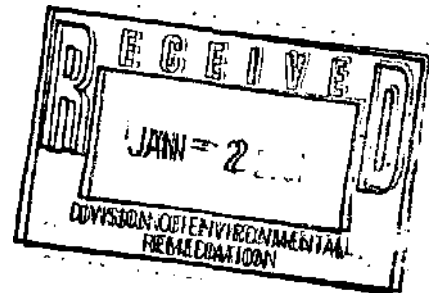


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REMEDIAL ACTION REPORT
DISPOSAL AREA F
KENTUCKY AVENUE WELLFIELD SITE
HORSEHEADS, NEW YORK

PREPARED FOR:
VIACOM INC.

11 STANWIX STREET
PITTSBURGH, PA 15222



PREPARED BY:
CUMMINGS/RITER CONSULTANTS, INC.
339 HAYMAKER ROAD, SUITE 209
MONROEVILLE, PA 15146

PROJECT No. 98245.20/01
DECEMBER 28, 2000

**CUMMINGS
WRITER**

- I V CONSULTANTS, INC.

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REMEDIAL ACTION REPORT
DISPOSAL AREA F
KENTUCKY AVENUE WELLFIELD SITE
HORSEHEADS, NEW YORK

1.0 INTRODUCTION

Cummings/Riter Consultants, Inc. (Cummings/Riter), on behalf of Viacom Inc. (Viacom), successor by corporate merger to CBS Corporation, has prepared this Remedial Action Report for remedial construction activities at Disposal Area F of the former Westinghouse Electric Corporation plant site in Horseheads, New York (Figure 1). This report summarizes the remedial construction activities undertaken by Viacom to comply with the requirements of a Consent Decree, Civil Action No. 97-CV-6555T, entered between CBS Corporation and the U.S. Environmental Protection Agency (USEPA), on March 2, 1998 (the Consent Decree). The remedial construction was performed in accordance with the Final Remedial Design Report and Remedial Action Work Plan (Cummings/Riter, July 19, 2000) prepared on behalf of Viacom and approved by USEPA.

1.1 PROJECT FIELD TEAM

The project field team for remedial construction consisted of the construction manager, the quality assurance (QA) team, the remedial action contractor, and USEPA. Cummings/Riter served as the Viacom site representative and independent QA team during construction. CDM Federal Programs Corporation (CDM) represented USEPA and provided full-time regulatory oversight. Mr. Leo M. Brausch, a representative of Viacom, served as the Supervising Contractor. Viacom retained Thomas Construction, Inc. (Thomas) of Grove City, Pennsylvania to implement the remedial action; Severn Trent Services of Pittsburgh, Pennsylvania for laboratory analyses; and Fagan Engineers, PC of Elmira, New York for survey work.

1.2 REPORT ORGANIZATION

Section 2.0 of this report describes the Disposal Area F remedial construction activities. Section 3.0 presents an evaluation of post-remedial human health risks posed by potential exposure to surface and subsurface soils. Section 4.0 is a request for certification of Disposal Area F remedial construction. The appendices include certificates of treatment and waste manifests for soil disposed of as listed hazardous waste (FOOI) (Appendix A), bills of lading for non-hazardous soil disposal (Appendix B), record drawings (Appendix C), post-excavation soil sample laboratory reports (Appendix D), data validation report (Appendix E), field design change request forms (Appendix F), air monitoring data (Appendix G), backfill chemical and geotechnical testing results (Appendix H), topsoil agronomic testing results (Appendix I), permanent seed mix documentation (Appendix J), and metes and bounds description (Appendix K).

2.0 REMEDIAL CONSTRUCTION ACTIVITIES

This section of the Remedial Action Report describes the construction activities performed to implement the remedial design described in the Final Remedial Design Report.

Construction activities were initiated October 3, 2000 and were completed November 2, 2000. The remedial action included the excavation and off-site disposal of surface and subsurface soil exceeding 800 micrograms per kilogram (ug/kg) of trichloroethene (TCE) and surface soil exceeding the following performance standards:

- Arsenic - 12.0 milligrams per kilogram (mg/kg),
- Benzo(a)anthracene - 7,800 ug/kg,
- Benzo(a)pyrene - 780 ug/kg,
- Benzo(a)fluoranthene - 7,800 ug/kg, and
- Indeno(1,2,3-cd)pyrene - 7,800 ug/kg.

In addition to excavation and off-site disposal, construction activities included mobilization, confirmatory sampling, excavation backfilling, seeding and mulching, and demobilization. The following sections describe these individual construction activities.

2.1 EXCAVATION DELINEATION

Preliminary limits of excavation were determined based on soil sample results presented in the Final Remedial Investigation Report (Philip Environmental Services Corporation, September 1995) and the Remedial Design Interim Data Submittal (Cummings/Riter, September 2, 1999). Two sets of excavation limits were identified: one for the area with surface and subsurface soil exceeding the performance standard for TCE, and one for the area with surface soil exceeding the remaining performance standards. These preliminary limits were located by Cummings/Riter using global positioning system (GPS) equipment and marked with wooden stakes prior to contractor mobilization.

2.2 EXCAVATION

Thomas mobilized a Catapillar 320B excavator to the site on October 2, 2000, and commenced excavation of soil exceeding the performance standard for TCE on October 3,

2000. Soil exceeding the performance standard for TCE was designated for disposal as hazardous waste (Waste Code F001) at the Environmental Quality facility in Belleville, Michigan. Surface soil (i.e., zero to two-foot depth) and subsurface soil (i.e., two to four-foot depth) was stockpiled within the area to be excavated and then loaded out on October 4 and 5, 2000. A total of 668 tons of soil were transported to the Environmental Quality facility for disposal. Hazardous waste manifests and certificates of disposal are provided as Appendix A.

From October 10 to October 30, 2000, remaining surface soil identified for excavation and off-site disposal as non-hazardous material was loaded out for disposal at High Acres Landfill, in Fairport, New York. Soil disposed of at High Acres Landfill contained concentrations of polynuclear aromatic hydrocarbons (PAH) and arsenic above performance standards. A total of 2,612 tons of soil from Disposal Area F were disposed of at the High Acres Landfill. Non-hazardous waste manifests are provided as Appendix B.

Following excavation of surface soil to the predetermined lateral limits, the excavation was surveyed to ensure adequate depth of removal. A tolerance of three inches was allowed (with CDM concurrence), such that if the depth of surface soil removal measured less than 21 inches, additional excavation was performed. Cummings/Riter used GPS equipment to check elevations on an approximate 25-foot grid at each predesign sample location, and placed stakes to mark areas requiring additional excavation. Depths in the area of subsurface soil excavation were based on post-excavation bottom sampling results. The limits of the final excavation are shown on Figure 2. Record drawings are provided as Appendix C.

2.3 POST-EXCAVATION SOIL SAMPLING

Post-excavation soil samples were collected from both the excavation sidewalls and bottom for laboratory analysis to verify attainment of the performance standards. Surface soil sidewall samples were analyzed for PAH and arsenic. In accordance with the Remedial Action Work Plan (Cummings/Riter, July 19, 2000), no bottom verification samples were collected for surface soil removal. Subsurface sidewall and bottom samples were analyzed for TCE. Post-excavation soil sample results for TCE are

summarized in Table 1, and results for PAH and arsenic are summarized in Table 2. Results for only those soil samples that are representative of soils remaining on site (i.e., not excavated) are presented in the tables. Results for samples representing soils that were subsequently excavated are not presented. Soil sample locations were determined using conventional survey methods, and are provided on Figure 3. Laboratory analytical reports are provided as Appendix D in electronic format. The data validation report is provided as Appendix E.

Post-excavation verification samples were collected following excavation and removal to the lateral limits established in the design. Bottom samples and subsurface sidewall samples for TCE analysis were collected using EnCore samplers from discrete locations. Sidewall samples for TCE analysis were collected at approximately mid-height along the sidewall from zero to six inches in the direction of the sidewall (i.e., lateral direction). Sidewall samples were collected at a frequency of 1 sample for every 80 square feet of sidewall. Bottom samples were collected from a depth of zero to six inches at the base of the excavation at the nodes of an orthogonal grid with a grid spacing often feet. Surface soil sidewall samples were collected with disposable stainless-steel spoons and aluminum baking pans from a vertical transect of the sidewall. All post-excavation soil samples analyzed for TCE met the respective performance standard. Consequently, no excavation of TCE-impacted soil beyond the initial excavation limits was performed.

Some sidewall samples analyzed for PAH and arsenic contained levels above the respective performance standards. Where soil sample concentrations exceeded performance standards, limits of excavation were revised, additional soil was removed, and the area was resampled. This process was repeated until soil samples met performance standards or until the sidewall was taken to the edge of bituminous pavement.

Geologic logs of excavation sidewalls were to be completed indicating changes in lithology and anomalies. The sidewalls of the final excavation were relatively homogeneous, consisting in unpaved areas of 10 to 14 inches of gray sandy gravel overlaying a brown, sandy gravel. Sidewalls adjacent to paved areas (along the west, north, and northeast edges), consisted of approximately four inches of pavement

overlying six to eight inches of black, sandy gravel above a brown, sandy gravel. Due to the absence of observations indicative of impacted soil in the final excavation sidewalls, lithologic logs were not recorded.

While some of the post-excavation sidewall sample results exceed the performance standards for PAH and arsenic, the excavation at all but one of these locations was terminated at the edge of bituminous pavement. Because bituminous pavement contains concentrations of PAH exceeding performance standards, removal of surface soil beneath the pavement due to exceedance of PAH and arsenic performance standards was not required. Of the six sidewall samples exceeding performance standards that were not excavated, five are along the western edge of the excavation (PXS-10, PXS-11 A, PXS-12 A, PXS-13 A, and PXS-14A) and one is at the northeast corner of the excavation (PXS-18A). Soil represented by one sidewall sample (PXS-10) located along the western sidewall was not excavated to the edge of pavement even though it contained arsenic above the respective performance standard of 12 mg/kg. Sample PXS-10 contained arsenic at a level of 13.1 mg/kg, and was not excavated due to a data entry error that was not discovered until after contractor demobilization. The arsenic and moisture content results for Sample PXS-10 were mistakenly transposed, so that the moisture content (10.1 percent) was thought to be the arsenic concentration. Section 3.0 of this document presents an evaluation of human health risks based on concentrations detected in samples representing remaining soils.

In accordance with the design, samples were biased toward heterogeneities and anomalies observed in the sidewalls and floor of the excavation (e.g., discrete cinder/ash layers). Two discrete layers were observed in the excavation sidewalls, but were eventually removed as the excavation expanded based on post-excavation sample results. One layer was observed in the northern sidewall following the removal of TCE-impacted soil and appeared as a nearly white, pumice-like material. This material was observed over a lateral extent of approximately two feet and was removed during PAH/arsenic surface soil excavation. The other layer consisted of black pea gravel that was observed at the topmost six to eight inches on the western sidewall and on a portion of the southern sidewall. The black pea gravel is thought to have consisted of weathered asphalt or an asphalt subbase.

2.4 DECONTAMINATION

Following excavation and disposal of soil exceeding the performance standard for TCE, a polyethylene-lined, gravel decontamination pad was constructed adjacent to the excavation, and the excavator was mechanically cleaned (shovel and brush) to remove clinging soil (see Appendix F for Field Design Change Request No. 1). As the excavation expanded, the decontamination pad material was loaded out with other surface soil. The excavator was decontaminated again prior to placing clean backfill between the chain-link fence and the asphalt parking lot along the northern portion of the excavation. A second poly-lined gravel decontamination pad was constructed and the excavator was both mechanically cleaned and pressure washed. Decontamination water was allowed to evaporate from the decontamination pad, such that transportation of decontamination water to the groundwater treatment building was not necessary. The final excavator decontamination consisted of brush-scrubbing the excavator bucket with soapy water and rinsing over an open portion of the excavation, such that decontamination rinsate was assured to be at least two feet below final grade. The tracks of the excavator were not cleaned as part of the last decontamination event, as the excavator had not tracked into the impacted soil excavation between the second and third decontamination events.

2.5 HEALTH AND SAFETY

Prior to initiation of on-site activities, Thomas provided Cummings/Riter written endorsement of the Health and Safety/Contingency Plan (HSCP, Cummings/Riter, May 5, 2000). In accordance with the HSCP, Thomas conducted a health and safety tailgate meeting and performed personal air monitoring. Based on personal air monitoring, soil removal activities were conducted using Level D personal protection.

In its role as Site Coordinator, Cummings/Riter performed perimeter air monitoring in accordance with the Community Air Monitoring Plan (Section 7.3 of the HSCP). During the removal of soil exceeding the performance standard for TCE, air monitoring was performed for both dust and organic vapors. Following verification of removal of TCE-impacted soil, air monitoring continued for dust only. Dust monitoring continued through the remainder of soil removal activities. Air monitors were not deployed during precipitation events to avoid instrument damage. No dust or organic vapor levels in

excess of the HSCP action levels occurred. Perimeter air monitoring results are provided as Appendix G. It is noted that the first page of each monitoring event report is provided, which includes the maximum reading for that event.

