

**Fenley & Nicol
Co. Inc.**

445 Brook Avenue, Deer Park, New York 11729

(516) 586-4900 • (718) 204-4993

Gasoline Pump & Tank • Environmental Services

July 12, 1991

Mr. Robert Marino
New York State Department of
Environmental Conservation
50 Wolf Road, Room 220
Albany, New York 12233

JUL 16 1991

RE: Remedial Activity Program at
Bowe Systems & Machinery
200 Frank Road, Hicksville, N.Y.

Dear Mr. Marino:

As discussed during your July 9, 1991 telephone conversation with Stanley Rosenthal, the following is a brief summary regarding the background and current status of the remedial action program initiated and undertaken voluntarily by Bowe Systems & Machinery (Bowe).

In addition to its many other businesses, a division of Bowe manufactures dry cleaning machines in Germany and markets them under the "Permal" trade name in the United States. The machines were shipped in containers from Germany and warehoused in the Hicksville facility. Prior to shipping a machine to the end user, they were tested to make certain they were not damaged during shipment. When a new model was introduced it might be tested with perchloroethylene dry cleaning solvent, the most popular solvent used in dry cleaning plants throughout the United States.

Apparently during one of these test runs, a service technician accidentally allowed a tank to overflow or leak its contents (about 50-75 gal.) onto the floor and into a floor drain connected to one of eight drywells on the property. Management was never aware that this accidental spill had occurred.

In 1990, Bowe decided to relocate the dry cleaning machinery division and consolidate it with the laundry machinery division in Wichita Falls, Texas and sell the Hicksville facility. To satisfy any potential buyer or bank that the property was free and clear, they hired a company to do an environmental site assessment report. The test results in that report was the first indication to management that an accidental spill had ever occurred and management was quick to take steps to voluntarily correct the problem.

In September, 1990, they hired Fenley & Nicol Co., Inc. (F&N) to produce an extensive Phase I report to determine the extent of the soil contamination and the cost to remove and dispose of the soil. After the Phase I test results were obtained and analyzed, Bowe contacted F&N to do all the soil remediation work required to satisfy the NYS-DEC. This work was started on March 4, 1991 and completed on March 7, 1991, with a NYS-DEC representative present to observe all procedures. In addition, a mobile

laboratory and chemist was provided on site by Pedneault Associates to analyze immediately all excavation samples. A complete report was prepared by F&N dated April 17, 1991 and submitted to NYS-DEC, copy enclosed.

In addition to testing the soil, groundwater was sampled and analyzed from monitoring wells. At one point only the level of tetrachloroethylene was 471 ppb. We believe that since the source of this contamination caused by the accidental spill has now been eliminated, no increase in groundwater contamination should occur. Bowe has already relocated and the facility is now vacant.

In light of all remedial measures and accomplishments of the field work undertaken by Bowe voluntarily, we now request that NYS-DEC provides us confirmation that the site is classified as "Site Classification Code 5" defined as follows:

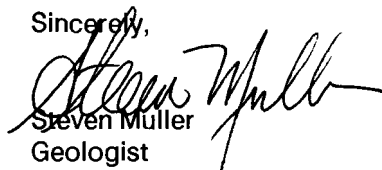
Site Classification Code 5: The site has been properly closed, no evidence of present or potential adverse impact - no further action required.

Bowe needs such documentation in order to divest the property.

Regarding the known groundwater contamination, if deemed necessary, Bowe would agree to a continued monitoring program for a period of one year (four sampling events) and this would be implemented within two weeks of your request. If after a twelve month period, the contamination levels have remained the same or have decreased in the monitoring wells, a recommendation will be made to discontinue monitoring, and close the file.

If you have any question or comments regarding the field work performed or site history, please contact Stanley Rosenthal at (516) 483-6111, or myself.

Sincerely,


Steven Muller
Geologist

cc: A. Candela, NYS-DEC
J. Ascher, NYS-DEC
W. Mahoney, Bowe
J. Nelson



Fenley & Nicol Co. Inc.



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Co. Inc.**

445 Brook Avenue, Deer Park, New York 11729

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Gasoline Pump & Tank • Environmental Services

SOIL EXCAVATION REPORT

AT

**BOWE SYSTEMS & MACHINERY
200 FRANK ROAD
HICKSVILLE, NEW YORK**

PREPARED FOR: BOWE SYSTEMS & MACHINERY

200 Frank Avenue

Hicksville, New York

PREPARED BY: FENLEY & NICOL CO., INC.

