i>		8/24/07	

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- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bay Rock Oaks, LLC		WASTE ACCEPTANCE NO. 212Y79860		
MAILING ADDRESS 1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST		
CITY, STATE, ZIP Oakland, CA 94612				
PHONE (510) 873-8890		SPECIAL HANDLING PROCEDURES: <i>97</i>		
CONTACT PERSON Marilyn Ponte				
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* <i>H. B. Dutz</i> <i>8/24/07</i>		RECEIVING FACILITY 		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE				
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE				
TRANSPORTER <i>Rock Trans</i>		NOTES:	VEHICLE LICENSE NUMBER <i>2H57899</i>	TRUCK NUMBER <i>194</i>
ADDRESS <i>725 Julie Ann way</i>		<i>SAE Trucking</i>		
CITY, STATE, ZIP <i>Oakland</i>				
PHONE <i>(510) 633-1528</i>		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
* <i>[Signature]</i>		DRUMS <input type="checkbox"/>		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS <i>20</i>		
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
REMARKS		<input checked="" type="checkbox"/> SOIL		
		<input type="checkbox"/> CONSTRUCTION DEBRIS		
FACILITY TICKET NUMBER		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
		<input type="checkbox"/> WOOD		
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> ASH		
		<input type="checkbox"/> SPECIAL OTHER		
* <i>[Signature]</i> <i>8-24-07</i>				

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- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keiler Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|---|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS			
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Forte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Dutz</i>	8/24/07		
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WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
Rock Trucks		VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS		2#57899	194
725 Julie Ann Way		SAE Trucking	
CITY, STATE, ZIP			
Oakland Ca			
PHONE		END DUMP	BOTTOM DUMP
(510) 833-1528		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	VAN
* <i>[Signature]</i>		<input type="checkbox"/>	<input type="checkbox"/>
DATE		FLAT-BED	DRUMS
8-23-07		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
			DISPOSE
REMARKS		<input type="checkbox"/> SOIL	
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
* <i>[Signature]</i>		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
8-24-07		<input type="checkbox"/> SPECIAL OTHER	