2.6 BACKFILL

On October 19, 2000, Thomas mobilized a Caterpillar D5C bulldozer for backfill placement. Prior to delivery of backfill soil to the site from Porter Concrete Service of Waverly, New York, and in accordance with the specifications, Thomas submitted the required advanced testing results to Cummings/Riter for review and approval. Parameters for advance testing consisted of the most recent Target Compound List/Target Analyte List for each type of backfill (general fill and topsoil), engineering classification in accordance with American Society for Testing of Materials (ASTM) D2487, and agronomic analysis for topsoil. Backfill analytical results and sieve analyses are provided as Appendix H, and topsoil agronomic testing results are provided as Appendix I. General fill consisting of a well-graded sand with gravel was placed to within six inches of final grade. General fill was covered with six inches of topsoil. Approximately 2,542 tons of general fill and 737 tons of topsoil were placed on site and graded to promote positive drainage. The final restoration elevations are shown on Figure 4. Record drawings are provided as Appendix C.

Upon final review of the restoration record drawing, it was determined that the western portion of the excavation area was backfilled with less than two feet of cover soil. In the spring of 2000, additional soil will be placed to ensure that a minimum of two feet of cover soil is placed in the excavation area. A revised record drawing will be submitted at that time.

2.7 SEEDING AND MULCHING

Seed was applied at the specified rate over all disturbed areas of the site using a mechanical spreader. The seed was comprised of a mixture of perennial ryegrass, birdsfoot trefoil, and Kentucky tall fescue. Straw mulch was applied to all seeded areas at the specified rate using a mechanical spreader. Seed mixture certification is provided as Appendix J.

2.8 FENCE INSTALLATION

High-visibility construction fencing was installed around the perimeter of Disposal Area F following completion of seeding and mulching. Viacom intends to install additional chain-link fencing along the southern and eastern sides of Disposal Area F that would tie-in with the existing fence to help prevent unauthorized access and damage to Disposal Area F restoration.

2.9 METES AND BOUNDS DESCRIPTION

Fagan Engineers performed a boundary survey of the excavated area to develop a metes and bounds description for deed notification. Fagan Engineers is a New York licensed surveyor. The metes and bounds description of the excavation area is included as Appendix K.

2.10 FINAL INSPECTION

The final inspection will be held in early 2001, following approval of the Remedial Construction Report for the installation of the soil vapor extraction/air sparging system in the Former Runoff Basin. The final inspection will consist of a walk-through of the project to determine the completeness of the remedial action and its consistency with design documents. In accordance with the Statement of Work (SOW) under the Consent Decree, advance notification of the final inspection will be provided to the New York Department of Environmental Conservation.

2.11 SUMMARY OF COSTS

In accordance with the requirements of the SOW, a summary of approximate remedial design and remedial construction costs for Disposal Area F has been provided as Table 3.

3.0 POST-REMEDIAL HUMAN HEALTH RISK ASSESSMENT

Viacom conducted an updated human health risk assessment for Disposal Area F associated with Operable Unit 3 of the Kentucky Avenue Wellfield Superfund site. The purpose of this reevaluation was to confirm that the remedial action conducted at this location resulted in post-remedial conditions that pose no unacceptable human health risks from direct contact with residual soil materials.

3.1 BASELINE RISK ASSESSMENT

Using the data developed during the remedial investigation (RI), CDM prepared a baseline human health risk assessment for Operable Unit 3 of the Kentucky Avenue Wellfield Superfund site.¹ CDM prepared this baseline risk assessment in accordance with USEPA Risk Assessment Guidance for Superfund² and other applicable USEPA guidance. For Disposal Area F, the baseline assessment examined potential human health risks associated with contact with surface and subsurface soils under various future land use conditions and exposure scenarios that could be associated with these land uses.

The baseline risk assessment concluded that, under the reasonably anticipated case of future industrial use of the site, there was a potential unacceptable human health-risk associated with direct contact with surface soils in Disposal Area F. This calculated risk resulted from plant worker (or adult trespasser) contact with surface soils containing certain PAH and arsenic. The calculated carcinogenic risk was 5.1×10^{-4} . The calculated hazard quotient for all analyzed cases was less than one. TCE did not contribute significantly to this risk. Based on these findings, the Feasibility Study (FS) proposed remedial action objectives (RAOs) for surface soil to reduce the calculated carcinogenic risk. The RAOs subsequently incorporated into USEPA's Proposed Remedial Action Plan and the Record of Decision to address surface soil contact are as follows:

CDM Federal Programs Corporation, November 30, 1995. "Final Baseline Human Health Risk Assessment, Kentucky Avenue Wellfield Site, Operable Unit III, Chemung County, New York." EPA Work Assignment 038- 2P34, Document No. 7720-038-LR-CJFZ.

U.S. Environmental Protection Agency, 1989. "Risk Assessment Guidance for Superfund: Human Health Evaluation Manual, Part A," OSWER Directive 9285.701 A. Office of Solid Waste and Emergency Response, Washington, D.C.

- Arsenic - 12 mg/kg;
- Benzo(a)anthracene - 7.8 mg/kg;
- Benzo(a)pyrene - 0.78 mg/kg;
- Benzo(b)fluoranthene - 7.8 mg/kg; and
- Indeno(1,2,3-cd)pyrene - 7.8 mg/kg.

The risk-based cleanup level for arsenic was 3.1 mg/kg, which is lower than the site-specific background arsenic concentration. Consequently, the RAO for arsenic was set based on NYSDEC guidance.³ An RAO of 0.8 mg/kg was set for TCE, based on the protection of groundwater from leaching of TCE from affected soil.

The baseline human health risk assessment did not find an unacceptable human health risk associated with subsurface soils in Disposal Area F. The exposure scenario resulting in the highest calculated risk involved a future construction worker contacting materials in Disposal Area F. This scenario resulted in exposure to arsenic, PAH,⁴ and TCE with a calculated carcinogenic risk of 1.4×10^{-6} . This risk is within the 10^{-6} to 10^{-4} acceptable risk range. For this reason, the FS did not propose RAOs for arsenic and PAH in subsurface soils in Disposal Area F based on potential direct-contact exposure. The RAO for TCE in subsurface soil in Disposal Area F is 0.8 mg/kg, based on protection of groundwater.

3.2 BASELINE RISK REASSESSMENT USING PREDESIGN RESULTS

During the predesign investigation, 72 samples of surface soils and 43 samples of subsurface materials were collected and analyzed for arsenic, certain PAH (i.e., benzo(a)anthracene, benzo(a)pyrene, benzo(b)fluoranthene, and indeno(1,2,3-cd)pyrene), and TCE.⁵ Viacom then used these data, in combination with the RI data, to calculate carcinogenic risks for the following two exposure scenarios:

³ NYSDEC Technical Assistance Guidance Memorandum (TAGM) *HWR94-4049*.

⁴

For subsurface soils, five PAH compounds contributed significantly to the calculated risk: benzo(a)anthracene, benzo(a)pyrene, benzo(b)fluoranthene, indeno(1,2,3-cd)pyrene, and dibenz(a,h)anthracene,

Cummings/Riter Consultants, Inc., September 2, 1999. "Remedial Design Interim Data Submittal, Kentucky Avenue Wellfield Site, Operable Unit No. 3, Horseheads, New York."

- Surface soil - plant worker or adult trespasser exposure by direct contact; and
- Subsurface soil - future construction worker exposure by direct contact.

The exposure scenarios used in this reevaluation were those defined in CDM's baseline human health risk assessment.

The results of this reevaluation were as follows:

- For surface soil, the predicted human health risk using the predesign data in combination with the RI data was 5.2×10^{-4} . This value was nearly identical to the 5.1×10^{-4} carcinogenic risk calculated in the baseline risk assessment using RI data. As in the baseline human health risk assessment using the RI data, this risk is above the 10^{-6} to 10^{-4} acceptable risk range.
- For subsurface soil, the calculated risk was 4.3×10^{-5} , which is within the 10^{-6} to 10^{-4} acceptable risk range.

This reevaluation confirmed that remediation of subsurface soils based on potential direct contact was not needed.

3.3 EVALUATION OF HUMAN HEALTH RISKS FOR POST-REMEDIAL CONDITIONS

For the post-remedial condition, Viacom incorporated the data collected from the post-remedial confirmatory soil samples with previously collected soil data to examine concentration data for residual soils, i.e., soils remaining after completion of removal activities. In this analysis, Viacom also included soil concentration data for the backfill and topsoil used in restoring Disposal Area F after removal of impacted soils. Because only surface soils presented an unacceptable human health risk in the baseline, unremediated condition, only surface soils were examined for post-remedial conditions.

3.3.1 Exposure Point Concentrations

According to the Risk Assessment Guidance under Superfund, and consistent with the CDM baseline risk assessment, the post-remedial data set for surface soils was compiled and statistics were calculated based on a lognormal data distribution. This database and summary statistics are provided in Table 4. Soil at all of the RI surface soil sampling

locations was excavated during remedial action; thus RI samples are not included in Table 4. It is noted that 18 samples from the predesign investigation provided data for residual soil materials in this evaluation.

Following the Risk Assessment Guidance under Superfund, and consistent with the CDM baseline risk assessment, exposure point concentrations were taken as the lesser of the 95th percent upper confidence level of the mean, based on a lognormal distribution (i.e., the geometric mean), or the maximum observed value. The 95th percent upper confidence level of the geometric mean was calculated using the methods given in Gilbert (1987).⁶ These values are listed in Table 4 for each constituent of concern. Viacom did not apply any area weighting to concentrations reflected by each data point, but treated each data point equally in determining the 95th percent upper confidence level of the geometric mean.

3.3.2 Exposure Scenarios

The exposure scenarios used in this reevaluation of post-remedial conditions are those defined in the baseline human health risk assessment. Only those scenarios and exposure pathways that resulted in potentially significant carcinogenic risk were evaluated. In all cases, the hazard index associated with noncarcinogenic compounds is well below 1.0. For surface soils, a plant worker (or adult trespasser) is exposed to arsenic, PAH, and TCE concentrations through ingestion. The other avenues for uptake via direct contact (i.e., inhalation and dermal absorption) do not contribute significantly to the calculated carcinogenic risk. The conditions of this exposure are summarized as follows:

PLANT WORKER OR ADULT TRESPASSER EXPOSED TO SURFACE SOIL VIA INGESTION	
Ingestion Rate	50 milligrams per day
Exposure Period	250 days per year for 25 years
Body Weight	70 kilograms
Averaging Time	70 years

Gilbert, R.O., 1987. *Statistical Methods for Environmental Pollution Monitoring*. John Wiley & Sons, Inc., New York, New York.

3.3.3 Toxicity Assessment

The calculations of cancer risk from the estimated exposures were made by applying the cancer slope factors given in CDM (1995).

3.3.4 Risk Calculation

Table 5 shows the risk calculations related to post-remedial surface soils. For surface soil, the predicted human health risk is 4.0×10^{-6} . This value is more than two orders of magnitude less than the carcinogenic risk calculated for the baseline, unremediated condition, and well within the 10^{-6} to 10^{-4} acceptable risk range. It is also noted that the 95th percent upper confidence level of the geometric mean arsenic concentration is 8.7 mg/kg (Table 4), below the NYSDEC guidance value of 12 mg/kg as given in TAGM **HWR94-4049**.

3.4 SUMMARY AND CONCLUSIONS

Viacom has incorporated the surface soil data from the post-excavation verification samples with the data from the predesign investigations at Disposal Area F to reevaluate potential human health risks. This analysis parallels that given in the baseline human health risk assessment prepared by CDM in 1995. The updated risk assessment that incorporates the post-remedial concentration data demonstrates that, under post-remedial conditions, Disposal Area F presents no unacceptable human health risk from exposure to surface materials by plant workers or adult trespassers or from exposure to subsurface soils by construction workers.

4.0 CERTIFICATION OF WORK

Based on Cummings/Riter's observations and tests as documented in this Remedial Action Report, and based on the information provided to Cummings/Riter by Thomas as indicated in this Remedial Action Report, and on Cummings/Riter's review thereof, Cummings/Riter certifies that the Disposal Area F remedial construction has been completed in conformance with the Remedial Action Work Plan, the Remedial Design Report, the Record of Decision, and the Consent Decree.

For the purpose of this Remedial Action Report, "certify" means to state or declare a professional opinion of conditions whose true properties cannot be known at the time such certification was made, despite appropriate professional evaluation.

Cummings/Riter's certification of work in no way relieves any other party from meeting requirements imposed by contract or other means, including commonly accepted industry practices. Cummings/Riter does not guarantee construction, nor should our work or this Remedial Action Report be construed as relieving Thomas and its subcontractors of their responsibility to have performed the work in accordance with the contract drawings and technical specifications.

To the best of my knowledge, after thorough investigation, I certify that the information contained in or accompanying this submission is true, accurate and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Respectfully submitted,
Cummings/Riter Consultants Inc.