445 Brook Avenue

Deer Park, New York 11729

(516) 586-4900

PREPARED ON: April 17, 1991

INTRODUCTION

Fenley & Nicol Co., Inc. was retained by Bowe Systems & Machinery of 200 Frank Avenue, Hicksville, N.Y. to review historical information and previously collected data on possible soil contamination caused by the activities at this site. Fenley & Nicol's objectives were to confirm the findings in the Environmental Site Assessment Report prepared by Soil Mechanics Drilling Corp. dated January, 1990, and supplemental investigations. Fenley & Nicol's recommendations included additional soil borings to delineate the horizontal and vertical extent of the contamination and to develop a work plan to perform the necessary soil removal and disposal to satisfy the NYS-DEC.

WORK PERFORMED

Fenley & Nicol (F&N) drilled eight soil borings near the west group of four interconnected leaching pools to confirm the findings in the Environmental Site Assessment Report and to determine the extent of the soil remediation work plan. The locations and depths of the borings were based on the location and total depths of the leaching pools.

Soil cuttings were collected by a geologist on site and screened using a Photovac portable field gas chromatograph targeting tetrachloroethylene. Health and safety air monitoring at the drill rig was also performed using the field gas chromatograph. The workers were able to maintain OSHA level D protection during the drilling and sampling of the borings. The results of the borings and soil head space analysis indicated elevated levels of tetrachloroethylene in the soils around leaching pools #1, #2 and #3 (see site sketch) to a depth of approximately 20 feet and a horizontal distance of approximately 12 feet from each leaching pool.

A work plan in the form of a bid package was prepared describing the scope of work required to remediate the contaminated soil. The method of soil remediation preferred by Bowe was to excavate and dispose of all contaminated soils associated with the discharge from the leaching pools. After acceptance of the scope of work and the bid package by Bowe, Fenley & Nicol contacted the New York State Department of Environmental Conservation Hazardous Waste Remediation Division and the Nassau County Department of Health Services to review the work plan and provide guidance.

The soil excavation commenced on March 4, 1991, with the removal of the surface asphalt. Based on the Soil Mechanics reports and F&N's soil borings, the soils from grade to a depth of five feet were considered to be clean, laboratory analysis confirmed this. The soil was stock piled on plastic for future use as backfill material. On March 5, 1991, soil excavation continued with a NYS-DEC Hazardous Waste Remediation Division representative present to observe the soil removal handling and sample location and collection procedures.

Fenley & Nicol contracted Pedneault Associates of Bohemia, N.Y. to provide a mobile laboratory and chemist to analyze the excavation samples on site for immediate determination of contamination levels. The soils were segregated into contaminated (> 1.0 ppb) and non-contaminated (< 1.0 ppb) piles on plastic for disposal or use as backfill material.

Soil samples were collected approximately every 4 feet (depth of each pool ring) and analyzed. Excavation continued in depth until the analysis indicated < 1.0 ppb tetrachloroethylene or until NYS-DEC approval to backfill. With the end point samples meeting NYS-DEC approval, side wall samples were collected from the excavations at the depth of greatest concentration of tetrachloroethylene penetration to insure complete horizontal soil removal.

The excavation of all contaminated soils was completed on March 7, 1991. The excavation was back-filled using available materials on site, with additional clean fill material delivered to the site as needed. The leaching pools were steam cleaned, reinstalled and connected for service. New asphalt returned the site to original condition.



Fenley & Nicol Co. Inc.

The stock piled contaminated soil was sampled and tested for TCLP Volatiles, TCLP Semi-volatiles, TCLP Pesticides/Herbicides, EP Toxicity for heavy metals and PCB's for landfill disposal facility approval. Approximately 450 tons of soil was manifested to Athens Hocking Landfill in Ohio.

LABORATORY RESULTS

The laboratory results of all the samples collected is tabulated below. The locations of the leaching pools are indicated on the site sketch.

Leaching Pool #1		Leaching Pool #2		Leaching Pool #3	
Depth (ft.)	Tetrachloroethylene (ppb)	Depth (ft.)	Tetrachloroethylene (ppb)	Depth (ft.)	Tetrachloroethylene (ppb)
4	<1.0	4	<1.0	4	<1.0
8	1.11				
12	0.95	12	0.29		
16	6.96	17	2.67	17	0.18
20	11.23	20	0.73		
25	6.43	20	0.73		
29	5.00				
East	0.78	East	<1.0		
West	0.02	West	0.03		
North	0.06	South	0.37		

During the soil excavation and in addition to the scope of work, Pedneault Associates sampled and analyzed the groundwater collected from four existing monitoring wells installed by Soil Mechanics Drilling Corp. as part of the site assessment. The results of this testing is listed below:

Well #	Tetrachloroethylene (ppb)
1	0.37
2	0.06
3	0.57
4	471

CONCLUSION

The soil excavation project performed at this site has removed all contaminated soil in the vicinity of the leaching pools per NYS-DEC requirements. This was demonstrated through the use of an on-site certified mobile laboratory collecting and analyzing end point samples. The width and total depth of the excavation was approved by the NYS-DEC representative who was present during the excavation and approved the backfilling and restoration of the site.