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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																																																																													
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MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																																																																													
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Marilyn Ponte		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SIGNATURE OF AUTHORIZED AGENT / TITLE</td> <td style="width:50%;">DATE</td> </tr> <tr> <td>* <i>H. B. Dick</i></td> <td>8/24/07</td> </tr> </table>		SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	* <i>H. B. Dick</i>	8/24/07																																																																								
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GENERATING FACILITY		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TRANSPORTER</td> <td style="width:25%;">NOTES:</td> <td style="width:12.5%;">VEHICLE LICENSE NUMBER</td> <td style="width:12.5%;">TRUCK NUMBER</td> </tr> <tr> <td><i>Rack Tows</i></td> <td></td> <td><i>2H57899</i></td> <td><i>194</i></td> </tr> <tr> <td>ADDRESS</td> <td colspan="3"><i>SAE Trucking</i></td> </tr> <tr> <td><i>725 Jillie Ann way</i></td> <td colspan="3"></td> </tr> <tr> <td>CITY, STATE, ZIP</td> <td colspan="3"></td> </tr> <tr> <td><i>Oakland Ca</i></td> <td colspan="3"></td> </tr> <tr> <td>PHONE</td> <td colspan="3"></td> </tr> <tr> <td><i>(510) 633-1528</i></td> <td colspan="3"></td> </tr> <tr> <td>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</td> <td>DATE</td> <td>END DUMP</td> <td>BOTTOM DUMP</td> </tr> <tr> <td>* <i>[Signature]</i></td> <td><i>8-23-07</i></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" rowspan="2"> I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. </td> <td>ROLL-OFF(S)</td> <td>FLAT-BED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" rowspan="2">REMARKS</td> <td>VAN</td> <td>DRUMS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">FACILITY TICKET NUMBER</td> <td colspan="2">CUBIC YARDS</td> </tr> <tr> <td colspan="2" rowspan="2">SIGNATURE OF AUTHORIZED AGENT</td> <td colspan="2" style="text-align: center; font-size: 1.2em;"><i>20</i></td> </tr> <tr> <td colspan="2">DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</td> </tr> <tr> <td colspan="2" rowspan="2">DATE</td> <td style="width:50%;">DISPOSE</td> <td style="width:50%;">OTHER</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> SOIL cont <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER </td> </tr> <tr> <td colspan="2">* <i>[Signature]</i></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><i>8/24/07</i></td> <td colspan="2"></td> </tr> </table>		TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER	<i>Rack Tows</i>		<i>2H57899</i>	<i>194</i>	ADDRESS	<i>SAE Trucking</i>			<i>725 Jillie Ann way</i>				CITY, STATE, ZIP				<i>Oakland Ca</i>				PHONE				<i>(510) 633-1528</i>				SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	END DUMP	BOTTOM DUMP	* <i>[Signature]</i>	<i>8-23-07</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		ROLL-OFF(S)	FLAT-BED	<input type="checkbox"/>	<input type="checkbox"/>	REMARKS		VAN	DRUMS	<input type="checkbox"/>	<input type="checkbox"/>	FACILITY TICKET NUMBER		CUBIC YARDS		SIGNATURE OF AUTHORIZED AGENT		<i>20</i>		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		DATE		DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL cont <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER		* <i>[Signature]</i>				<i>8/24/07</i>			
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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																						
Bay Rock Oaks, LLC		212Y79860																						
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																						
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																						
Oakland, CA 94612																								
PHONE																								
(510) 873-8880																								
CONTACT PERSON																								
Marilyn Ponte																								
SIGNATURE OF AUTHORIZED AGENT / TITLE																								
* <i>H. B. Diez</i>																								
DATE																								
8/24/07																								
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
WASTE TYPE:		RECEIVING FACILITY																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY																								
4090 San Pablo Avenue EMERYVILLE																								
TRANSPORTER <i>J. Quintana</i>		NOTES:																						
ADDRESS <i>1286 Falcon Ave</i>		VEHICLE LICENSE NUMBER TRUCK NUMBER																						
CITY, STATE, ZIP <i>Hayward CA, 94544</i>		<i>3675070 412</i>																						
PHONE <i>(510) 783-7381</i>		END DUMP BOTTOM DUMP TRANSFER																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
* <i>J. Potts</i>		ROLL-OFF(S) FLAT-BED VAN DRUMS																						
DATE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
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		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
REMARKS		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">DISPOSE</td> <td style="width: 25%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><i>✓</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<i>✓</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																						
Bay Rock Oaks, LLC		212Y79860																						
MAILING ADDRESS																								
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																						
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																						
PHONE																								
(510) 873-8880																								
CONTACT PERSON		RECEIVING FACILITY																						
Marilyn Ponte																								
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																							
* <i>H. B. Dietz</i>	8/24/07	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																						
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GENERATING FACILITY		<table border="1"> <tr> <td>NOTES:</td> <td>VEHICLE LICENSE NUMBER</td> <td>TRUCK NUMBER</td> </tr> <tr> <td></td> <td>3675070</td> <td>L12</td> </tr> <tr> <td>END DUMP</td> <td>BOTTOM DUMP</td> <td>TRANSFER</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ROLL-OFF(S)</td> <td>FLAT-BED</td> <td>VAN</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER		3675070	L12	END DUMP	BOTTOM DUMP	TRANSFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROLL-OFF(S)	FLAT-BED	VAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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ROLL-OFF(S)	FLAT-BED	VAN																						
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4090 San Pablo Avenue																								
EMERYVILLE																								
TRANSPORTER		CUBIC YARDS																						
Tommy Cummings		20																						
ADDRESS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
1286 Folsom Ave		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
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CITY, STATE, ZIP																								
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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Dietz</i>																						
DATE																						
8/24/07																						
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GENERATING FACILITY																						
4090 San Pablo Avenue EMERYVILLE																						
TRANSPORTER		NOTES:																				
* <i>Jerry Gutierrez</i>		VEHICLE LICENSE NUMBER																				
ADDRESS		3675070																				
1786 Folsom Ave		TRUCK NUMBER																				
CITY, STATE, ZIP		L12																				
Hayward Calif																						
PHONE		END DUMP BOTTOM DUMP TRANSFER																				
(510) 783-7381		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>J. Pottler</i>																						
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3/04/07		CUBIC YARDS: 20																				
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- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
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 Corvallis, OR 97330
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NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON			
Marilyn Forte		RECEIVING FACILITY 	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H.B. Duff</i>	8/24/07		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
Larry Quinlana		VEHICLE LICENSE NUMBER	
ADDRESS		3C90636	
1286 Foley Ave		TRUCK NUMBER	
CITY, STATE, ZIP		L-11	
Hayward CA 94544			
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
510 7837387			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER			
* <i>Arnold Zulu</i>			
DATE			
8/24/07		CUBIC YARDS	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE		DISPOSE	OTHER
		<input checked="" type="checkbox"/> SOIL Cont	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
* <i>Maurice</i>		8/24/07	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.		
Bay Rock Oaks, LLC		212Y79860		
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT		
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST		
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:		
Oakland, CA 94612				
PHONE				
(510) 873-8880		RECEIVING FACILITY		
CONTACT PERSON				
Marilyn Forte				
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* <i>H.B. Dutz</i>	8/27/07			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
WASTE TYPE:				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE				
GENERATING FACILITY				
4090 San Pablo Avenue EMERYVILLE				
TRANSPORTER		NOTES:		
Rock Transportation		VEHICLE LICENSE NUMBER TRUCK NUMBER		
ADDRESS		2H57899 194		
725 Julie Ann way		<i>SAE Trucking</i>		
CITY, STATE, ZIP				
Oakland		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS		
PHONE				
(510) 633-1528				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE		
* <i>[Signature]</i>		8-27-07		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS		
		20		
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
			DISPOSE	OTHER
		SOIL	SOIL	
REMARKS		<input type="checkbox"/> CONSTRUCTION DEBRIS		
FACILITY TICKET NUMBER		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> WOOD		
* <i>[Signature]</i>		<input type="checkbox"/> ASH		
		<input type="checkbox"/> SPECIAL OTHER		

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP Oakland, CA 94612 PHONE (510) 872-8880 CONTACT PERSON Marilyn Forte		212Y79860	
SIGNATURE OF AUTHORIZED AGENT / TITLE * <i>H.B. Dwyer</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
DATE 8/27/07		SPECIAL HANDLING PROCEDURES:	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER Gibson Trucking		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER	
ADDRESS Dunn RD		9C20623 1091	
CITY, STATE, ZIP Valley Springs			
PHONE 209-772-0083		END DUMP BOTTOM DUMP TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE 8.27.07		ROLL-OFF(S) FLAT-BED VAN DRUMS	
* <i>Danny Gibson</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input checked="" type="checkbox"/> SOIL	
DATE 8.27.07		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|---|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Box Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|---|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Coals, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8830																						
CONTACT PERSON																						
Marilyn Forte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Dink</i>																						
DATE																						
8/27/07																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:		RECEIVING FACILITY																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue EMERYVILLE																						
TRANSPORTER <i>GIBSON TRUCKING</i>		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER																				
ADDRESS <i>Dunn Rd</i>		<i>9C20613 1091</i>																				
CITY, STATE, ZIP <i>Valley Springs</i>																						
PHONE <i>909-992-1008</i>																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER																				
* <i>Danny Lopez</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
DATE <i>8/27/07</i>																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		<i>20</i>																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DISPOSE</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
* <i>[Signature]</i>																						
DATE																						
<i>8-27-07</i>																						

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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE																				
* <i>H. B. Deth</i>		8/27/07																				
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:		RECEIVING FACILITY																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue EMERYVILLE																						
TRANSPORTER <i>GIBSON TRUCKING</i>		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER																				
ADDRESS <i>4059 DUNN RD</i>		<i>9C20613 1091</i>																				
CITY, STATE, ZIP <i>VALLEY SPRING CA</i>																						
PHONE <i>209-775-0083</i>																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER																				
* <i>Danny Thorne</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS																				
DATE <i>8-27-07</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		<i>20</i>																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">DISPOSE</td> <td style="width:25%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><i>o</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<i>o</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	<i>o</i>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
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SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>[Signature]</i>		<i>8-27-07</i>																				