COM*- 

William C. Smith, P.E:
Project Manager



TABLES

TABLE 1
SUMMARY OF ANALYTICAL RESULTS
POST-EXCAVATION PAH/As SOIL SAMPLES
DISPOSAL AREA F
HORSEHEADS, NEW YORK

Analyte	PXS-7 ⁽⁻⁾	PXS-7 (DUP)	PXS-8A	PXS-9B	PXS-10	PXS-11A	PXS-12A	PXS-13A	PXS-14A
Sample Date	10/9/00	10/9/00	10/19/00	10/30/00	10/9/00	10/18/00	10/18/00	10/18/00	10/18/00
<i>Semi-Volatile Organics (ug/kg)</i>									
Benzo(a)anthracene	43 J ^w	61 J	260 J	120 J	180 J	1700	970	8500	790
Benzo(b)fluoranthene	47 J	70 J	230 J	160 J	250 J	2500	1300	13000	1100
Benzo(a)pyrene	42 J	62 J	240 J	140 J	180 J	1800	860	9300	910
Indeno(1,2,3-cd)pyrene	<370 ^(c)	<380	130 J	94 J	100 J	1500	550	5800	940
<i>Inorganics (mg/kg)</i>									
Arsenic	7.3	7.6	7.4N ^(d)	8.6* ^(e)	13.1	U N	11.5N	6.7 N	8.5 N

TABLE 1
SUMMARY OF ANALYTICAL RESULTS
POST-EXCAVATION PAH/A_s SOIL SAMPLES
DISPOSAL AREA F
HORSEHEADS, NEW YORK

Analyte	PXS-15A	PXS-15A (DUP)	PXS-16A	PXS-17A	PXS-18A	PXS-19	PXS-20	PXS-21	PXS-22
Sample Date	10/18/00	10/18/00	10/18/00	10/18/00	10/18/00	10/11/00	10/11/00	10/23/00	10/23/00
<i>Semi-Volatile Organics (ug/kg)</i>									
Benzo(a)anthracene	<370	<380	<370	94 J	2800	700	150 J	<360	98 J
Benzo(b)fluoranthene	<370	<380	<370	74 J	3400 E	630	210J	44J	140 J
Benzo(a)pyrene	<370	<380	<370	81 J	2600	270 J	150 J	<360	130 J
Indeno(1,2,3-cd)pyrene	<370	<380	<370	51 J	1300	170 J	120 J	42 J	130 J
<i>Inorganics (mg/kg)</i>									
Arsenic	5.4 N	5.6 N	4.7 N	5.8 N	12.2 N	7.7*	8.2*	2.2	2.2

- a. "PXS" indicates a post-excavation sidewall sample.
- b. "J" indicates value is below reporting limit and is estimated.
- c. "<X" indicates that resulting value was less than qualitative limits.
- d. "N" indicates the matrix spike was outside the control limit.
- e. "*" indicates the relative percent difference is outside stated control limits.

TABLE 2
SUMMARY OF ANALYTICAL RESULTS
POST-EXCAVATION TCE SOIL SAMPLES
DISPOSAL AREA F
HORSEHEADS, NEW YORK

Sample	Sample Date	Trichlo methylene (ug/kg)
PXB-1 ^w	10/4/00	2.5 J ^{*>}
PXB-2	10/4/00	4.6 J
PXB-3	10/4/00	2.9 J
PXB-1	10/4/00	1.4 J
PXB-5	10/4/00	1.1 J
PXB-6	10/4/00	67
PXB-7	10/4/00	11
PXB-8	10/4/00	< U (0
PXB-9	10/4/00	53
PXB-10	10/4/00	<11
PXB-11	10/4/00	7.4 J
PXB-12	10/4/00	2.1 J
PXB-13	10/4/00	28
PXB-14	10/4/00	21
PXB-15	10/4/00	1.8 J
PXB-16	10/4/00	12
PXB-17	10/4/00	7.6 J
PXB-18	10/4/00	34
PXB-19	10/4/00	34
PXB-20	10/4/00	1.2 J
PXB-21/DUP	10/5/00	6.2 J/6.9 J
PXB-22	10/5/00	34
PXB-23	10/5/00	52
PXB-24	10/5/00	3.5 J
PXB-25	10/5/00	2.1J
PXB-26	10/5/00	85
PXB-27	10/5/00	23
PXB-28	10/5/00	3.1 J
PXB-29	10/5/00	13
PXB-30	10/5/00	58
PXB-31	10/5/00	18
PXB-32	10/5/00	7.9 J
PXB-3 3	10/5/00	6.7 J
PXB-34	10/5/00	21
PXB-3 5/DUP	10/5/00	19/28
PXB-3 6	10/5/00	<11
PXS-1 ^(a)	10/5/00	2.7 J
PXS-2	10/5/00	12
PXS-3	10/5/00	16
PXS-4	10/5/00	15
PXS-5	10/9/00	1.1 J
PXS-67DUP	10/9/00	8.9 J/8.7 J
TB-1	10/4/00	<10
TB-2	10/5/00	<10
TB-3	10/9/00	<10

- a. "PXB" indicates a post-excavation bottom sample.
b. "J" indicates value is below reporting limit and is estim
c. "<X" indicates that resulting value was less than qualita
d. "PXS" indicates a post-excavation sidewall sample.

TABLE 3
SUMMARY OF APPROXIMATE COSTS
RD/RA AT DISPOSAL AREA F
OPERABLE UNIT NO. 3
KENTUCKY AVENUE WELLFIELD SITE
HORSEHEADS, NEW YORK

Cost Component	Amount (\$)
RD/RA Project Management	\$ 30,000
Remedial Design and Construction Management	
Investigations and Engineering	200,000
Laboratory Analyses	75,000
Data Validation	15,900
Construction Management and Quality Assurance	65,000
Remedial Design Total	355,900
Remedial Action	
Disposal Area F	
Site Work	123,200
Nonhazardous Waste Disposal	82,500
Hazardous Waste Disposal	163,400
Disposal Area F RA Subtotal	369,100
EPA Oversight Costs	167,200
RD/RA Total	\$ 922,200

Note:

1. Costs include those incurred and invoiced through December 27, 2000.

[illegible]

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I - C M C M C M C M C M C M C M C M C O C O C O C O C O

TABLE 4
SUMMARY OF SURFACE SOIL CONCENTRATION DATA
DISPOSAL AREA F - POST-REMEDIAL CONDITION¹
HORSEHEADS, NEW YORK

No.	Sample Number	Benzo(a)anthracene		Benzo(a)pyrene		Benzo(b)fluoranthene		Indeno(1,2,3-cd)pyrene		Trichloroethylene		Arsenic	
		[C]	ln[C]	[C]	ln[C]	[C]	ln [C]	[C]	ln[C]	[C]	ln[C]	[C]	ln[C]
35	Backfill Topsoil	180.0	5.19296	180.0	5.19296	180.0	5.19296	180.0	5.19296	2.8	1.01160	9.9	2.29253
36		185.0	5.22036	185.0	5.22036	185.0	5.22036	185.0	5.22036	2.8	1.02962	7.5	2.01490
Number		36		36		36		36		20		27	
Maximum		8,500.0		9,300.0		13,000.0		5,800.0		5.5		13.1	
Mean		628.9	5.60452	645.4	5.61234	876.8	5.81550	429.2	5.29767	4.5	1.41986	7.3	1.91347
Std Dev		1,428.2	1.09134	1,544.8	1.08676	2,157.7	1.20166	961.9	1.03025	1.5	0.45834	2.6	0.41982
H Factor			2.501		2.501		2.636		2.427		1.968		1.987
95% UCL			782		782		1,180		519		5.7		8.7

1. PAH and TCE concentrations in micrograms per gram. Arsenic concentrations in milligrams per kilogram.
2. Samples 1 through 18 were collected during pre-design investigations. Samples 19 through 34 were collected as post-excavation samples.
3. Samples 35 and 36 represent materials replaced in Disposal Area F following impacted soil removal.

TABLE 5
SUMMARY OF HUMAN HEALTH RISK ASSESSMENT
SURFACE SOIL INGESTION PATHWAY - POST-REMEDIAL CONDITIONS
DISPOSAL AREA F - FUTURE USE, RISK TO SITE WORKERS^{1,2}
HORSEHEADS, NEW YORK

Constituent	Concentration (C) (mg/kg)	Chronic Daily Intake (CDI/C)	Slope Factor (SF)	Carcinogenic Risk (C _x CDI/C _x SF)
Trichloroethylene	0.006	1.75E-07	0.011	1.1E-11
Benzo(a)anthracene	0.78	1.75E-07	0.73	1.0E-07
Benzo(b)fluoranthene	1.18	1.75E-07	0.73	1.5E-07
Benzo(a)pyrene	0.78	1.75E-07	7.30	1.0E-06
Indeno(1,2,3-cd)pyrene	0.52	1.75E-07	0.73	6.6E-08
Arsenic	8.72	1.75E-07	1.75	2.7E-06
Total Calculated Carcinogenic Risk				4.0E-06

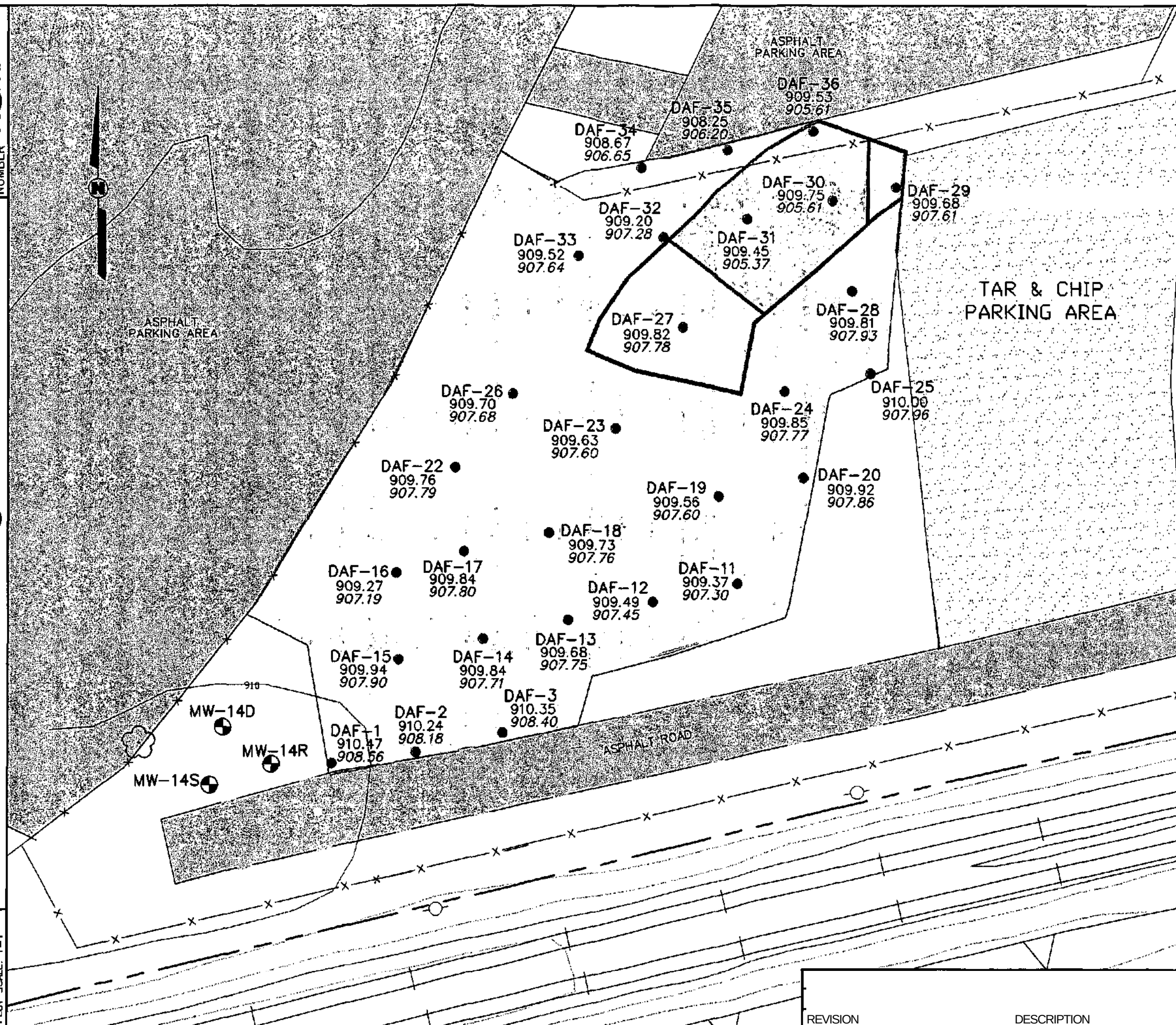
- 1. Risk calculation parallels that provided in CDM (1995). Calculations based on 50 mg/day ingestion over 250-day period by 70 kg worker over period of 25 years.*
- 2. Ingestion is the only pathway that results in more than 1 percent of total risk, and noncarcinogenic risk results in Hazard Index < 1 for all analyzed cases.*



FIGURES

DRAWING NUMBER 98245B41

PLOT SCALE: 1" = 30'



LEGEND:

DAF-28. PREDESIGN SAMPLE LOCATION (CUMMINGS RITER, REMEDIAL DESIGN INTERIM DATA SUBMITTAL, SEPTEMBER 2, 1999).

LIMITS OF TCE SOIL EXCAVATION

LIMITS OF PAH/As SURFACE SOIL EXCAVATION

2-FOOT EXCAVATION DEPTH

4-FOOT EXCAVATION DEPTH

909.92 GROUND SURFACE ELEVATION PRIOR TO EXCAVATION

907.86 BOTTOM OF EXCAVATION ELEVATION

SCALE

30

60 FEET

FIGURE 2
EXCAVATION RECORD DRAWING
DISPOSAL AREA F

KENTUCKY AVENUE WELLFIELD SITE - 0U3
HORSEHEADS, NEW YORK

PREPARED FOR
VIACOM INC.