The sampling and analysis of the groundwater has indicated elevated levels above 1.0 ppb tetrachloroethylene in well #4, located down gradient from the leaching pools. Detectable levels below 1.0 ppb were indicated in wells #1 through #3. Since well #4 is the most down gradient well from the source of the contamination, Fenley & Nicol recommends the installation of additional groundwater monitoring wells down gradient of well #4. A complete proposal with specifications and work plan will be prepared under a separate cover.

1

2

3

4

REVISIONS

DESCRIPTION

ZONE LTR

DATE

APPRO

NW-2

EXISTING BUILDING

2

GRASS

2

SAMPLE #9

POC #1

X SAMPLE #10

X SAMPLE #5

APPROXIMATE
SIZE OF EXCAVATION

X SAMPLE #14

POC #2

X SAMPLE #16

POC #3

X SAMPLE #15

NW-4

NW-3

ASPHALT



Fenley & Nicol Co. Inc.
GEOLOGICAL & ENVIRONMENTAL
415 Brook Avenue, Dept. 100, New York 10017-75

DRAWING STARTED

DATE

DRAWN

CHECKED

ENGR

BOWE SYSTEMS & MACHINERY
200 FRANK ROAD
HICKSVILLE, N.Y.

CODE IDENT NO.

B

SCALE

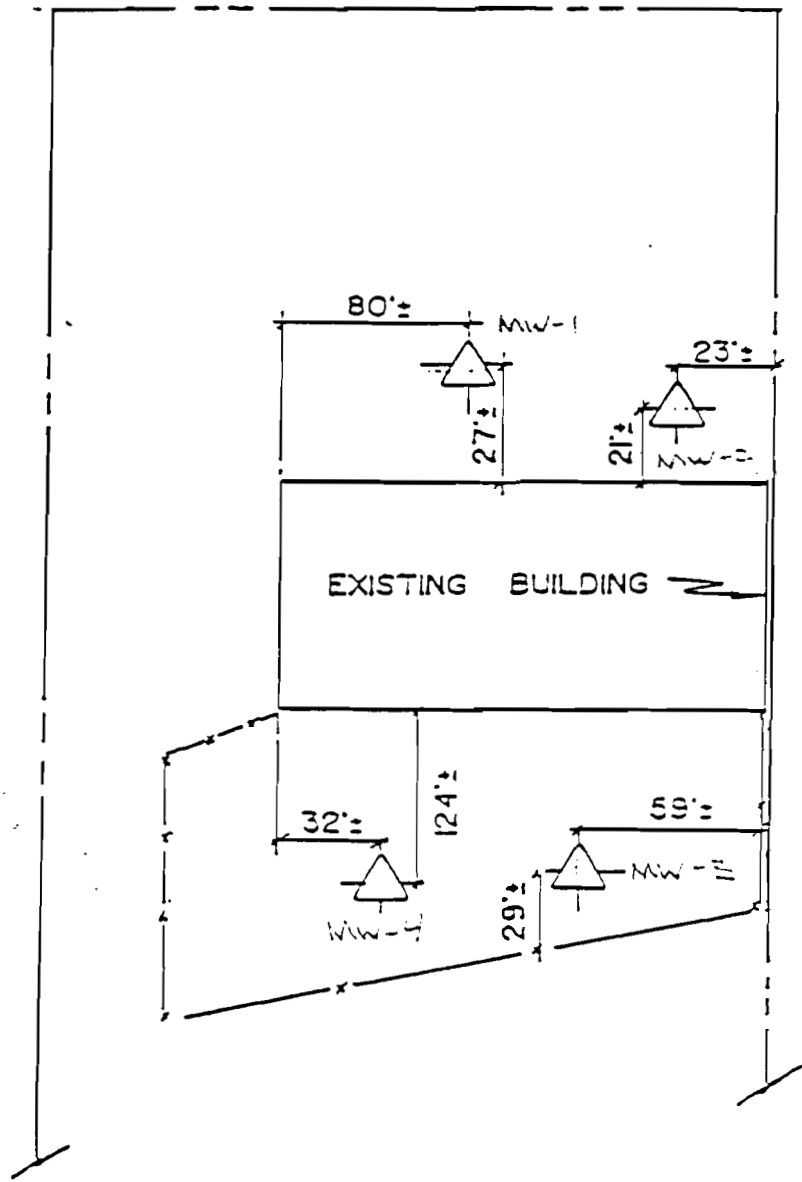
1" = 20.0'

SHEET

DUFFY AVE.