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Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS																						
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8980																						
CONTACT PERSON		RECEIVING FACILITY																				
Marilyn Forte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																					
* <i>H. B. Duff</i>	8/27/07	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																				
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER Dave G Eg		NOTES:																				
ADDRESS 17866 Seidner		VEHICLE LICENSE NUMBER 9B81926																				
CITY, STATE, ZIP Escalon CA 95320		TRUCK NUMBER D-99																				
PHONE 209-838-6024		4GK4991																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
* <i>[Signature]</i>		8-27-07																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL																						
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<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>[Signature]</i>		8/27/07																				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> O' Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|---|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Forte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Duty</i>	8/27/07		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER Dave's E9		NOTES:	
ADDRESS 17866 Seidner		VEHICLE LICENSE NUMBER 9881926	
CITY, STATE, ZIP Escalon CA 95320		TRUCK NUMBER T-99	
PHONE 209-838-6034		4GK4991	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
* <i>David Huff</i>		DATE 8-27-07	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE OTHER	
		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			
SIGNATURE OF AUTHORIZED AGENT		DATE	
* <i>[Signature]</i>		8/27/07	

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- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Coals, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input checked="" type="checkbox"/> BOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 872-8880																						
CONTACT PERSON		RECEIVING FACILITY																				
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																					
* <i>H.B. Duty</i>	8/27/07																					
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue																						
EMERYVILLE																						
TRANSPORTER		NOTES:																				
<i>McDonald & Son</i>		VEHICLE LICENSE NUMBER																				
ADDRESS		9H79043																				
<i>16919 Beeler Rd</i>		TRUCK NUMBER																				
CITY, STATE, ZIP		M-87																				
<i>Escalon CA 95320</i>		<i>Lowside</i>																				
PHONE		END DUMP BOTTOM DUMP TRANSFER																				
<i>209-838-2960</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS																				
* <i>Nennis McDonald</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
DATE		8/27/07																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		<i>20</i>																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">DISPOSE</td> <td style="width: 25%; text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
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<input type="checkbox"/> CONSTRUCTION DEBRIS																						
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<input type="checkbox"/> ASH																						
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* <i>[Signature]</i>		8/27/07																				

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- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|---|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE			
(510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>H. B. Ducky</i>			
DATE			
8/28/07			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER		NOTES:	
Rock Trans		VEHICLE LICENSE NUMBER TRUCK NUMBER	
ADDRESS		2H57899 194	
725 Julie Ann way		SAE Trucking	
CITY, STATE, ZIP		END DUMP BOTTOM DUMP TRANSFER	
Oakland		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PHONE		ROLL-OFF(S) FLAT-BED VAN DRUMS	
(510) 633-1528		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER			
* <i>[Signature]</i>			
DATE			
8-28-07			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE OTHER	
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
* <i>[Signature]</i>			

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- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
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NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																												
Bay Rock Oaks, LLC		212Y79860																												
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																												
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																												
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																												
Oakland, CA 94612																														
PHONE (510) 873-8880																														
CONTACT PERSON		RECEIVING FACILITY																												
Marilyn Forte																														
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																													
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GENERATING FACILITY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">NOTES:</td> <td style="width: 35%;">VEHICLE LICENSE NUMBER</td> <td style="width: 30%;">TRUCK NUMBER</td> </tr> <tr> <td></td> <td style="text-align: center;">9D92605</td> <td style="text-align: center;">101</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">J+A Trucking</td> </tr> <tr> <td style="width: 25%;">END DUMP</td> <td style="width: 25%;">BOTTOM DUMP</td> <td style="width: 25%;">TRANSFER</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ROLL-OFF(S)</td> <td>FLAT-BED</td> <td>VAN</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">DRUMS</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER		9D92605	101	J+A Trucking			END DUMP	BOTTOM DUMP	TRANSFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROLL-OFF(S)	FLAT-BED	VAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRUMS			<input type="checkbox"/>		
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4090 San Pablo Avenue		EMERYVILLE																												
TRANSPORTER		CUBIC YARDS																												
Rock Transport, Inc.		20																												
ADDRESS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																												
725 Julie Ann Way		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">DISPOSE</td> <td style="width: 25%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER								
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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input checked="" type="checkbox"/> Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
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Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
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(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SIGNATURE OF AUTHORIZED AGENT / TITLE</td> <td style="width:50%;">DATE</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">* <i>H B, Daily</i></td> <td style="text-align: center; font-size: 1.5em;">8/28/07</td> </tr> </table>		SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	* <i>H B, Daily</i>	8/28/07															
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<input type="checkbox"/> SPECIAL WASTE																						
WASTE TYPE:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> DISPOSAL</td> <td style="width:33%;"><input type="checkbox"/> SLUDGE</td> <td style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION</td> <td><input type="checkbox"/> WOOD</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DEBRIS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL WASTE</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE		<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> WOOD		<input type="checkbox"/> DEBRIS	<input type="checkbox"/> OTHER		<input type="checkbox"/> SPECIAL WASTE									
<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE																					
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GENERATING FACILITY		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> DISPOSAL</td> <td style="width:33%;"><input type="checkbox"/> SLUDGE</td> <td style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION</td> <td><input type="checkbox"/> WOOD</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DEBRIS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL WASTE</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE		<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> WOOD		<input type="checkbox"/> DEBRIS	<input type="checkbox"/> OTHER		<input type="checkbox"/> SPECIAL WASTE									
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4090 San Pablo Avenue		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> DISPOSAL</td> <td style="width:33%;"><input type="checkbox"/> SLUDGE</td> <td style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION</td> <td><input type="checkbox"/> WOOD</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DEBRIS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL WASTE</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE		<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> WOOD		<input type="checkbox"/> DEBRIS	<input type="checkbox"/> OTHER		<input type="checkbox"/> SPECIAL WASTE									
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<input type="checkbox"/> SPECIAL WASTE																						
TRANSPORTER		NOTES:																				
Rock Transport, Inc.		VEHICLE LICENSE NUMBER																				
ADDRESS		9D92605																				
725 Julie Ann Way		TRUCK NUMBER																				
CITY, STATE, ZIP		101																				
Oakland, CA 94621		J+A Trucking																				
PHONE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">END DUMP</td> <td style="width:33%;">BOTTOM DUMP</td> <td style="width:33%;">TRANSFER</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ROLL-OFF(S)</td> <td>FLAT-BED</td> <td>VAN</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>DRUMS</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		END DUMP	BOTTOM DUMP	TRANSFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROLL-OFF(S)	FLAT-BED	VAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DRUMS			<input type="checkbox"/>	<input type="checkbox"/>	
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	DRUMS																					
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SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>je</i>																						
DATE																						
8/28/07																						
<p style="text-align: center;">I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">DISPOSE</td> <td style="width:33%; text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
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<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
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<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
* <i>[Signature]</i>																						
DATE																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Sanitary Landfill
 1000 Bay, 350 726 26-9