PITTSBURGH, PENNSYLVANIA

CUMMINGS
***DITER**

J1 CONSULTANTS INC

DRAWING NUMBER

98245B41

DRAWN BY: T.E. McKee

CHECKED BY: B. Geno

APPROVED BY: W.C. Smith

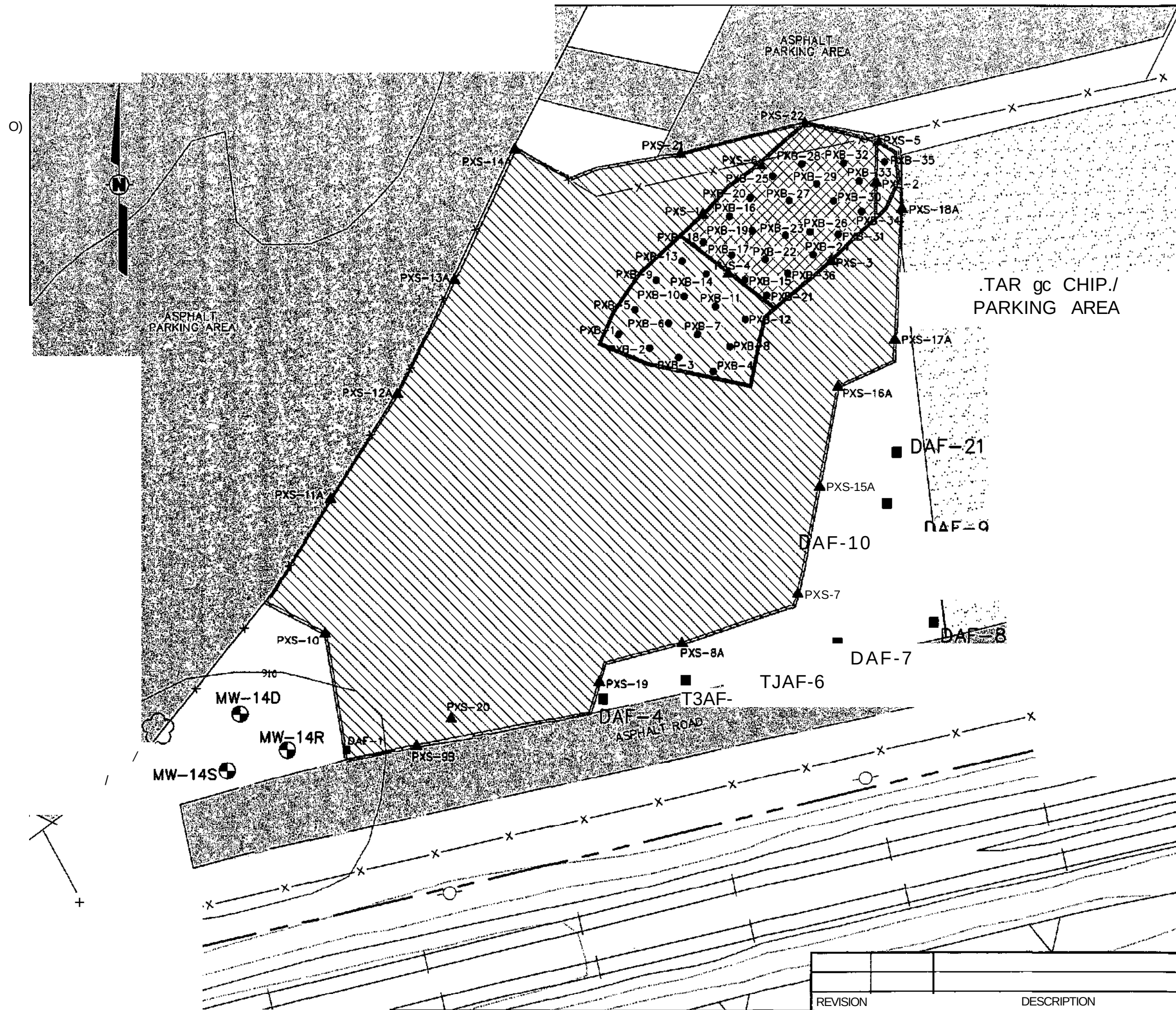
DATE: 12-17-00

DATE: 12-29-00

DATE: 12-29-00

REVISION

DESCRIPTION



- LEGEND:
- PXS-8A± EXCAVATION SIDEWALL SAMPLE LOCATION
 - PXB-8 » EXCAVATION BOTTOM SAMPLE LOCATION
 - OAF-1 • PREDESIGN SAMPLE LOCATION (CUMMINGS RITER, REMEDIAL DESIGN INTERIM DATA SUBMITTAL, SEPTEMBER 2, 1999).
 - LIMITS OF TCE SOIL EXCAVATION
 - LIMITS OF PAH/As SURFACE SOIL EXCAVATION
 - AREA EXCAVATED TO A DEPTH OF 2 FEET
 - AREA EXCAVATED TO A DEPTH OF 4 FEET

SCALE
60 FEET

FIGURE 3
POST EXCAVATION SOIL SAMPLE
LOCATIONS - DISPOSAL AREA F
KENTUCKY AVENUE WELLFIELD SITE - 003
HORSEHEADS, NEW YORK

PREPARED FOR
VIACOM INC.
PITTSBURGH, PENNSYLVANIA

**CUMMINGS
OBITER**
1\ CONSULTANTS* INC

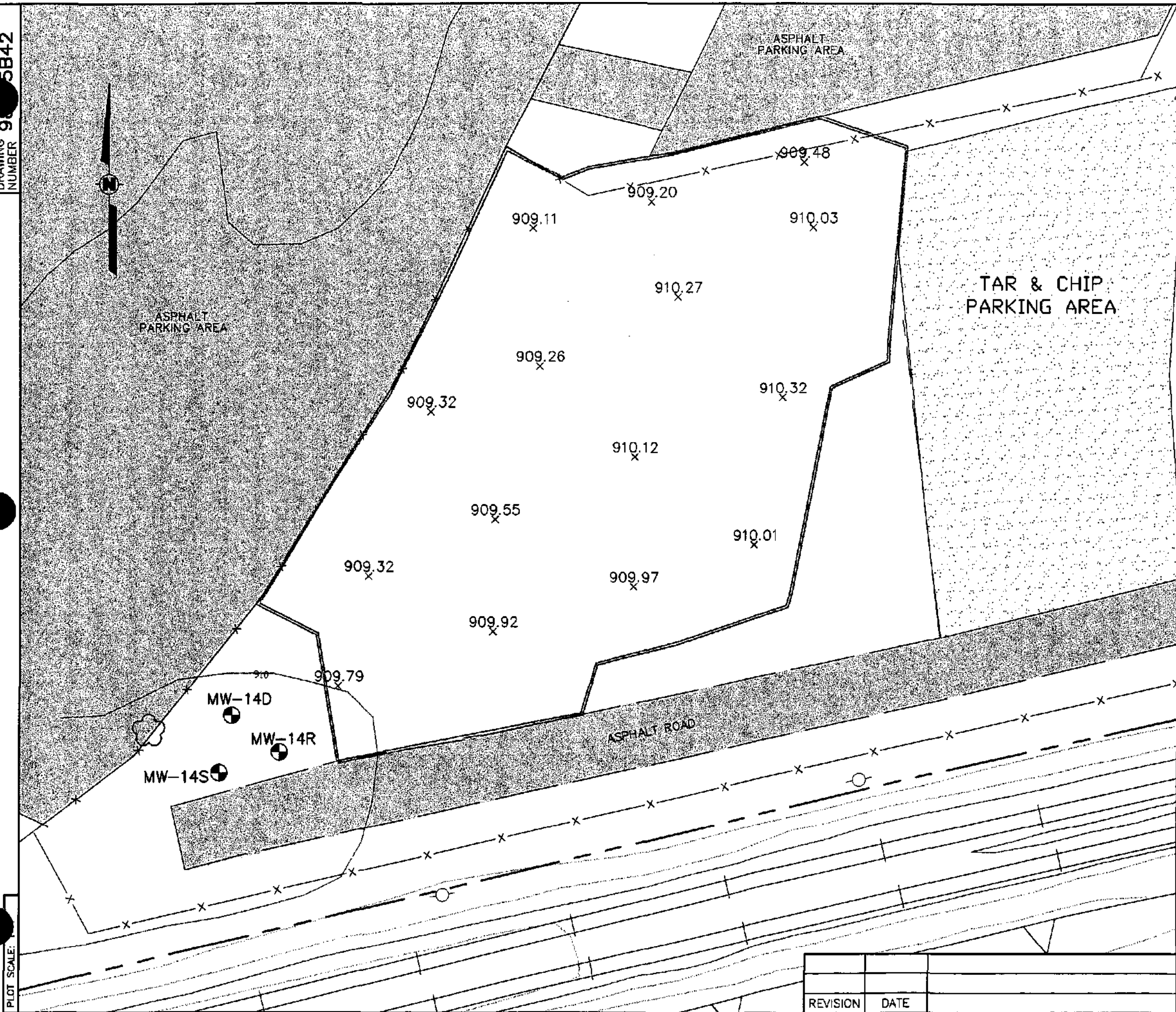
DRAWING NUMBER
98245B40

DRAWN BY: 7X McKee	DATE: 11-10-00
CHECKED BY: B. Geno	DATE: 12-29-00
APPROVED BY: W.C. Smith	DATE: 12-29-00

REVISION	DESCRIPTION

DRAWING NUMBER
98245B42

PLOT SCALE:



LEGEND:

LIMITS SOIL EXCAVATION

910.27 FINAL GROUND SURFACE SPOT ELEVATIONS
(PROVIDED BY FAGAN ENGINEERS, 11-2-00)

S C A L E

30

60 FEET

FIGURE 4
RESTORATION RECORD DRAWING
DISPOSAL AREA F

KENTUCKY AVENUE WELLFIELD SITE - 0U3
HORSEHEADS, NEW YORK

PREPARED FOR
VIACOM INC.
PITTSBURGH, PENNSYLVANIA

pUMMINGS
OBITER
AX. CONSULTANTS, INC

DRAWN BY: T.E. McKee

CHECKED BY: B. Geno

APPROVED BY: W.C. Smith

DRAWING NUMBER

98245B42

DATE 12-21-00

DATE 12-29-00

DATE 12-29-00

REVISION	DATE

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APPENDIX A

HAZARDOUS WASTE
MANIFESTS/CERTIFICATES OF DISPOSAL

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. Q DIS. a REJ. Q PR. D

Failure to file may subject you to
criminal and/or civil penalties under
Statute 33*11161 or 334.12116110.

* & * # >

ipriWQflyptc

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator* US EPA ID No.

Manifest

Poin Appwd^ CMB No. 2050-0039

Information in the shaded areas
is not required by Federal law.

3. Generator* Name and Mailing Address

MYP0796781W.
HAUC40MES3

Manifest Document Number
8056787

B. State Generator* P

WCOMWa
2DQWESTWeH0USEC«a£
HORSMAW. NY 16322

4. Generator Phone

5. Transporter 1 Company Name

6. US EPA ID Number

—frjHt—cTC»Uc#.

US EPA ID Number

E. State TransportataP

7. Transporter Company Name

9. Designated Facility Name and Site Address

10. US EPA ID Number

O^a^FacIBye^;

WAYNE 0K9PO8AL • « - , SHE #2 LANOPaU.
49360 NORTH S4 SERVICE DRIVE
BEUEVLL£.MCH3AN 4B111

MID04B090633

11. USDOT Description (& xrfuoVTOPro^Sft^^

12. Containers

13. Total
Quantity

14. Unit
Wt/Vol

HM

No. Type

GB RQ, HAZARDOUS WASTE. SOLID. (THICK OROETHYLKIE)
H.O.A. 9. UKMOT. FGH1

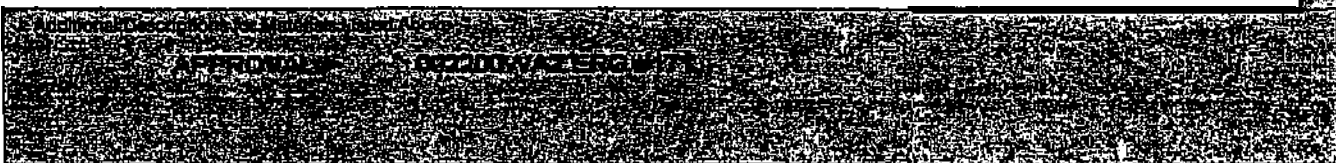
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IS. Special Handling Instructions/Additional Information

24 HOUR EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in full respects in proper condition for transport by highway, air, or water in accordance with applicable regulations. If I am a generator, I certify that I have a plan to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal that will minimize the future threat to human health and the environment; OR, if I am a small quantity operator, I have

Date

Month Day Year

Printed/Typed Name

'a.S

W

Signature

'rue*- Gflfto

17. Transporter 1 Acknowledgment of Receipt of Materials

Date

I Name

Sign

18 Transporter 2 <

lofl

Printed/Typed Name

Signature

Month Day Year

|||||

19. Discrepancy Indication space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Date

Month Day Year

10059

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CO
O

This certificate is to verify the wastes specified on Manifest # u^s J/^2

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR etseq.