HENRIETTA ST.

FRANK ROAD



	SOIL MECHANICS DRILLING CORP.		
	subsoil investigations		
	3770 MERRICK ROAD • SEAFORD, NEW YORK 11783 • 516 221-2323		
	MONITORING WELL LOCATION PLAN		
	DUFFY AVE.		
HICKSVILLE, NEW YORK			
SCALE: N.T.S.		DRAWING DATE: JANUARY 4 1990	DRAWING NUMBER

LABORATORY DATA



Fenley & Nicol Co. Inc.

March 11, 1991

TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, NY 11729

RE: Bowe Systems
200 Frank Road
Hicksville, NY

Date: Collected 3/05/91 Analyzed 3/05/91 Report 3/11/91

Sampling Point

1. Sample #1 - Soil Sample #1 (Dry Well 1 at 4' deep)
2. Sample #2 - Well #3
3. Sample #3 - Well #4
4. Sample #4 - Well #2
5. Sample #5 - Well #1

[illegible]

P.O.# E-38597

Lab Number 69798

im

JOHN PEDNEAULT
Lab Director



TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, NY 11729

RE: Bowe Systems
200 Frank Road
Hicksville, NY

Date: Collected 3/05/91 Analyzed 3/05/91 Report 3/11/91

Sampling Point

Sample #6 - Soil Sample #2 (Dry Well 1 at 8' deep)

2. Sample #7 - Soil Sample #3 (Dry Well 1 at 12' deep)

5.

[illegible]

P.O.# E-38597

Lab Number 69798

JOHN PEDNEAULT
Lab Director

im



TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, NY 11729

RE: Bowe Systems
200 Frank Road
Hicksville, NY

Date: Collected . . . 3/06/91 **Analyzed** . . . 3/06/91 **Report** . . . 3/11/91

1. Sample #8 - Soil Sample #4 (Dry Well 1 at 16' deep)
2. Sample #9 - Soil Sample #5 (Dry Well 1 at 20' deep)
3. Sample #10 - Soil Sample #6 (Dry Well 1 at 25' deep)
4. Sample #11 - Soil Sample #7 (Dry Well 1 at 29' deep)
5. Sample #12 - Soil Sample #8 (East Dry Well 1 at 20' deep)

P.O.# E-38597

Lab Number 69798

JOHN PEDNEAULT
Lab Director

jm



March 11, 1991

TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, NY 11729

RE: Bowe Systems
200 Frank Road
Hicksville, NY

Date: Collected 3/06/91 Analyzed 3/06/91 Report 3/11/91

Sampling Point

1. Sample #13 - Soil Sample #9 (North Dry Well 1 at 20' deep)
2. Sample #14 - Soil Sample #10 (West Dry Well 1 at 20' deep)
3. Sample #15 - Soil Sample #11 (Dry Well 2 at 13' deep)
- 4.
- 5.

[illegible]

P.O.# E-38597

Lab Number 69798

JOHN PEDNEAULT
Lab Director

 im



TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, NY 11729

RE: Bowe Systems
200 Frank Road
Hicksville, NY

Date: Collected 3/07/91 Analyzed 3/07/91 Report 3/11/91

Sampling Point

1. Sample #16 - Soil Sample #12 (Dry Well 2 at 17' deep)
2. Sample #17 - Soil Sample #13 (Dry Well 2 at 20' deep)
- Sample #18 - Soil Sample #14 (West Dry Well 2 at 20' deep)
4. Sample #19 - Soil Sample #15 (East Dry Well 2 at 20' deep)
5. Sample #20 - Soil Sample #16 (South Dry Well 2 at 20' deep)

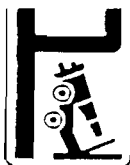
[illegible]

P.O.# E-38597

Lab Number 69798

JOHN PEDNEAULT
Lab Director

jm



PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES
1815 NINTH AVENUE P.O. BOX 205 BOHEMIA, N.Y. 11716 (516) 467-8477
AFTER 5 P.M. (516) 587-5579

March 11, 1991

TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, NY 11729

RE: Bowe Systems
200 Frank Road
Hicksville, NY

Date: Collected ... 3/07/91 ... Analyzed ... 3/07/91 ... Report ... 3/11/91

Sampling Point

1. ... Sample #21 - Soil Sample #17 (Dry Well 3 at 16' deep)
2.
3.
4.
5.