Newby Island Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS			
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* <i>H. B. Deity</i>		8/28/07	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER Gibson Trucking		NOTES:	
ADDRESS: DUNN RD		VEHICLE LICENSE NUMBER: 9C20613	
CITY, STATE, ZIP: VALLEY SPRING 3		TRUCK NUMBER: 1091	
PHONE: 209-992-0083		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE	
* <i>Dan</i>		8.28.07	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" type="checkbox"/> SOIL <input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT		DATE	
* <i>[Signature]</i>		8-28-07	

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- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Forte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Ditty</i>	8/28/07		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER		NOTES:	
DANN TRUCKING		VEHICLE LICENSE NUMBER	
ADDRESS		9C20613	
CITY, STATE, ZIP		TRUCK NUMBER	
VALLEY SPRINGS		1091	
PHONE		END DUMP BOTTOM DUMP TRANSFER	
209-772-0083		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS	
* <i>Danny Johnson</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		CUBIC YARDS	
8.28.07		20	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" type="checkbox"/> SOIL <input checked="" type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
REMARKS		<input type="checkbox"/> CONSTRUCTION DEBRIS	
FACILITY TICKET NUMBER		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> WOOD	
* <i>[Signature]</i>		<input type="checkbox"/> ASH	
DATE		<input type="checkbox"/> SPECIAL OTHER	
8.28.07			

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|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Dietz</i>																						
DATE																						
8/28/07																						
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WASTE TYPE:		RECEIVING FACILITY																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue EMERYVILLE																						
TRANSPORTER <i>DAVE'S EG</i>		NOTES:																				
ADDRESS <i>17866 Seidman Rd</i>		VEHICLE LICENSE NUMBER TRUCK NUMBER																				
CITY, STATE, ZIP <i>55 CALLOWAY CA, 95520</i>		<i>9B81926 D-99</i>																				
PHONE <i>209-838-6074</i>		<i>4GR4991</i>																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER																				
* <i>[Signature]</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS																				
DATE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
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REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
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	DISPOSE	OTHER																				
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- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE (510) 873-8880																						
CONTACT PERSON		RECEIVING FACILITY																				
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																					
* <i>H. B. Duly</i>	8/28/07																					
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GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
McDonald & Son Trucking		VEHICLE LICENSE NUMBER																				
ADDRESS		9D12671																				
16915 Beeler Rd		TRUCK NUMBER																				
CITY, STATE, ZIP		MT-74																				
Escaba CA 95320																						
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
729-878-2960																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>[Signature]</i>																						
DATE																						
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		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">DISPOSE</td> <td style="width: 50%; text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>		DISPOSE	OTHER	<input type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL	<input checked="" type="checkbox"/>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
* <i>[Signature]</i>																						
DATE																						
8-28-07																						

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- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|---|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Duly</i>																						
DATE																						
8/28/07																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		RECEIVING FACILITY																				
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
McDonald & Son Trucking		VEHICLE LICENSE NUMBER																				
ADDRESS		9D12671																				
16919 Beeler Rd.		TRUCK NUMBER																				
CITY, STATE, ZIP		MT-74																				
Escalon CA 95320		Mariscal Trucking																				
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER																				
209-838-2960		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>[Signature]</i>																						
DATE																						
8/28/07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
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	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	<i>[Handwritten mark]</i>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon
Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte
Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Mountain
Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island
Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward
Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS			
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Duty</i>	8/29/07	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
Rock Transport, Inc.			9D92605
ADDRESS			TRUCK NUMBER
725 Julie Ann Way			101
CITY, STATE, ZIP		J+A Trucking	
Oakland, CA 94621			
PHONE		END DUMP	BOTTOM DUMP
510-633-1528		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED
* <i>[Signature]</i>		<input type="checkbox"/>	<input type="checkbox"/>
DATE		VAN	DRUMS
8/29/07		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER			DISPOSE
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	OTHER
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS																						
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON		RECEIVING FACILITY																				
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Duf</i>																						
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WASTE TYPE:																						
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GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
Rock Transport		VEHICLE LICENSE NUMBER																				
ADDRESS		2H57899																				
725 Julie Ann way		TRUCK NUMBER																				
CITY, STATE, ZIP		194																				
Oakland		<i>SAE Trucking</i>																				
PHONE		END DUMP BOTTOM DUMP TRANSFER																				
(510) 633-1528		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
* <i>[Signature]</i>		DATE																				
		8-29-07																				
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REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
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	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	—																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
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FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>[Signature]</i>		8-29-07																				

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- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road.
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS			
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Dutz</i>			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
Rock Transportation		VEHICLE LICENSE NUMBER	
ADDRESS		2#57899	
725 Julia Ann Way		TRUCK NUMBER	
CITY, STATE, ZIP		194	
Oakland		<i>SAE Trucking</i>	
PHONE		END DUMP BOTTOM DUMP TRANSFER	
(510) 633-1528		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS	
* <i>[Signature]</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE			
8-27-07			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		<i>20</i>	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
			DISPOSE OTHER
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
* <i>[Signature]</i>			
8-29-07			