Q

FACILITY NAME:
(PUtue check one)

LJ Michigan Disposal Waste Treatment Plant
(EPA I.D. 0 MID000724831)

Wayne Disposal, Inc.
(EPA I.D. U MID048090633)

O

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

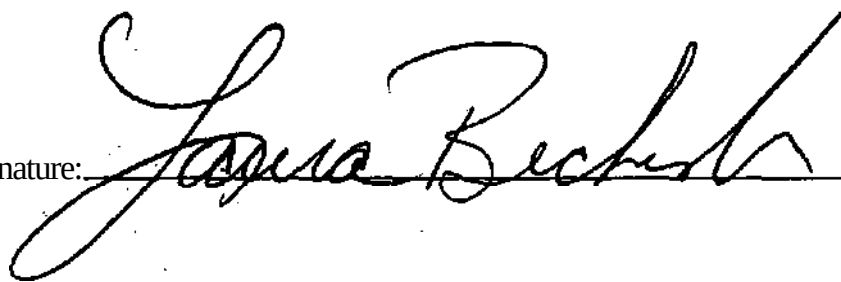
1-800-592-5489

FAX NUMBER:

1-800-592-5329

fe

Authorized Signature:



u.

D*a

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITYDO NOT WRITE IN THIS SPACE
ATT. • DIS. D REJ. Q PR. DFailure to Be may subject you to
criminal and/or dvB penaltw under
L151 or 324,12116 UCL

TF*: 9t %

printer type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No,

NYD079678108

Manifest
No.

Form Approved. OMB Na 2050-0039

2. Page 1

Information in the shaded areas
Is not required by Federal law.

of 1

A. StateManBestDDCument^Number

Mr <M&?SS. ~

3. Generator's Name and Mailing Address

VIACOM WC.
200 WESTOKSHOUSE CftOE
KORSB1EAQ8,NV 16922

4. Generator's Phono < 413 003909

5. Transporter 1 Company Name

PAGE E.T.C.

6. US EPA ID Number

NYD986969947

C. State Transporter ID FT 1048 FA

D. Transporter's Phone 800 233 2126

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, INC., SITE #2 LANDFILL
40500 NORTH IN SERVICE DRIVE
BELLEVILLE, MICHIGAN 48111

10. US EPA ID Number

MID048090633

G. State Facility ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and
ID NUMBER).

HM

a. ☒NO. HAZARDOUS WASTE, SOLID, (TRICHLOROETHYLENE)
N.O.S., 9, UN3077, PGII

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol15. Waste
No.

001

DT

Est.
23

T

F00

GENERATOR

b. ☐c. ☐d. ☐

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of mis consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condirtion for transport r# highway accOTling to eppilcai^

Irlamalaxgequantityg^rierator.lcertifythatlhaveaprog
be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future twreat to huraanrtelam and trwerrvtrorime^

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY CONTACT:

Printed/Typed rW ^ (^ y . ^ ^ |«fc. Signature

1UCIL CaoKft

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

PPNWO QlFtvftroVg-

18 Transporter 2 Acknowledgment of Receipt of Materials

Date
Month Day rear

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Date

Month Day Veer

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This certificate is to verify the wastes specified on Manifest # Z) 0 ^ ^ / " y V
have been properly disposed of in accordance with all local, state and federal regulations.

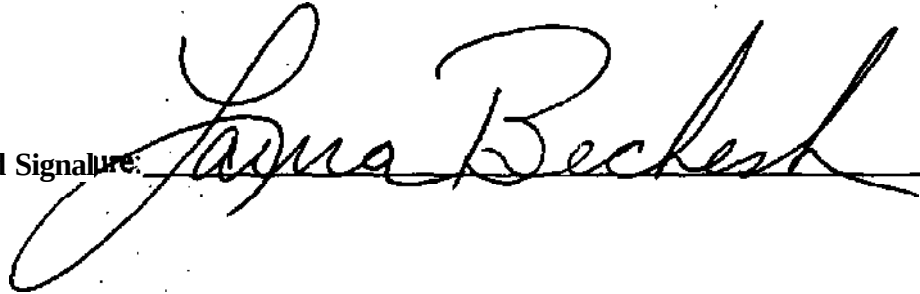
" Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR 261.12.

FACILITY NAME: U Michigan Disposal Waste Treatment Plant Qt Wayne Disposal, Inc.
(Phase check one) (EPAID. 8 MID000724831) (EPA ID. # MHXM8090633)

ADDRESS: 49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER: 1-800-592-5489

FAX NUMBER: 1-800-592-5329

Authorized Signature: 

DE m f

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE

ATT. • DIS. D REJ. • PR. •

Failure to file may subject you to
criminal and/or civil penalties under
Sections 324.11151 or 324.12116 MCL.

Ne- OfWortype.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Form Approved OMB W 205-039 / ^V^J

Information in the shaded areas
is not required by Federal law.

2. Page 1

of 1

A. State Manifest Document Number

MI 8056789

B. State Generator

mPW/q.

3. Generator Name and Mailing Address

MOUND ADDRESS

VIACOM WC
200 WEST WICHOUSE CIRCLE
HORSBACH, MS 38323

4. Generator's Phone () *12 643-3982

6. Transporter 1 Company Name

»;S R..tk. U.. I PAO^VTHICI-r

US EPA ID Number

D: MCr

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter ID

9. Designated Facility Name and Site Address

10. US EPA ID Number

WAYNE DISPOSAL, INC., SITE #2 LANDFILL
4830 NORTH 64 SERVICE DRIVE
BELLEVILLE, MICHIGAN 48111

MID048090633

F. Transporter Phone

G. State Facility ID

H. Facility Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID NUMBER).

12. Containers

13. Total Quantity

14. Unit Wt/Vol

15. Hazardous Waste

HM
a. ☒ ROUGH HAZARDOUS WASTE, SOLID (TRICHLOROETHYLENE)
N.O.S., 9. UN007, PGII

No.

Type

Est.

T

7-001

001

DT

23

T

7-001

b. ☐c. ☐☐

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international, national, and state regulations. I certify that I have a reasonable expectation that the materials described above will be managed in accordance with applicable laws and regulations and that I have a reasonable expectation that the materials described above will not be released into the environment in a manner that would pose a threat to human health or the environment.

Printed/Typed Name

EL

Signature

US-**- n £-1

Date
Month Day Year

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

MJ. w UJ sr/gj>»

Signature

*S.> <

Date
Month Day Year

18. Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year

F I I I I I

IB. Discrepancy indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Sig

Date
Month Day Year

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Q

O

This certificate is to verify the wastes specified on Manifest # 8056789
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR 1 et seq.

FACILITY NAME:
(Please check one)

• Michigan Disposal Waste Treatment Plant
(EPAID. SMID000724831)

☒ Wayne Disposal, Inc.
(EPAID. » MUXM8090633)

ADDRESS:

49350 K 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

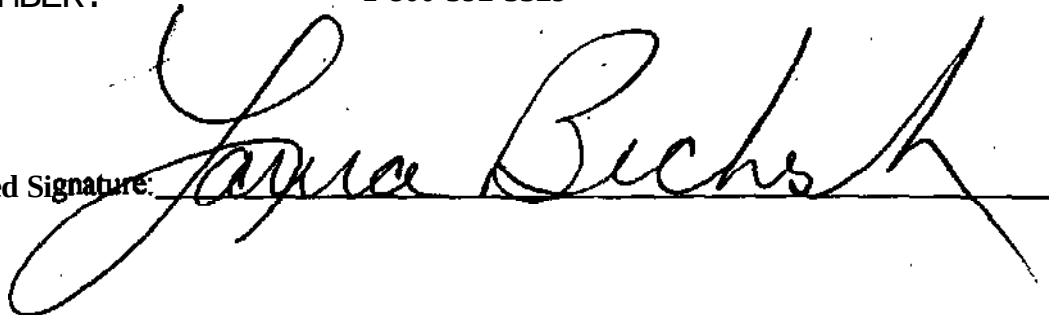
1-800-592-5489

FAX NUMBER:

1-800-592-5329

HH

Authorized Signature:



ft

THE ENVIRONMENTAL QUALITY COMPANY 4

1-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

-fi-cK- 117

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Part 121 of Ad 4S1. IBM, aa amended.

DG

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE

AT • DIS • REJ. D PR •

Failure to file may subject you to
criminal and/or civil penalties under
Sectro 324.11151 or 324.12116 MCL

print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.
NYD079078108

Manifest
Document No.

Form Approved. OMB No. 20560039

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name

H0R8MAQ8,NYKBa

4. Generator's Phone () L - - -

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility

10. US EPA ID Number

4330D WORTH (M SERVfih BRRAS
eBJUEVSJJB.MCHtQMt 48111

mmtawm

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and

HM

RQ. HAZ48DOU! WASTE, SOLID^rmCHtOROETHYtRH^
UHHW7.PCTI

12. Containers

No. Type

13. Total
Quantity

14. Unit
Wt/Vol

001 DT

F S

23

T.

30000

a

HAZARDOUS WASTE

15. Special Handling Instructions and Additional Information

24 HOUR Qt«R0ENCY CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are truly and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations. I am a generator, I certify that I have a plan to manage the waste, and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OH; If I am a small quantity generator, I have made a good faith effort to determine the waste's characteristics.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN
CENTER AT 1-800-424-6882 24 HOUR PER DAY.

TRANSPORTER	Printed/Typed Name	Signature	Date Month Day Year
	17. Transporter 1 Acknowledgment of Receipt of Materials		
	Printed/Typed Name	Signature	Date Month Day Year
	18. Transporter 2 Acknowledgment of Receipt of Materials		
HAZARDOUS WASTE	Printed/Typed Name	Signature	Date Month Day Year
	19. Discrepancy Indication Space		
HAZARDOUS WASTE	20. Facility Owner or Operator Certification of Receipt of Hazardous Materials covered by this manifest except as noted in item 19.		
	Printed/Typed Name	Signature	Date Month Day Year

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Q Michigan Disposal Waste Treatment Plant
(ETA La d Mm0007248)]>

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**49350 N. 1-94 Service Drive
Belleville, Michigan 48111**

1-800-592-5489

1-800-592-5329

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THE ENVIRONMENTAL QUALITY COMPANY 4935 N. 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

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WASTE MANAGEMENT DIVISION
\$ MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

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Fattum to ffe may subject you to
criminal and/or cM penalties under
Sections 324.11151« 324J.211fl "CL

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UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator US EPA ID No.

Manifest
No.

2. Form Approval: OMB No 2050-0039

Information in the shaded areas
b not required by Federal law.

NYD079«7M08

3. Generator's Name and Mailing Address VIACOM INC. 200 WESTINGHOUSE CIRCLE HORSEHEADS, NY 13222		A. State Manifest Document Number MI 8088791				
4. Generator's Phone () 412 642-3822		B. State Generator's ID				
5. Transporter 1 Company Name US Bulk Transport Inc.		C. State Transporter's ID 62846 H NY				
6. US EPA ID Number PA0907347515		D. Transporter's Phone 800 822 8116				
7. Transporter 2 Company Name		E. State Transporter's ID				
8. US EPA ID Number		F. Transporter's Phone				
9. Designated Facility Name and Site Address WAYNE DISPOSAL, INC., SITE #2 LANDFILL 49850 NORTH B4 SERVICE DRIVE BELLEVEUE, MICHIGAN 48111		G. State Facility's ID				
10. US EPA ID Number MID048090633		H. Facility's Phone				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID NUMBER) HM		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste Material Description	
a.	09	001	DT	Est. 23	T	FOG
b.	0					
c.	0					
d.	0					
15. Special Handling Instructions and Additional Information 24 HOUR EMERGENCY CONTACT:						

18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, hazard class, and ID number, and are in all respects in proper condition for transport by highway according to applicable federal, state, and local regulations. If I am a large quantity generator, I certify that I have selected the most practical method of treatment, storage, or disposal that is economically practicable and that I have selected the practical method of treatment, storage, or disposal that is economically practicable and that I have made a good faith effort to minimize the future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize the future threat to human health and the environment.

Printed/Typed Name

Signature

Signature

Signature

Signature

Signature

Date
Month Day Year

11/10/01*HOL

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Month Day Year

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Month Day Year

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Date
Month Day Year

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Owner or Operator Certification

Name

Beck

Date
Month Day Year

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This certificate is to verify the wastes specified on Manifest # TJoscniq/
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

• **Michigan Disposal Waste Treatment Plant**
(EPA I.D. # MID000724831)

☒ **Wayne Disposal, Inc.**
(EPA I.D. # NOD048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

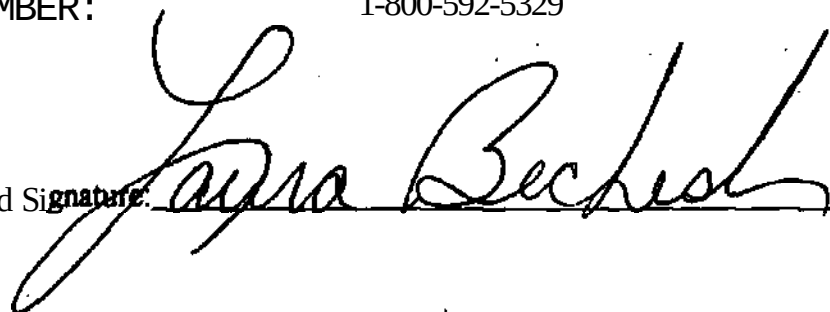
PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:



WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE

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FaBure to to may subject you to
cmrtnal and/or ckl penalties under
Sections 324.11151 or 324.12116 MO-

OT type.