Parameters

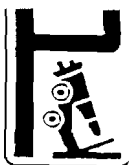
	1	2	3	4	5
Tetrachloroethylene ppb	0.18				

P.O.# E-38597

Lab Number 69798

JOHN PEDNEAULT
Lab Director

jm



PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES
1615 NINTH AVENUE · P.O. BOX 205 · BOHEMIA, N.Y. 11716 · (516) 467-8477
AFTER 5 P.M. (516) 567-5579

March 6, 1991

TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, NY 11729

Date: Collected 3/5/91 Analyzed 3/5-3/6/91 Report 3/6/91

Sampling Point

1. Bowe Systems, 200 Frank Road, Hicksville, NY (soil) - EP Toxicity
- 2.
- 3.
- 4.
- 5.

Parameters

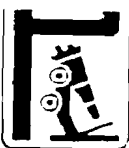
		1	2	3	4	5
Silver	mg/l	< 0.0005				
Arsenic	mg/l	< 0.0005				
Lead	mg/l	< 0.0005				
Cadmium	mg/l	0.0001				
Chromium	mg/l	< 0.02				
Mercury	mg/l	< 0.0005				
Selenium	mg/l	< 0.001				
Barium	mg/l	< 0.1				
Flash Point	°C	> 100°				
	°F	> 212°				

Job No. 53575

P.O.# E-38597

Lab Number 69674

JOHN PEDNEAULT
Lab Director



PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES
1615 NINTH AVENUE P O BOX 205 BOHEMIA N Y 11716 (516) 467-8477
AFTER 5 PM (516) 587-5579

March 6, 1991

TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, NY 11729

Date: Collected 3/5/91 Analyzed 3/5-3/6/91 Report 3/6/91

Sampling Point

1. Bowe Systems, 200 Frank Road, Hicksville, NY (soil)
2.
3.
4.
5.

Parameters

1

2

3

4

5

Parameters		1	2	3	4	5
PCBs						
1016	ua/ka	< 1.0				
1221	ua/ka	< 1.0				
1232	ua/ka	< 1.0				
1242	ua/ka	< 1.0				
1248	ug/kg	< 1.0				
1254	ug/kg	< 1.0				
1260	ug/kg	< 1.0				

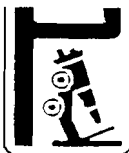
Job No. 53575

P.O.# E-38597

Lab Number 69674

JOHN PEDNEAULT

Lab Director



PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES
1615 NINTH AVENUE · P.O. BOX 205 BOHEMIA, N.Y. 11716 · (516) 467-8477
AFTER 5 P.M. (516) 587-5579

March 13, 1991

TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, New York 11729

Date: Collected ... 3/7/91 ... Analyzed ... 3/7-3/13/91 ... Report ... 3/13/91 ...

Sampling Point

1. Bowe Systems - 200 Frank Road, Hicksville, New York - TCLP Extraction
2.
3.
4.
5.

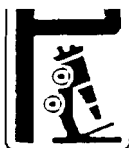
CONTAMINANT		Regulatory Level (mg/L)	1	2	3	4	5
Acetone	mg/L	NA	<0.01				
Benzene	mg/L	0.5	<0.01				
n-Butylalcohol	mg/L	NA	<0.01				
Carbon disulfide	mg/L	NA	<0.01				
Carbon tetrachloride	mg/L	0.5	<0.01				
Chlorobenzene	mg/L	100.0	<0.01				
Chloroform	mg/L	6.0	<0.01				
1,2-Dichloroethane	mg/L	0.5	<0.01				
1,1-Dichloroethene	mg/L	0.7	<0.01				
Ethyl acetate	mg/L	NA	<0.01				
Ethyl benzene	mg/L	NA	<0.01				
Ethyl ether	mg/L	NA	<0.01				
Isobutanol	mg/L	NA	<0.01				
Methanol	mg/L	NA	<0.01				
Methylene chloride	mg/L	NA	<0.01				

NA = Not Available
P.O. #E-38597
Job #53575

T.C.L.P. Volatile Analytes

Lab Number 69738
mts

JOHN PEDNEAULT
Lab Director



PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES
1615 NINTH AVENUE P.O. BOX 205 BOHEMIA, N.Y. 11716 (516) 467-8477
AFTER 5 P.M. (516) 567-5579