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- | | | | | |
|--|---|---|---|--|
| <input checked="" type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mount Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|---|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8880		RECEIVING FACILITY																				
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																					
* <i>H.B. Dwy</i>	8/30/07																					
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WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER																				
<i>Rock Transportation</i>		2H57899 194																				
ADDRESS		<i>SAE Trucking</i>																				
725 Julie Ann way																						
CITY, STATE, ZIP																						
Oakland		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
PHONE																						
(510) 633-1528																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE																				
* <i>[Signature]</i>		8-30-07																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		120																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align:center">DISPOSE</td> <td style="width:25%; text-align:center">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td style="text-align:center"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
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SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>[Signature]</i>		8/30/07																				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE (510) 873-9880			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H. B. Dufy</i>	8/31/07	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue			
EMERYVILLE			
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER	
Rock Transportation		2H57899 194	
ADDRESS		SAE Trucking	
725 Jubile Ann way			
CITY, STATE, ZIP			
Oakland		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
PHONE			
(510) 693-1528			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE	
* <i>[Signature]</i>		8-31-07	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE OTHER	
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keller Canyon Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|---|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Forte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE																				
* <i>H. B. Sutz</i>		10/1/07																				
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:		RECEIVING FACILITY																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER Dave's Eq		NOTES:																				
ADDRESS 17866 Seidman Rd		VEHICLE LICENSE NUMBER 9B21926																				
CITY, STATE, ZIP Escalon CA, 95320		TRUCK NUMBER D-99																				
PHONE 209-838-6024		4GK4991																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
* <i>David Buffi</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
DATE		CUBIC YARDS																				
10/1/07		20																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DISPOSE</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	-		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	-																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
REMARKS																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>[Signature]</i>		10/1/07																				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE		RECEIVING FACILITY																				
(510) 872-8880																						
CONTACT PERSON																						
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Duff</i>																						
DATE																						
10/1/07																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER DAVES E9		NOTES:																				
ADDRESS 17866 Seidner Rd		VEHICLE LICENSE NUMBER																				
CITY, STATE, ZIP Escalon CA, 95320		9B81926																				
PHONE 209-838-6024		46K4991																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		TRUCK NUMBER																				
* <i>Dave E9</i>		D-99																				
DATE																						
10-07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		END DUMP <input checked="" type="checkbox"/>																				
		ROLL-OFF(S) <input type="checkbox"/>																				
REMARKS		BOTTOM DUMP <input type="checkbox"/>																				
		FLAT-BED <input type="checkbox"/>																				
FACILITY TICKET NUMBER		VAN <input type="checkbox"/>																				
		DRUMS <input type="checkbox"/>																				
SIGNATURE OF AUTHORIZED AGENT		CUBIC YARDS																				
		20																				
DATE		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">DISPOSE</td> <td style="width: 25%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><i>[Handwritten mark]</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<i>[Handwritten mark]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	<i>[Handwritten mark]</i>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
* <i>[Handwritten signature]</i>																						
10/1/07																						

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- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|--|---|--|---|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE			
(510) 872-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* <i>H. B. Dick</i>		10/1/07	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER		NOTES:	
<i>McDonald & Son</i>		VEHICLE LICENSE NUMBER TRUCK NUMBER	
ADDRESS		9A74043 M-87	
16919 Beales Ct		4A X 3332	
CITY, STATE, ZIP		<i>Trailer</i>	
Escalon, CA, 95326		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input checked="" type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
PHONE			
(209) 838-2460			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE	
* <i>H. B. Dick</i>		10/1/07	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		72	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE OTHER	
		<input checked="" type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
REMARKS			
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT		DATE	
* <i>[Signature]</i>		10/1/07	

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- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Keller Canyon
Sanitary Landfill
9611 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON																						
Marilyn Forte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H B Duff</i>																						
DATE																						
10/2/07																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:		RECEIVING FACILITY																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY:																						
4090 San Pablo Avenue																						
EMERYVILLE																						
TRANSPORTER		NOTES:																				
McDonald & Sons		VEHICLE LICENSE NUMBER																				
ADDRESS		9A79043																				
16919 Beeler Rd		TRUCK NUMBER																				
CITY, STATE, ZIP		M-87																				
Eureka CA 95320		4AX 3332																				
PHONE		Lowside																				
209 838-2960		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
* <i>Jennis McDonald</i>																						
DATE																						
10/2/07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">DISPOSE</td> <td style="width:25%; text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
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<input type="checkbox"/> ASH																						
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SIGNATURE OF AUTHORIZED AGENT																						
* <i>[Signature]</i>																						
DATE																						
10/2/07																						

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Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS			
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
* (510) 873-8380			
CONTACT PERSON		RECEIVING FACILITY	
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H.B. Dill</i>	10/3/07	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER Dave's E9		NOTES:	VEHICLE LICENSE NUMBER 9881726
ADDRESS 17866 Seiduen			TRUCK NUMBER D-99
CITY, STATE, ZIP Escalon CA, 95320			46K4991
PHONE 209-838-6024		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
* <i>David Huff</i>		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
DATE 10-3-07		DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS 20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input checked="" type="checkbox"/> SOIL	<input checked="" type="checkbox"/> DISPOSE
		<input type="checkbox"/> CONSTRUCTION DEBRIS	<input type="checkbox"/> OTHER
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT			
* <i>[Signature]</i>			
DATE 10-03-07			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																						
Bay Rock Oaks, LLC		7287 212V79860																						
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																						
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																						
Oakland, CA 94612																								
PHONE																								
(510) 573-8880																								
CONTACT PERSON																								
Marilyn Ponte																								
SIGNATURE OF AUTHORIZED AGENT / TITLE																								
* H. B. Duff																								
DATE																								
10/3																								
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																								
WASTE TYPE:		RECEIVING FACILITY																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY																								
4090 San Pablo Avenue		EMERYVILLE																						
TRANSPORTER		NOTES:																						
Thorp Trucking Inc		VEHICLE LICENSE NUMBER																						
3763 LINNS RD		9B7633C																						
CITY, STATE, ZIP		TRUCK NUMBER																						
TAY CA 95304		114																						
PHONE		END DUMP BOTTOM DUMP TRANSFER																						
		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																								
* [Signature]																								
DATE																								
10-3-07																								
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																						
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
FACILITY TICKET NUMBER																								
SIGNATURE OF AUTHORIZED AGENT																								
* Mary R																								
DATE																								
10/3/07																								