Form Approwad. QMS No. 20S0.Q039

UNIFORM HAZARDOUS WASTE MANIFEST		Manifest Document No.		2. Page 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address VALCON INC. 200 WESTINGHOUSE CIRCLE HORSEHEAD, NY 10228		4. Generator's Phone () 412 842-3522		5. Transporter 1 Company Name Page ETC Inc.		6. US EPA ID Number NYD986969943	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address WAYNE DISPOSAL, INC., SITE 92140001 4950 NORTH B4 SERVICE DRIVE BELLEVILLE, MICHIGAN 48111		10. US EPA ID Number MID048090633	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM)				12. Containers		13. Total Quantity	
a. ☒ NO. HAZARDOUS WASTE SOLID (TRICHLOROETHYLENE) R.G.S. 9.1 (INERT) SOLID				No. 001		Type OT	
b. ☐						Est 23	
c. ☐						T	
d. ☐							
e. ☐							
f. ☐							
g. ☐							
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15. Special Handling Instructions and Additional Information 24 HOUR EMERGENCY CONTACT:							

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations. Wlaml^o^an^nttvy^generat^rcsrtyt
yulduulda: **< tunkakuyoi fumi tury yimihatu, boumy uitui Hiraayuyia iiii iiii) W H A wiautiaui oiui iuii irailiu wwu iym mnnwug iia iwiuiwu Hu iun iiii anii K W M i i w w
economically practicable and that I have selected the practica D tarna n c d t f treatment, storage
ture threat to human health and the environment: OR; if I am a small quantity generator, I have inada a good faith effort to r r d ^ ^

Printed/Typed Name

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Signature

Date
Month Day Veer
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17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed **CS**

18 Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name

19. Discrepancy Indication Space

20. FadDty Owner or Or

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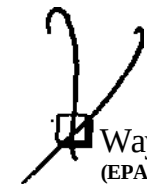
This certificate is to verify the wastes specified on Manifest #

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Pitas* check on*)

• **Michigan Disposal Waste Treatment Plant**
(EPA I.D. # MID000724831)


☒ **Wayne Disposal, Inc.**
(EPA I.D. # MID048090633)

O

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

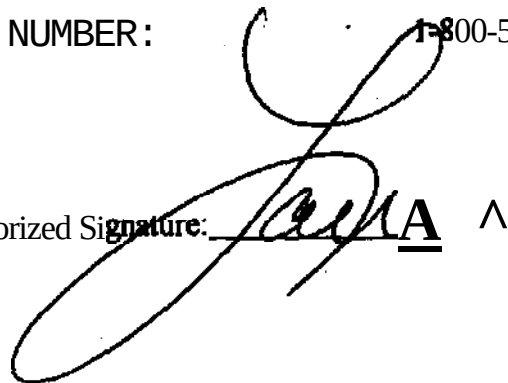
1-800-592-5489

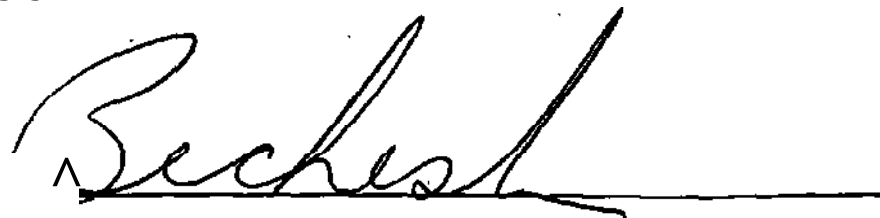
FAX NUMBER:

1-800-592-5329

PH

Authorized Signature:





WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

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Print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

NYD079678108

Manifest
No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

Form Approved. OMB No. 205Q-0039

3. Generator's Name and Mailing Address

VIACOM INC.
200 WESTINGHOUSE CIRCLE
HORSEHEADS, NY 15222

MAMJNG ADDRESS

4. Generator's Phone (1412) 642-3922

Transporter's Company Name

«**<, &£ ""IT 8.

US EPA ID Number 2. 1B(, **}

7. Transporter 2 Company Name

US EPA 10 Number

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, INC.. SITE #2 LANDFILL
49360 NORTH B4 SERVICE DRIVE
BELLEVILLE, MICHIGAN 48111

10.

US EPA ID Number

MEP04S090633

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and

HM

EI

HO. HAZARDOUS WASTE. SOLID. CHLOROETHYLENE
N.O. 9. UTB0T7, PGU

12. Containers

No. J Type"

13.
Total
Quantity

14.
Unit
Wt/Vol

001 DT

2. *

mwm^m^

b. D

^5^:^^

Additional Descriptions for Materials Listed Above

APPROVAL: 002200WAZERS #11

Signature: tr^
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15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY CONTACT: (dO>)&3H " *** *****

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a plan to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment and select the

Printed/Typed Name

-&i * M A CIAKT fe>V

Signature

Viacom
INC.

l.y-"

Date
Month Day Yea.
11/01/04/gle

17. Transporter 1 Acknowledgment of Receipt of
Printed/Typed Name

Signature

Signature

(^Mnjj^tfn

Date
Month Day Yea.

18. Transporter Acknowledgment of Receipt of Material
Printed/Typed Name

Signature

Date
Month Day Yea.

ill

19. Discrepancy Indication Space

20. Facility Owner or Operator's Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Signature

Signature

Date
Month Day Yea.

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This certificate is to verify the wastes specified on Manifest # %>S&793
have been properly disposed of in accordance with all local, state and federal regulations.
"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(PUas check one)*

Q Michigan Disposal Waste Treatment Plant
(EPA I.D. n MID000724831)

☒ Wayne Disposal, Inc.
(EPAID. UKQD048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

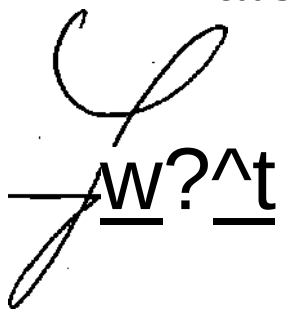
PHONE NUMBER:

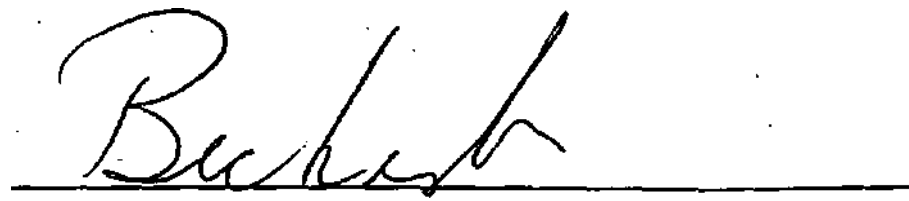
1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:





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WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. • DIS. D REJ. d PR. D

Required under authority of Part 111 and
Part 121 of Act 451.1994, as amended.

W?t*

Failure to He may subject you to
criminal and/or civil penalties under
Secum 324.11131 or J2«.t2i 16 MCL

print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

NYD079678108

Manifest
Douragent No.

Form Approved. OMB No. 2050-0039

2. Page 1

of 1

Information in the shaded areas
ts not required by Federal law.

3. Generator's Name and Mailing Address

VIACOM INC.
200 WESTINGHOUSE CJRCtE
HORSe«AOS, NY 1S222

AiAILWG ADDRESS

A. State Manifest Document Number

-MI 8056794

B. State Generator's ID

4. Generator's Phone f t⁴¹² 642-3S22

6. Transporter 1 ^Company Name

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, INC., SITE#2 LAWDFTU.
49360 WORTH »* SERVICE DRIVE
BEU^VBXE.MICHtQAN 49111

6. US EPA ID NumbeZl^w^ft t State TransporterP I TO 1- ?<? ^ flfy

US EPA ID Number

10. US EPA ID Number

MID048090633

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^Stat»TrarBportBr% P~

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,G.\$tat9

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11. US DOT Description (Including l'roper Shipping Name, Hazard Class, and

HM

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HO, HAZARDOUS WASTE. SOLID^TRICHLOROETHYLEWE)
H.OjS,,9.UN3077.PCan

12. Containers

No. Type

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13. Total
Quantity

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14. Unit
WIA/vol

* Waste-5=<*

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K.Hanrlng Codes

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15. Special Handling Instructions and Additional Information

2d HOUR EMERGENCY CONTACT:

EQ Belleville, MI
8<3o 81^ i«r»s*

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conformity with the requirements of the Hazardous Materials Regulations. If a large quantity generator, I certify that the material is not a flammable liquid, gas, or solid, or a highly reactive material, or a toxic material, or a corrosive material, or a radioactive material, or a hazardous waste, or a material that is otherwise prohibited by the Hazardous Materials Regulations. If a small quantity generator, I certify that the material is not a flammable liquid, gas, or solid, or a highly reactive material, or a toxic material, or a corrosive material, or a radioactive material, or a hazardous waste, or a material that is otherwise prohibited by the Hazardous Materials Regulations.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN PC
CENTER 1-800-431-5882 24 HOUR PER DAY.

Printed/Typed Name		Signature	Date
Bruce Gene as auth. agent for Viacom Inc.		Bruce Gene	11/01/04
17. Transporter 1 Acknowledgment of Receipt of Materials			
Printed/Typed Name		Signature	Date
Richard Hartman		Richard Hartman	11/01/04
18. Transporter 2 Acknowledgment of Receipt of Materials			
Printed/Typed Name		Signature	Date
19. Discrepancy Indication Space			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19			
Printed/Typed Name		Signature	Date
OTftfcfc3\		OTftfcfc3\	11/01/04

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This certificate is to verify the wastes specified on Manifest #.

have been properly disposed of in accordance with all local, state and federal regulations.

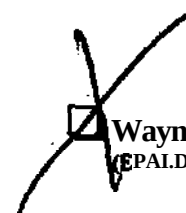
"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:

(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. 0MID000724831)



Wayne Disposal, Inc.
(EPA I.D. 0MID048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN jmll

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WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITYDO NOT WRITE IN THIS SPACE
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crindnal and/or cM penattes under
Sections 324.11151 or 324.121 is MCL

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UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generators US EPA ID No.

NYD07967B108
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Information in the shaded areas
is not required by Federal law.

Form Approved. OMB No. 20500039

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3. Generator* Name and Mailng Address

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^QerwratoriPhonar 1** 6433988

8. Transporter 1 Company Name

U.S. tyfc T*c.tt3p»4 Inc.

7. Transporter 2 Company Name

9- Designated Facility Name and Site Address

WAVkEmSPoaAUWC-.OTeffa LANDFILL
4BB6D NORM B4 8SMGE DRM3
BaibrUCMICHnAM 48111a USB>AIDNumtP
PAN«hnt«ff?ir

8. US EPA ID Number

10. US EPA ID Number

MID048090633

A. State Manifest Document Number	MI 8056795
B. State Generator ID	
C. State Transporter ID	0001 07
D. Transporter Phone	800 335 8710
E. State Transporter ID	
F. Transporter Phone	
G. State Facility ID	
H. Facility Name	

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and
ID NUMBER).

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID NUMBER)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Special Handling Instructions and Additional Information
NO. HAZARDOUS WASTE, SOLID (TRICHLOROETHYLENE) R.S.S., 9, UN0477, PCIII	001	DT	E + Z 3	T	FBI

15. Special Handling Instructions and Additional Information

24 HOUR EMERQBCY CONTACT:

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16. GENSIATCFI'S CEHTIFICATOM: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper oo^Won for transport by highway accordi^ to appllcab^ regulatona. Nlamalargeojjantygenen^JcerDlytrHthaveap be economically practicable and that I have selected the practicable method of trestnwnt, stora^ future threat to human rieellh and the emirontment; O^

Pnnted/TypedName a^ ^ «wU« n frfc*-.** ****

Signature

Date
Moath Day Year
li laid hi 01°17. Transporter 1 Acknartedgrmtont of Receipt of Materials
Printed/TypedDate
Month Day Year18 Transporter 2AOcnowte^iient of Rocefi ft Materials
printed/Typed Name

Signature

Date
Month Day Year

19. Discrepancy bKScatton Space

Ztt FaciBy Owner or Operator: Cortttcatton of receipt of hazardous materials covered by this mafftest except as noted in Item 19

ygvir^hA

Sign

[Signature]

Date

Month Day Year

12/01/04

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This certificate is to verify the wastes specified on Manifest # Efl^,-?9X
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Phase chad one)

• **Michigan Disposal Waste Treatment Plant**
(EPA I.D. # MID000724831)

2 Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature: _____

Laura Becker

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
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FaBure to (De may subject you to'
criminal and/or <M penalties under
Sections 324.11151 or 324.12116 MCL

print or type.

Form Approved. OMB ^

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

NYD079678108
AioJU^AcrirteiJS

Manifest
Document No.

2. Page 1

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Information In the shaded areas
is not required by Federal law.

A. State Manifest Document Number

MfeRQ:B679r>
B^Sto^elGeneralt ID

3. Generator's Name and M^ng Address

200 WE5TJNGH0USE CIRCLE
HORSEHEADS, NY 1S222

4. Generator's Phone (

11^2

642-3322

5. Transporter 1 Company Name

u:s. s..ik-iw>s pay.4 I

6. US EPA ID Number

PAQWtzm ft?