March 13, 1991

TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, New York 11729

Date: Collected 3/7/91 Analyzed ... 3/7-3/13/91 Report ... 3/13/91

Sampling Point

1. Bowe Systems - 200 Frank Road, Hicksville, New York - TCLP Extraction
2.
3.
4.
5.

CONTAMINANT		Regulatory Level (mg/L)	1	2	3	4	5
Methyl ethyl ketone	mg/L	200.0	<0.01				
Methyl isobutyl ketone	mg/L	NA	<0.01				
Tetrachloroethylene	mg/L	0.7	<0.01				
Toluene	mg/L	NA	<0.01				
1,1,1-Trichloroethane	mg/L	NA	<0.01				
Trichloroethylene	mg/L	0.5	<0.01				
Trichlorofluoromethane	mg/L	NA	<0.01				
1,1,2-Trichloro-1,2,2-trifluoroethane		NA	<0.01				
Vinyl chloride	mg/L	0.2	<0.01				
Xylene	mg/L	NA	<0.01				

NA = Not Available
P.O. #E-38597
Job #53575

T.C.L.P. Volatile Analytes

Lab Number 69738
mts

JOHN PEDNEAULT
Lab Director



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1815 NINTH AVENUE · P.O. BOX 205 · BOHEMIA, N.Y. 11716 · (516) 467-8477
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445 Brook Avenue
Deer Park, New York 11729

Date: Collected 3/7/91. Analyzed .. 3/7-3/13/91. Report .. 3/13/91.

Sampling Point

1. Bowe Systems - 200 Frank Road, Hicksville, New York - TCLP Extraction
2.
3.
4.
5.

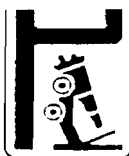
CONTAMINANT		Regulatory Level (mg/l)	1	2	3	4	5
Total Cresol	mg/l	200.0	<0.01				
1,4-Dichlorobenzene	mg/l	7.5	<0.01				
2,4-Dinitrotoluene	mg/l	0.13	<0.01				
Hexachlorobenzene	mg/l	0.13	<0.01				
Hexachloro-1,3-butadiene	mg/l	0.5	<0.01				
Hexachloroethane	mg/l	3.0	<0.01				
Nitrobenzene	mg/l	2.0	<0.01				
Pentachlorophenol	mg/l	100.0	<0.01				
Puridine	mg/l	5.0	<0.01				
2,4,5-Trichlorophenol	mg/l	400.0	<0.01				
2,4,6-Trichlorophenol	mg/l	2.0	<0.01				

P.O. #E-38597
Job #53575

Lab Number 69738
mts

T.C.L.P. Semi-Volatile Analytes

JOHN PEDNEAULT
Lab Director



PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES
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AFTER 5 P.M. (516) 567-5579

March 13, 1991

TO: Fenley and Nicol Company, Inc.
445 Brook Avenue
Deer Park, New York 11729

Date: Collected 3/7/91 Analyzed .. 3/7-3/13/91 Report ... 3/13/91

Sampling Point

1. Bowe Systems - 200 Frank Road, Hicksville, New York - TCLP Extraction
2.
3.
4.
5.

CONTAMINANT		Regulatory Level (mg/l)	1	2	3	4	5
Chlordane	mg/l	0.03	<0.001				
Endrin	mg/l	0.02	<0.001				
Heptachlor	mg/l	0.008	<0.001				
Heptachlor epoxide	mg/l	0.008	<0.001				
Lindane	mg/l	0.4	<0.001				
Methoxychlor	mg/l	10.0	<0.001				
Toxaphene	mg/l	0.5	<0.001				
2,4-D	mg/l	10.0	<0.001				
2,4,5-TP (Silvex)	mg/l	1.0	<0.001				

P.O. #E-38597
Job #53575

T.C.L.P. Pesticide/Herbicide Analytes

Lab Number 69738
mts

JOHN PEDNEAULT
Lab Director

WASTE MANIFEST



Fenley & Nicol Co. Inc.

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR - BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

65 GLEN COVE AVENUE GLEN COVE, NEW YORK

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 3-18-91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

2. ITEM TYPE

3. ITEM TYPE

4. ITEM TYPE

5. QUANTITY —

CUBIC YARDS

TONS

OTHER

CHECK ONE (✓)

N/A

37.07

6. SHIPPED IN CONTAINER TYPE TRAILER

ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS PROVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK 11542

2.

3.