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

**ler Canyon
Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

**Coffin Butte
Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

**Ox Mountain
Sanitary Landfill**
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

**Newby Island
Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

**Forward
Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																						
Bay Rock Oaks, LLC		7287 212Y79860																						
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																						
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																						
Oakland, CA 94612																								
PHONE																								
(510) 873-8880																								
CONTACT PERSON																								
Marilyn Ponte																								
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE																						
* <i>H. S. July</i>		10/3/07																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
WASTE TYPE:		RECEIVING FACILITY																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY																								
4090 San Pablo Avenue		EMERYVILLE																						
TRANSPORTER Dave's E&S		NOTES:																						
ADDRESS 17866 Suidven Rd		VEHICLE LICENSE NUMBER 9B81926																						
CITY, STATE, ZIP ESCALON CA, 95320		TRUCK NUMBER D-99																						
PHONE 209-838-2624		46K4991																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER																						
* <i>Dave Duff</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS																						
DATE 10-3-07		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
REMARKS		CUBIC YARDS																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.																								
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
SIGNATURE OF AUTHORIZED AGENT																								
* <i>Mary R</i>																								
DATE																								
10/3/07																								

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|--|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 871-8880																						
CONTACT PERSON		RECEIVING FACILITY																				
Marilyn Ponte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Dutz</i>																						
DATE																						
10/9/07																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER Dave's E9		NOTES:																				
ADDRESS 17866 Seidner		VEHICLE LICENSE NUMBER 9B81926																				
CITY, STATE, ZIP ESCALON CA, 95320		TRUCK NUMBER D-99																				
PHONE 209-838-6024		4GK4991																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER																				
* <i>David Duff</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS																				
DATE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
10-4-07																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		26																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">DISPOSE</td> <td style="width: 25%; text-align: center;">OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/> SOIL</td> <td style="text-align: center;"><i>26</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input checked="" type="checkbox"/> SOIL	<i>26</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input checked="" type="checkbox"/> SOIL	<i>26</i>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
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<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT		DATE																				
* <i>[Signature]</i>		10-4-07																				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891 | <input type="checkbox"/> Coffin Butte
Landfill
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826 | <input type="checkbox"/> Ox Mountain
Sanitary Landfill
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183 | <input type="checkbox"/> Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2871 | <input type="checkbox"/> Forward
Landfill
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009 |
|---|---|--|---|--|

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>H.B. Duff</i>	10/31		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER <i>DAVE'S EG</i>		NOTES:	
ADDRESS <i>17866 Seidman Rd</i>		VEHICLE LICENSE NUMBER <i>9B81926</i>	
CITY, STATE, ZIP <i>Escalon CA, 95320</i>		TRUCK NUMBER <i>D-99</i>	
PHONE <i>209-838-6001</i>		<i>4EK4991</i>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
* <i>David Duff</i>		DATE <i>10-4-07</i>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		<i>20</i>	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" type="checkbox"/> SOIL <input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> WOOD	
* <i>[Signature]</i>		<input type="checkbox"/> ASH	
DATE <i>10-4-07</i>		<input type="checkbox"/> SPECIAL OTHER	

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Keller Canyon Sanitary Landfill
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 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

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 Milpitas, CA 95035
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NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		212Y79860																				
MAILING ADDRESS																						
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
Oakland, CA 94612		SPECIAL HANDLING PROCEDURES:																				
PHONE																						
(510) 873-8880																						
CONTACT PERSON		RECEIVING FACILITY																				
Marilyn Porte																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Duff</i>																						
DATE																						
07/09/08																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
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GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
J+A Trucking		VEHICLE LICENSE NUMBER																				
ADDRESS		9D92605																				
725 Julie Ann Way		TRUCK NUMBER																				
CITY, STATE, ZIP		101																				
Oakland, CA 94621																						
PHONE		END DUMP BOTTOM DUMP TRANSFER																				
510 633 1528		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS																				
* <i>je</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
DATE																						
7/9/08																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		20.49 tons 20																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL	<input checked="" type="checkbox"/>		<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL	<input checked="" type="checkbox"/>																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
* <i>[Signature]</i>																						
DATE																						
7/9/08																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST #

659227

- Keller Canyon Sanitary Landfill**
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891
- Coffin Butte Landfill**
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
 12370 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183
- Newby Island Sanitary Landfill**
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871
- Forward Landfill**
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

10010

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		212Y79860	
MAILING ADDRESS			
1300 Clay St., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
Oakland, CA 94612		<input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
PHONE		SPECIAL HANDLING PROCEDURES:	
(510) 873-9880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* <i>H. B. Dietz</i>		6-13-08	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
4090 San Pablo Avenue		EMERYVILLE	
TRANSPORTER		NOTES:	
Rock Transport		VEHICLE LICENSE NUMBER	
ADDRESS		2H57899	
725 Julie Ann Way		TRUCK NUMBER	
CITY, STATE, ZIP		194	
Oakland CA 94621		END DUMP BOTTOM DUMP TRANSFER	
PHONE		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(510) 633-1528		ROLL-OFF(S) FLAT-BED VAN DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* <i>[Signature]</i>		6-13-08	
REMARKS		CUBIC YARDS	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		40 yds / tons	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input checked="" type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
* <i>[Signature]</i>			
DATE			
6-13-08			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

- Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
Fax (925) 458-9891
- Coffin Butte Landfill**
28972 Coffin Butte Road
Corvallis, OR 97330
Phone (541) 745-2018
Fax (541) 745-3826
- Ox Mountain Sanitary Landfill**
12310 San Mateo Road
Half Moon Bay, CA 94019
Phone (650) 726-1819
Fax (650) 726-9183
- Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2800
Fax (408) 262-2870 *OK*
- Forward Landfill**
9999 S. Austin Road
Manteca, CA 95336
Phone (209) 982-4298
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.																				
Bay Rock Oaks, LLC		7287 212Y79860																				
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
1300 Clay St., Suite 620		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST																				
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:																				
Oakland, CA 94612																						
PHONE																						
(510) 873-8880																						
CONTACT PERSON		RECEIVING FACILITY																				
Marilyn Fente																						
SIGNATURE OF AUTHORIZED AGENT / TITLE																						
* <i>H. B. Dietz</i>																						
DATE																						
6/3/08																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
WASTE TYPE:																						
<input checked="" type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
4090 San Pablo Avenue		EMERYVILLE																				
TRANSPORTER		NOTES:																				
<i>Camboas</i>		VEHICLE LICENSE NUMBER																				
ADDRESS		<i>7297972</i>																				
CITY, STATE, ZIP		TRUCK NUMBER																				
<i>27475 Hayward CA</i>		<i>69</i>																				
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/> 10 wheel dump truck																				
* <i>H. B. Dietz</i>																						
DATE																						
6/3/08																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
		<i>19,050 lbs.</i>																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DISPOSE</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
* <i>May R</i>																						
DATE																						
6/3/08																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Coffin Butte Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

Ox Mountain Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Bay Rock Oaks, LLC		7287 212Y79860	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
1300 Clay St., Suite 620		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input checked="" type="checkbox"/> SAFETY VEST	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94612			
PHONE			
(510) 873-8880			
CONTACT PERSON			
Marilyn Ponte			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* H. B. Dutz			
DATE			
6/3/08			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input checked="" type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE /			
GENERATING FACILITY			
4090 San Pablo Avenue			
EMERYVILLE			
TRANSPORTER		NOTES:	
REYNAS TRKS.		VEHICLE LICENSE NUMBER	
32016 KENET ST.		7U90955	
CITY, STATE, ZIP		TRUCK NUMBER	
HAYWARD CA 94544		5	
PHONE		END DUMP BOTTOM DUMP TRANSFER	
510) 760-36-71		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S) FLAT-BED VAN DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		10 wheel dump truck	
* Jesus Reyes I.			
REMARKS		CUBIC YARDS	
* I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		10,70 tons	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
* Mary		210 510 0221	
DATE			
6/3/08			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Ox Mountain Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR EAT ROCK OAKS LLC		WASTE ACCEPTANCE NO. 2124-79860	
MAILING ADDRESS 1300 CUMY ST. SUITE 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP OAKLAND CA 94612		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE (510) 873-8880		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON MARILYN PONTÉ			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* H.E. DUKY	01/29/09		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 4090 SAN PABLO AVE EMERYVILLE			
TRANSPORTER SAE TRUCKING		NOTES:	VEHICLE LICENSE NUMBER 2H57899
ADDRESS 10520 Hollow Tree Ln			TRUCK NUMBER SAET 194
CITY, STATE, ZIP FACKTON CA 95409			
PHONE (209) 482-6313			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
DATE 1/29/09		ROLL-OFF(S) <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
		DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS 10	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input type="checkbox"/> SOIL	<input type="checkbox"/> OTHER
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT			
DATE 1/29/09			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.
 GENERATOR COPY

MANIFEST # 49709

Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

Ox Mountain Sanitary Landfill
 12310 San Mateo Road
 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island Sanitary Landfill
 1801 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800
 Fax (408) 262-2871

Forward Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298
 Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR Bat Block Wares LLC		WASTE ACCEPTANCE NO. 2127 - 79860	
MAILING ADDRESS 1305 CANY STREET, Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP Oakland CA		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE (916) 975-8880		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON MARVIN PONE		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* H.B. Dutz	01/29/09		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY OAK WALK EMERYVILLE CA 4000 SOUTH AVE CA			
TRANSPORTER SAB Trucking	NOTES:	VEHICLE LICENSE NUMBER 2H57899	TRUCK NUMBER 27
ADDRESS 17320 Hollow Tree Ln.			
CITY, STATE, ZIP Stockton CA 95209			
PHONE 2091 482-6315			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
DATE 1/29/09	ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
* [Signature]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT	DATE		
* [Signature]	1/29/09		

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST #

49705

Waste Manifests for Disposal of Groundwater

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAC002618772		2. Page 1 of		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003175118 JJK	
5. Generator's Name and Mailing Address BAYROCK OILS LLC 1300 CLAY ST. SUITE 620 OAKLAND CA 94612				Generator's Site Address (if different than mailing address) 4000 SAN PABLO AVE EMERYVILLE CA 94608					
Generator's Phone: 200 482 7780				6. Transporter 1 Company Name ASBURY ENVIRONMENTAL SERVICES		U.S. EPA ID Number CAD028277036			
7. Transporter 2 Company Name				U.S. EPA ID Number					
8. Designated Facility Name and Site Address DEMENNO / KERDOON 2000 NORTH ALAMEDA STREET COMPTON CA 90222				U.S. EPA ID Number CAT080013352					
Facility's Phone: (310) 637-7100									
No. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
		No.	Type						
1	NON RCRA HAZARDOUS WASTE, LIQUID (OILY WATER)	001	TT	4800	G				
2									
3									
4									
14. Special Handling Instructions and Additional Information TO BE OPENED BY TRUCK DRIVER ONLY - ADDITIONAL EPA CODES: 001 - NONE - APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT EB/Project#57322A12 PO#A080086670									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Officer's Printed/Typed Name H. B. DIETZ				Signature <i>H. B. Dietz</i>				Month Day Year 9/28/07	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name Fred Loren Meyer				Signature <i>Fred Loren Meyer</i>				Month Day Year 9/28/07	
Transporter 2 Printed/Typed Name				Signature				Month Day Year	
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number: _____									
18b. Alternate Facility (or Generator)				U.S. EPA ID Number					
Facility's Phone: _____									
18c. Signature of Alternate Facility (or Generator)				Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. _____		2. _____		3. _____		4. _____			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name KUNALI REYNOL				Signature <i>KUNALI REYNOL</i>				Month Day Year 11/2/07	