8. US EPA ID Number

Cls^e^ra^oone^IC^aXtf^A ^14 Y

^rareJpon^p1p^i^a^S^3^itt

E^State^Transporter's ID

F^Transporter's Phone

G^State Facility ID

H^Facility's Phone

734-697-2200

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, INC., SITE #2 LANDFILL
49380 NORTH B4 SERVICE DRIVE
BELLEVILLE, MICHIGAN 48111

10. US EPA ID Number

MID048090633

11. US DOT Description (including Proper Shipping Name, Hazard Class, and
ID NUMBER)

HM

a. ☒ RQ, HAZARDOUS WASTE, SOLID, (TRICHLOROETHYLENE)
N.O.S., 9, UN3077, PGIII

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste
No.

001

DT

Est.
23

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F001

Additional Descriptions for Materials Listed Above

APPROVAL: 09200WAZERG 113

K: Handling Codes

a. ☐

b. ☐

c. ☐

d. ☐

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY CONTACT:

EQ Belleville, MI
(800) 839-3975

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are truly and accurately described above by proper shipping name and are
classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway, air, rail, or water in accordance with applicable
regulations. I have made a practicable memorandum of treatment, storage, or disposal for this material, and I have made a future threat to human health and the environment; OR, if I am a small quantity generator, I have made a g

Printed/Typed Name

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Signature

Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year
11/01/03

Date
Month Day Year

f Date
Month Day Year

18 Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

1 • Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

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Signature
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Date
Month Day Year

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This certificate is to verify the wastes specified on Manifest # 8056796
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(PUase check one)

LJ Michigan Disposal Waste Treatment Plant
(EPAID. JMID000724831)

1/ Wayne Disposal, Inc.
(EPAID. UMID048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

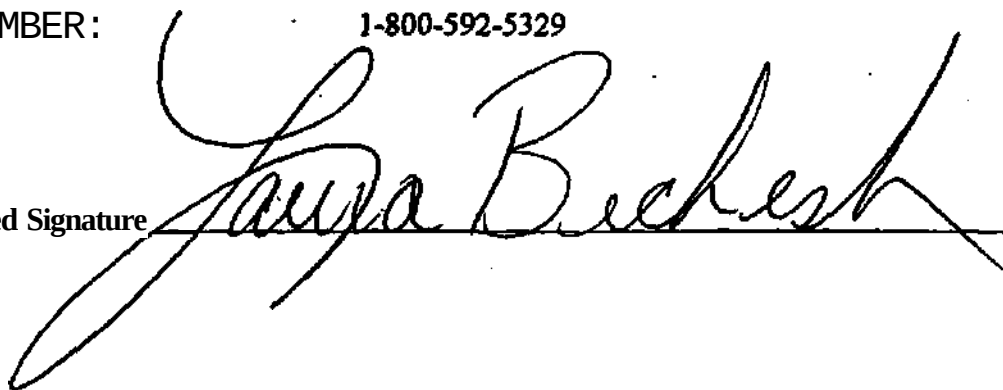
PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature



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WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY.

DO NOT WRITE IN THIS SPACE
ATT. D DIS. • REJ. Q PR. •

Failure to file this form may subject you to
criminal and/or civil penalties under
Sections 324.11151 or 324.12116 MCL.

Print or type.

Form Approved. OMB No. 2080-0030

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NYD079678108	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address VIACOM INC. 200 WESTINGHOUSE CIRCLE ROSELAND, NY 10222		MAILING ADDRESS			
4. Generator's Phone () 412 643-3322					
5. Transporter 1 Company Name Page ETC Inc.		6. US EPA ID Number NYD 986 969947			
7. Transporter 2 Company Name		8. US EPA ID Number			
9. Designated Facility Name and Site Address WAYNE DISPOSAL, INC., SITE #2 LANDFILL 4850 NORTH 84 SERVICE DRIVE BELLEVILLE, MICHIGAN 48111		10. US EPA ID Number MID048090613			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol
a. ☒ NO. HAZARDOUS WASTE, SOLID (TRICHLOROETHYLENE) H.O.B., 9. UN077, POH		001 DT		EST 23	T
b. ☐					
c. ☐					
d. ☐					

16. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International Regulations. I have selected the proper hazard class and the proper method of treatment, storage, or disposal consistent with the hazard to human health and the environment.

Printed/Typed Name _____ Signature _____ JAT ts**> «-4" " "fr"m & _____ Date _____
Month Day Year

17. Transporter 1 Acknowledgment of Receipt of Materials

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name _____ Signature _____
Month Day Year

18. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by IMS manifest except as noted in Item 19.;

Printed/Typed Name: **CAURA**

Signature _____

Date _____
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This certificate is to verify the wastes specified on Manifest # <teKcn<n

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

G Michigan Disposal Waste Treatment Plant
(EPA ID. HMID000724831)

☒ Wayne Disposal, Inc.
(EPALD.#MnX>48090633) *

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

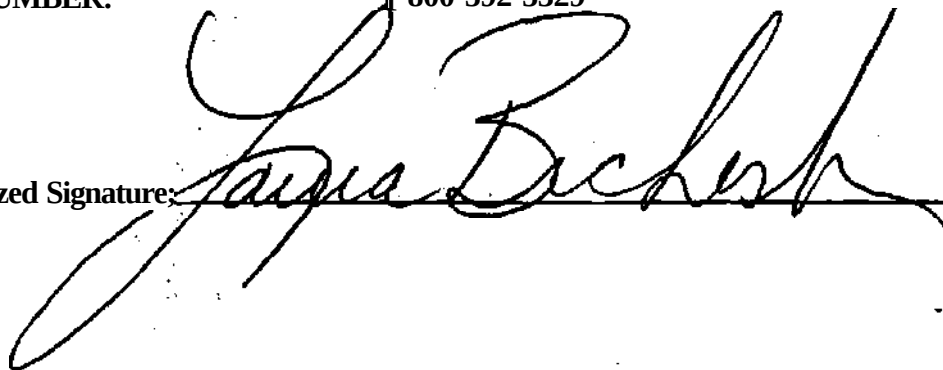
PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:



THE ENVIRONMENTAL QUALITY COMPANY 4 ^ ^ N . 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN 4 ^ 1

FORM 102 **1WK**

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

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SEES:

Foim Approved. PUB No. 205041039

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

NYD079378108

Manifest
Document No.

2. Page 1
of 1

Information In the shaded areas
ts not required by Federal law.

3. Generator's Name and Mailing Address WACCAHILL 300 WESTINGHOUSE CIRCLE HORSEHEADS, NY 18222		4. Generator's Phone () 412 842-3822		5. Transporter 1 Company Name Page ETC Inc		6. US EPA ID Number NYD986969947		7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 4380 NORTH 24 SERVICE DRIVE BELLEVILLE MICHIGAN 48111		10. US EPA ID Number MID048090633		11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) HM a. ☒ NO. HAZARDOUS WASTE, SOLID, TRICHLOROETHYLENE, R.O.S., 9, UN3077, PCIII		12. Containers No. Type 001 DT		13. Total Quantity E 2 + 23		14. Unit Wt/Vol T		15. Special Handling Instructions and Additional Information	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consigner* are fulry and accurately descnfd above rjy ptop^ classified, packed, marked, and labeled, ana are In aO respects In proper condrom tor transport by hfefhwayaixording to appUc^ regulations. Hlamalanjeqi^ntirygeneretwjcertryttattha be economically practicable and that I have selected the practicable niethodoftreatmertr storage, or d s p ^ future truest to numan health and the enviroirunentOR^																									
17. Transporter 1 Acknowledgment of Receipt of Materials																									
18. Facility Owner or Operator: Certification of receipt of hamrdww materials covered by																									

24 HOUR SBKffincy CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consigner* are fulry and accurately descnfd above rjy ptop^
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regulations. Hlamalanjeqi^ntirygeneretwjcertryttattha
be economically practicable and that I have selected the practicable niethodoftreatmertr storage, or d s p ^
future truest to numan health and the enviroirunentOR^

Prntnd/Typed Name

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Signature

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17. Transporter 1 Acknowledgment of Receipt of Materials

18. Facility Owner or Operator: Certification of receipt of hamrdww materials covered by

Printed/Typed Name

Signature

Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hamrdww materials covered by

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Month Day year

Date
Month Day year
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Month Day Year
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This certificate is to verify the wastes specified on Manifest #

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

• **Michigan Disposal Waste Treatment Plant**
(EPA I.D. # MID000724831)

 **Wayne Disposal, Inc.**
(EPA I.D. # MID048090633)

ADDRESS:

**49350 N. 1-94 Service Drive
Belleville, Michigan 48111**

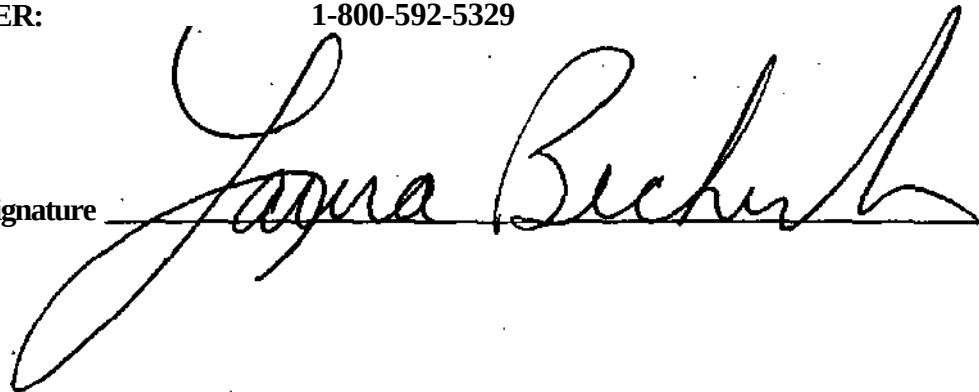
PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature



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WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
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criminal end/or cM peciatUa under
SoOiora 324.11151 or 324.12116 MCL

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Foim Approved. OMB No. 050403B

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.
NYD079678108

Manifest
No.

2. Page 1
of 1

InfonuiUon In the shaded areas
Is not required by Federal law.

3. Generator's Name and Mailing Address WACOM INC. 200 WESTINGHOUSE CIRCLE HORSEHEADS, NY 10222		4. Generator's Phone (412) 642-8822		5. Transporter 1 Company Name Page ETC INC		6. US EPA ID Number NYD986969947		7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address WAYNE DISPOSAL, INC., SITE #2 LANDFILL 4880 NORTH 84 SERVICE DRIVE BELLEVILLE, MICHIGAN 48111		10. US EPA ID Number MID048090633		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID NUMBER) RM HAZARDOUS WASTE, SOLID, (TRICHLOROETHYLENE) N.O.S., 9, UN3077, PGH		12. Containers No. Type 001 DT		13. Total Quantity ES+ 23		14. Unit Wt/Vol T	
15. Special Handling Instructions and Additional Information																							

24 HOUR B f i 3 * 3 B « Y CONTACT:

18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in accordance with the requirements of the Hazardous Materials Regulations. I have made a good faith determination that the material is not a hazard to human health or the environment; 08; If I am a small quantity generator, I have made a good faith determination that the material is not a hazard to human health or the environment.

Printed/Typed Name & J <w4L ^ T J L W ^ *

Signature

Month Day year

17. Transporter 1 Acknowledgment of Receipt of Materials

J • " > Printed/Typed Name

Signature

Date

18. Transporter 2 Acknowledgment of Receipt of Materials

P Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this

I except as noted in Item 19.

Date
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This certificate is to verify the wastes specified on Manifest #

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either; 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

LJ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☒ **Wayne Disposal, Inc.**
(EPA I.D. # MID048090633)

ADDRESS:

**49350 N. 1-94 Service Drive
Belleville, Michigan 48111**

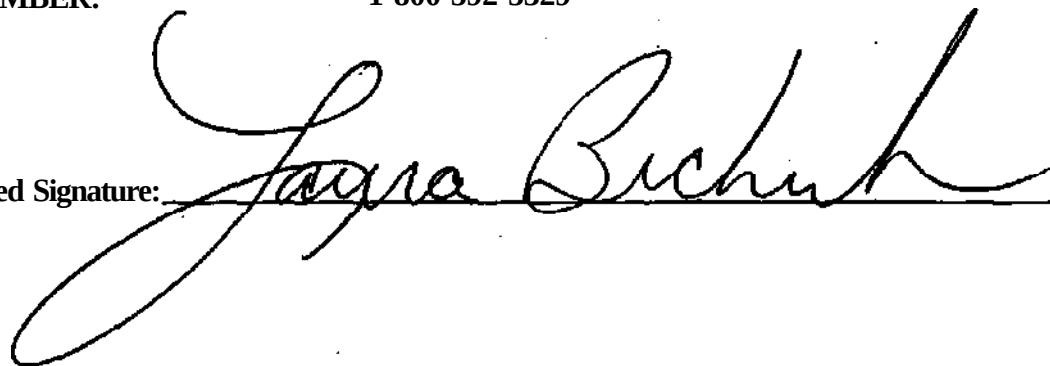
PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:



WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

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DO NOT WRITE IN THIS SPACE
ATT. • DIS. • REJ. • PR. •

Fetlura to filb may subject you to criminal and/or civil penalties under Sections 324.11151 or 324.12118MCL

print or type:

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

NYD079678108

AIAiJNG ADDRESS

Manifest Document No.