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME TITLE

2. PHONE NUMBER — Area Code () -

3. DATE SHIPPED FROM SERVICE LOCATION 3/18/91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES

1. ITEM TYPE BOWE SYSTEM

2. ITEM TYPE 200 FRANK ROAD

3. ITEM TYPE HICKSVILLE, NY

4. ITEM TYPE

5. QUANTITY — CUBIC YARDS

CHECK ONE (✓)

NA

TONS

28.42

OTHER

6. SHIPPED IN CONTAINER TYPE TRAILER ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP 3/18/91

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY 3/20/91

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE 3/22/91

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

7. IF YES PLEASE REMARK

TRANSPORTER'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS RECEIVED FOR DISPOSAL AT A.H. LANDFILL. BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY, I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK 11542

2.

3.

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME

TITLE

2. PHONE NUMBER — Area Code () -

3. DATE SHIPPED FROM SERVICE LOCATION 3/11/91

4. TIME SHIPPED FROM SERVICE LOCATION

A.M.

P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

BOWES SYSTEM

2. ITEM TYPE

200 FRANK RD,

3. ITEM TYPE

HICKSVILLE, NY

4. ITEM TYPE

5. QUANTITY —

CUBIC YARDS

TONS

OTHER

CHECK ONE (✓)

N/A

29.16

6. SHIPPED IN CONTAINER TYPE TRAILER

ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE

TITLE

OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP 3/11/91

4. TIME OF THE LOAD PICKUP

A.M.

P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY 3/11/91

2. TIME OF THE DELIVERY

A.M.

P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER

ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES

NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE 3/11/91

2. TIME OF DELIVERY

A.M.

P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES

NO

6. REJECTED LOAD — YES

NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS PROVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK 11542

2.

3.

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME TITLE

2. PHONE NUMBER — Area Code () -

3. DATE SHIPPED FROM SERVICE LOCATION 3/18/91

4. TIME SHIPPED FROM SERVICE LOCATION

A.M.

P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

BOMBS SYSTEM

2. ITEM TYPE

200 FRANK RD.

3. ITEM TYPE

HICKSVILLE, NY

4. ITEM TYPE

5. QUANTITY —

CUBIC YARDS

TONS

OTHER

CHECK ONE (✓)

N/A

34.11

6. SHIPPED IN CONTAINER TYPE TRAILER

ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP 3/18/91

4. TIME OF THE LOAD PICKUP

A.M.

P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

3/19/91

2. TIME OF THE DELIVERY

A.M.

P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE

TRAILER

ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES

NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE

3/17/91

2. TIME OF DELIVERY

A.M.

P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES

NO

6. REJECTED LOAD — YES

NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S.E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR — BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 7-18-91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE
2. ITEM TYPE BOWES
3. ITEM TYPE FRANK ROAD
4. ITEM TYPE HICKSVILLE, NEW YORK

5. QUANTITY — CUBIC YARDS TONS OTHER

CHECK ONE (✓) N/A 32.95

6. SHIPPED IN CONTAINER TYPE TRAILER ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE
2. 7 CARLISLE DRIVE
3. OLD BROOKVILLE, N.Y. 11545

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY
2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE 7-19-91
2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S.E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR — BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 3-12-91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

2. ITEM TYPE BOWES Sys

3. ITEM TYPE FRANK ROAD

4. ITEM TYPE HICKSVILLE, NEW YORK

5. QUANTITY — CUBIC YARDS TONS OTHER

CHECK ONE (✓) N/A 40.79

6. SHIPPED IN CONTAINER TYPE TRAILER ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S.E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR - BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

2.

3.

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 3-18-91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

2. ITEM TYPE

3. ITEM TYPE

4. ITEM TYPE

5. QUANTITY — CUBIC YARDS TONS OTHER

CHECK ONE (✓)

N/A

30.7

6. SHIPPED IN CONTAINER TYPE TRAILER ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME FIRM STORE

7. DRIVER'S SIGNATURE Gary Farnsworth

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME FIRM STORE

4. DRIVER'S SIGNATURE Gary Farnsworth

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio O.E.R. THE WASTE DESCRIBED ABOVE WAS PROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTED) GENERATOR BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 5-18-91

4. TIME SHIPPED FROM SERVICE LOCATION 11:00 A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

2. ITEM TYPE BOWES Sys

3. ITEM TYPE FRANK ROAD

4. ITEM TYPE HICKSVILLE, NEW YORK

5. QUANTITY — CUBIC YARDS TONS OTHER

CHECK ONE (✓) N/A 36.67

6. SHIPPED IN CONTAINER TYPE TRAILER ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP 11:00 A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME J. F. RESTON

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

2. TIME OF THE DELIVERY 11:00 A.M. P.M.

3. DRIVER'S NAME J. F. RESTON

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE 5-18-91

2. TIME OF DELIVERY 11:00 A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

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TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR — BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

2.