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number C A C 0 0 2 E 1 S 7 7 2		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 002951653 JJK			
5. Generator's Name and Mailing Address BAYROCK CAKE LLC 1300 CLAY ST. SUITE 620 OAKLAND CA 04812						Generator's Site Address (if different than mailing address) 4000 SAN PABLO AVE EMERYVILLE CA 94608					
6. Transporter 1 Company Name ASBURY ENVIRONMENTAL SERVICES						U.S. EPA ID Number C A D 0 2 0 2 7 7 0 3 6					
7. Transporter 2 Company Name						U.S. EPA ID Number					
8. Designated Facility Name and Site Address DEMINO / KERDOON 2000 NORTH ALAMEDA STREET COMPTON CA 00222						U.S. EPA ID Number C A T 0 0 0 1 3 3 5 2					
Facility's Phone: (310) 207-7100											
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes					
		No.	Type			1	2	3			
1	NON RCRA HAZARDOUS WASTE, LIQUID (OILY WATER)	001	TT	4800	G						
2											
3											
4											
14. Special Handling Instructions and Additional Information NAERG# 0B1 : 171 * PROFILE # 0B1 : * ADDITIONAL EPA CODES : 0B1 : NONE * APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT NB/Project#56857A12 PO#A080084001											
15. GENERATOR/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/picarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Officer's Printed/Typed Name HE DIES						Signature <i>[Signature]</i>		Month Day Year 10 2 07			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
17. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name Fred Thompson						Signature <i>[Signature]</i>		Month Day Year 10 2 07			
Transporter 2 Printed/Typed Name						Signature		Month Day Year			
18. Discrepancy											
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____											
Facility's Phone: _____											
18c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. _____ 2. _____ 3. _____ 4. _____											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name [Signature]						Signature <i>[Signature]</i>		Month Day Year 10 2 07			

GENERATOR

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DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CA0002618772	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002951649 JJK	
5. Generator's Name and Mailing Address BAYROCK OAKS LLC 1300 CLAY ST. #620 OAKLAND, CA. 94612			Generator's Site Address (if different than mailing address) 4090 SAN PABLO AVE EMERYVILLE, CA. 94608			
Generator's Phone: 269 492-7760			U.S. EPA ID Number CA0029277036			
6. Transporter 1 Company Name ASBURY ENVIRONMENTAL SERVICES			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address DEMENNO / KERBOON 2000 NORTH ALAMEDA STREET COMPTON CA 90222			U.S. EPA ID Number CA00813352			
Facility's Phone: 0108507-7100			U.S. EPA ID Number			
9a. HMA	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
	NON RCRA HAZARDOUS WASTE, LIQUID (OILY WATER)	001	TT	4000	G	20
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information HAZARDOUS: * PROFILE # 081 : * ADDITIONAL EPA CODES : 081 : NONE * APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name H O S I E T Z		Signature <i>H O S I E T Z</i>		Month Day Year 10 3 07		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Fred Teasmeier		Signature <i>Fred Teasmeier</i>		Month Day Year 10 3 07		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name NOEL LACAMBERA		Signature <i>NOEL LACAMBERA</i>		Month Day Year 10 5 07		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAC 002618770	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002951648 JJK		
5. Generator's Name and Mailing Address Bayrock Oaks LLC 1300 Clay St. #620 Oakland, CA 94612			Generator's Site Address (if different than mailing address) 4090 San Pablo Ave EMERYVILLE, CA 94608				
Generator's Phone: 510-492-7760							
6. Transporter 1 Company Name ASBURY ENVIRONMENTAL SERVICES				U.S. EPA ID Number CAD020277036			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address DEVENNO / KERDOON 2000 NORTH ALAMEDA STREET COMPTON CA 90222				U.S. EPA ID Number CAT080013352			
Facility's Phone: 310-537-7100							
9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
		No.	Type				
1.	NON RCRA HAZARDOUS WASTE, LIQUID (OILY WATER)	001	TT	800	G	223	
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information NAERG 981: * PROFILE #981: * ADDITIONAL EPA CODES: 981, NONE * APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/piccarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name L. B. DIETZ				Signature <i>L. B. Dietz</i>		Month Day Year 10/03/07	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name MICHAEL MOGA				Signature <i>Michael Moga</i>		Month Day Year 10/03/07	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Paul				Signature <i>Paul</i>		Month Day Year 1/01/07	

GENERATOR

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DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number C A C 0 0 2 6 1 9 7 7 2	2. Page 1 of 1	3. Emergency Response Phone (300) 424-9300	4. Manifest Tracking Number 002951655 JJK		
5. Generator's Name and Mailing Address BAYROCK OAKS LLC 1300 CLAY ST. SUITE 620 OAKLAND CA 94612			Generator's Site Address (if different than mailing address) 4000 SAN PABLO AVE EVERYVILLE CA 94608				
6. Transporter 1 Company Name ASBURY ENVIRONMENTAL SERVICES			U.S. EPA ID Number C A D 0 2 8 2 7 7 0 3 6				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address DEVENNO / KERDOON 3000 NORTH ALAMEDA STREET COMPTON CA 90222			U.S. EPA ID Number C A T 0 8 0 0 1 3 3 5 2				
Facility's Phone: (310) 537-7100							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
1.	NON RCRA HAZARDOUS WASTE, LIQUID (OILY WATER)	001	TT	2000	G	228	
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information NAERG# 081 : 171 * PROFILE # 081 : * ADDITIONAL EPA CODES : 081 , NONE * APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name H B Dietz			Signature <i>H B Dietz</i>		Month Day Year 10 4 07		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Fred Thompson			Signature <i>Fred Thompson</i>		Month Day Year 10 4 07		
Transporter 2 Printed/Typed Name			Signature		Month Day Year		
18. Discrepancy							
18a. Discrepancy Indication Spec <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)					U.S. EPA ID Number		
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)					Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.	2.	3.	4.				
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Jeanette Martinez			Signature <i>Jeanette Martinez</i>		Month Day Year 10 10 07		

GENERATOR

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DESIGNATED FACILITY