3.

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 3-18-91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

2. ITEM TYPE BOWES

3. ITEM TYPE FRANK ROAD

4. ITEM TYPE HICKSVILLE, NEW YORK

5. QUANTITY —

CUBIC YARDS

TONS

OTHER

CHECK ONE (✓)

TWA

6. SHIPPED IN CONTAINER TYPE TRAILER

ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S.E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR — BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

2.
3.

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 3-18-91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

2. ITEM TYPE

3. ITEM TYPE

4. ITEM TYPE

5. QUANTITY —

CUBIC YARDS

TONS

OTHER

CHECK ONE (✓)

6. SHIPPED IN CONTAINER TYPE TRAILER

ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

REJECTED LOAD — YES NO

IF YES PLEASE REMARK

TRANSPORTER'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S.E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS MOVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing.

TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded.

DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR - BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

2.

3.

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 3-18-91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE

2. ITEM TYPE

3. ITEM TYPE

4. ITEM TYPE

5. QUANTITY —

CUBIC YARDS

TONS

OTHER

CHECK ONE (✓)

6. SHIPPED IN CONTAINER TYPE TRAILER

ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE

2. 7 CARLISLE DRIVE

3. OLD BROOKVILLE, N.Y. 11545

4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S.E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

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(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR - BOWEN

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 3-10-01

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE BOWEN
2. ITEM TYPE S.Y.S.
3. ITEM TYPE FRANK ROAD
4. ITEM TYPE HICKSVILLE, NEW YORK

5. QUANTITY — CUBIC YARDS TONS OTHER
CHECK ONE (✓) N/A 38.93

6. SHIPPED IN CONTAINER TYPE TRAILER ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE
2. 7 CARLISLE DRIVE
3. OLD BROOKVILLE, N.Y. 11545

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP 3-10-01

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY 3-10-01

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME P. TRON

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES ✓ NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE 3-10-01

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

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DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

GENERATOR NAME

1. JIMMY BYRNE NYS DEC 1A-206 (TRANSPORTER) GENERATOR - BOWES

GENERATOR ADDRESS — FOR THE SERVICE LOCATION

1. 65 GLEN COVE AVENUE GLEN COVE, NEW YORK

2.
3.

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area Code (516) - 671-7799

3. DATE SHIPPED FROM SERVICE LOCATION 3-16-91

4. TIME SHIPPED FROM SERVICE LOCATION A.M. P.M.

5. GENERATOR SIGNATURE

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.

1. ITEM TYPE
2. ITEM TYPE BOWES
3. ITEM TYPE FRANK ROAD
4. ITEM TYPE HICKSVILLE, NEW YORK5. QUANTITY — CUBIC YARDS TONS OTHER
CHECK ONE (✓) 29.67

6. SHIPPED IN CONTAINER TYPE TRAILER ID NO.

TRANSPORTER NAME AND ADDRESS

1. JIMMY BYRNE
2. 7 CARLISLE DRIVE
3. OLD BROOKVILLE, N.Y. 11545
4.

TRANSPORTER CONTACT SUPERVISOR

1. NAME JIMMY BYRNE TITLE OWNER

2. PHONE NUMBER — Area code (516) - 671-7799

3. DATE OF THE LOAD PICKUP

4. TIME OF THE LOAD PICKUP A.M. P.M.

5. GENERATOR SERVICE LOCATION

6. DRIVER'S NAME

7. DRIVER'S SIGNATURE

TRANSPORTER DELIVERY SCHEDULE

1. DATE OF THE DELIVERY

2. TIME OF THE DELIVERY A.M. P.M.

3. DRIVER'S NAME

4. DRIVER'S SIGNATURE

5. DELIVERY IN CONTAINER TYPE TRAILER ID NO.

6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES NO

DISPOSAL FACILITY — A.H. LANDFILL

1. DELIVERY RECEIVED DATE

2. TIME OF DELIVERY A.M. P.M.

3. A.H. SUPERVISOR INSPECTOR NAME

4. INSPECTOR SIGNATURE

5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO

6. REJECTED LOAD — YES NO

IF YES PLEASE REMARK

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(1) Disposal Facility Copy

(2) Generator's Copy

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