Form Approved. QMS No. 2050-0039

2. Page 1
of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

VIACOM INC.
200 WESTTINGHOUSE CIRCLE
HORSEHEADS, NY 15222

4. Generator Phone () 643-3932

5. Transporter 1 Company Name

*U-

7. TI 2 Company Name

9. Designated P

SCTE #2 LANDFILL
4935D NORTH B4 SERVICE DRIVE
BELLEVILLE, MICHIGAN 46111

6. US EPA ID Number

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a. US EPA ID Number

10. US EPA ID Number

MID048090633

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F^Traftepwei^BhOTia-j-in^j[^]^v^{:-}:
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11. US DOT Description(»icftio7ng Proper Shipping Name, Hazard Class, and

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"Br

KQ. HAZARDOUS "WASTE. SOLU>.(TRICHLOROETHYLKNE)

12. Containers

No. Type

13. Total
Quantity

14. Unit
Wt/Vol

Waste^{:-},r,vi

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ALERTING SYSTEM, IN MICHIGAN AT 1-800-232-4706 OR OUT OF

b.	☐								
p.	☐								
	☐								

Additional Descriptions for Materials Listed Above

APPROVAM 092201WAZ ERG #171

K Handling Codes

a
b
c
d

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are truly and accurately described above by proper stripping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to ^ regulations. HlamlargequantitygeneratQUcer%thatiha»aprog^ be economically practicable and that I have selected the practicable method of treatment storage, or disposal c^^ future threat to human health and the environment; OR; if I am a small^iarity generator, I have n we a O^KXJ faith effort to r^

Printed/Typed Name

*tr Hzsxr Signature

Date
Month Day Yam

tlflloWQK

Date
Month Day Ye&

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

MM? fas

Signature

ffdjvy &#>«

Date
Month Day Yea.

18 Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

19. Discrepancy Indication Space

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S0 L 2

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. /

Printed/Typed Name

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Signature, /.

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Date
Month Day Yaa

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This certificate is to verify the wastes specified on Manifest #

Ttosv^ac)

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

LJ Michigan Disposal Waste Treatment Plant
(EPA ID. n MID000724831)

 Wayne Disposal, Inc.
(EPA ID. U MID048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

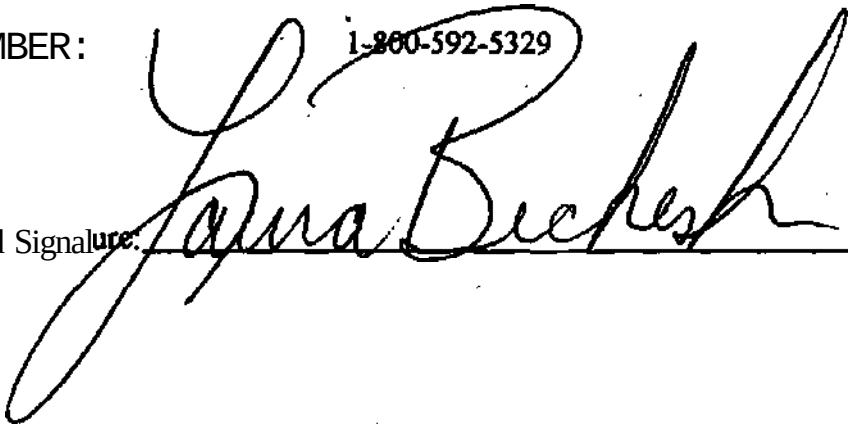
PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:



WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
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print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
No.

Form AppiewetL QMSNo 2050-0039

2. Page 1

Information in the shaded areas
Is not required by Federal law.

3. Generator's Name and Mafitng Address

VIACOMWC.
2D0 WESHNSKOU^ CnOf
HQSMADS.NY1S222

>ryD079CT8H>

MAftMG ADDRESS

A State Manifest Document Number

MI 8056801

Date of Manifest: 11/11/93

4. Generator Phone ()

412 64*3922

5. Transporter 1 Company Name

Page ETC Inc.

6. US EPA ID Number

IN YD 986969947

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, INC., SITE #2 LANDFILL
49380 NORTH B4 SERVICE DRIVE
BELLEVILLE, MICHIGAN 48111

10. US EPA ID Number

MID048090633

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID NUMBER).

HM

a. ☒ NO. HAZARDOUS WASTE, SOLID (TRICHLOROETHYLENE)
R.O.S. 9, UN3077, PCIII

b. ☐c. ☐d. ☐

Additional Description (Including Proper Shipping Name, Hazard Class, and ID NUMBER).

REFUGAL HAZARDOUS WASTE

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol

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23

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18. Special Handling Uwfructtons and Additional Information

24 HOUR EMERGENCY CONTACT:

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are futty and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in propwcmditton for transport by highway a regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste ganer^ be econwrtcaty practicable and that I have selected the practicable method of treatment, storage, or o3s^ future threat to human health SJKI the envrionm

PrMad/TypedName E> «WH- ""Jf***

Signature

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Date
Month Day Year

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Date
Month Day

17. Transporter 1 Acknowledgment of Receipt of Materials

Prirjariff^wlMame S^ 7 / /

Signature

John Schieble

18 Transporter 2 Aduwwtodgment of Receipt of Materiato

Prntad/Typed Name

Signature

Date
Month Day Year

18. Discrepancy Indication Space

20. Facfity Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

CAURA Beckesh

Signature

Laura Beckesh

Date
Month Day Year

This certificate is to verify the wastes specified on Manifest # 0 CD o b> 0 0 I
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(PUai* check on*)

• Michigan Disposal Waste Treatment Plant
(EPAID.0MID000724831)

☒ Wayne Disposal, Inc.
(EPA LD. 0 MID048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

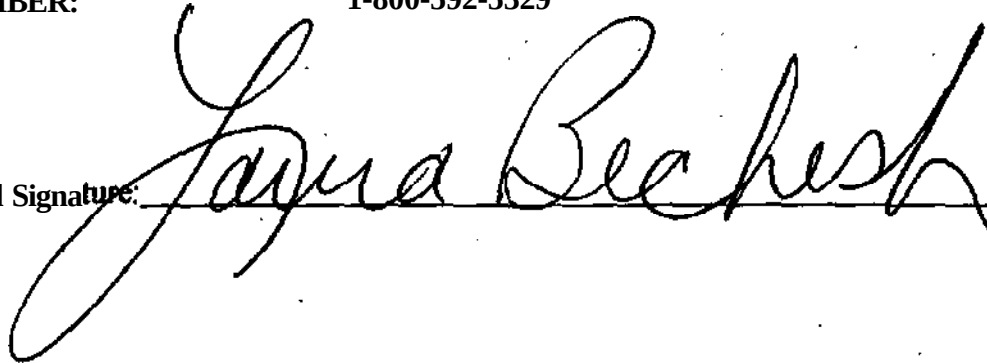
PHONE NUMBER

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:



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This certificate is to verify the wastes specified on Manifest # ? X *) ^ / ^ atD^—
have been properly disposed of in accordance with all local, state and federal regulations.

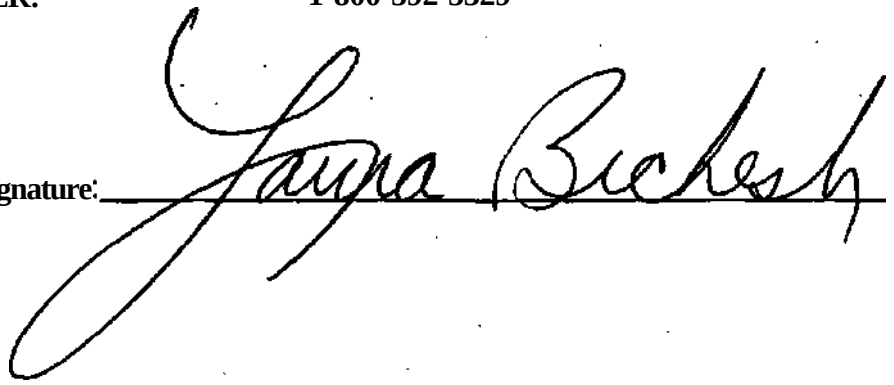
"Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME: G Michigan Disposal Waste Treatment Plant **MyWayne Disposal, Inc.**
(PUastchtckortt) (EPA ID. # MID000724831) A (EPA ID. ft MID048090633)

ADDRESS: 49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER 1-800-592-5489

FAX NUMBER: 1-800-592-5329

Authorized Signature: 

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WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. • DIS. D REJ. • PR. D

Failure to file may subject you to
criminal and/or civil penalties under
Sections 324.11151 or 324.12U8 MCL.

Please print or type.

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

NYD079678108

Manifest
DownmenLNo.

Form Approved. OMB No. 2050-0039

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

VIACOM INC.
200 WESTINGHOUSE CIRCLE
HORSEHEADS, NY 15222

*UULMGaiJQK£55

4. Generator's Phone ()412 64239B2

5. Transporter 1 Company Name

U S. Bul< Iv - ^ p d v 4 IK, .

6. US EPA ID Number

IPAQ^ n3HT5|g"

7. Transporter 2 Company Name

6. US EPA ID Number

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, W C, SITE #2 LANDFtX
49360 NOR m B4 SERVICE DRIVE
BEILEV1LLE. MICHIGAN 48111

10. US EPA ID Number

MHXM8090633

AJState Manifest Document Number

MI 8056803

WmMmmpu

el StaieTt^porter* MtTL SZ&^S ' O H

B^sSo^i^V'9i^"%y'Z-w^l<

E. State Facility ID

F. Facility Phone

G. State Facility ID

H. Facility Phone

734-697-3200

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and

HM

SO, HAZARDOUS WASTE, SOUD.fr RICH LOROETHYLENE)
W.OX9.UN3077.PGIU

12. Containers

No. I Type

13. Total
Quantity

14. Unit
Wt/Vol

001 DT

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1. Additional Descriptions for Materials Listed Above

APPROVAL (92200WAZEP-217)

K. Handling Codes

a

b

c

d

15. Special Handling Instructions and Additional Information

EQ - Balvill, MI

24 HOUR EMERGENCY CONTACT:

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16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to regulations. If I am a large quantity generator, (certify that I have a program in place to reduce be economically practicable and that I have selected the practical treatment, storage, or disposal future threat to human health and the environment: OR; if I am a small quantity generator, I have made a good faith

Printed/Typed Name

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Inc.

Signature

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Month Day Year

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Month Day Year

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

Jeff Balint

Signature

Jeff Balint

18. Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18

Printed/Typed Name

LAURA Beckesh

Signature

Laura Beckesh

Date

Month Day Year

100610

ALL SPILLS MUST BE REPORTED TO THE
CENTER AT 1-800-454-4882 24 HOUR PER

RECEIVED

DATE

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This certificate is to verify the wastes specified on Manifest # **fo54%)3**
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR etseq.

FACILITY NAME:
(Pitas check one)*

GJ Michigan Disposal Waste Treatment Plant
(EPA I.D. #MID00072483I)

☒ **Wayne Disposal, Inc.**
(EPA I.D. #MID048090633)

ADDRESS:

**49350 N. 1-94 Service Drive
Belleville, Michigan 48111**

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

PL,

Authorized Signature: _____

Lynne Bickel

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. D DIS. D REJ. D PR. D

Failure to die may subject you to
crtmtnfl and/or ctvJ penalties under
Sections 324.11151 or 324.12116MCL

Plaaae print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generate

Manifest
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Fom Approved, QMB No. 20»0039

2. Page 1

Information in the shaded areas
Is not required by Federal law.

A. State Manifest Document Number

wfr 8056804

B Stats Generator* ID

C State Transporter^ ID XCirV^I) ? PA

D Transporter's phone- 9fIO 5 3 ? 3 . ? 8 T

E. State Transporters IP

FTiansppga^Phone-

tassw*

"-A?--18AC

< Generator^ NanroatAMMMINfittress •
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HORSEHEADS.NY1Sa22

412 842-3922

4. Generator Phono {

S. Transporter 1 Company Name

J« hn ft*****',L-L.C-

7. Transporter 2 Company Name

6. US EPA ID Number

8. US EPAJD Number

1a US EPA ID Number

MID048090633

9. Designated Faciltty Name and Site Address

WAYNE DISPOSAL. IMC., SITE #2 LANDFILL
49350 NORTH B4 SERVICE DRIVE
FALLEVU1£. WCHtGAN 48111

11. US DOT Description Onchidirn Proper ShippingName, Hazard Class, and

HM

ia

RQ, HAZARDOUS WASTE. SOLID.(TRICHLOROETHYLENE)

12. Containers

No Type

001 DT

13
Total
Quantity

EST-

14
Unit
Wt/voi

(^Wasta ~i
No. -ar-

^P00t

b	c	d	Additional Descriptions for Materials Listed Above				K. Handling Codes		
			a	b	c	d	e	f	

15. Special Handling Instructions and AddWonaJ Information

24 HOUR EMERGENCY -CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in an respects in proper conation for trajisport by Nghway according to regulations, tflamalargequaitltygenerator.tcerttftyfiatlha^ be economically practicable and that I have selected the piacticable method of treatment storage, or dsposalcu^ future threat to human health and the environment; OR; If I em a sma8quan% generator. I rtaveirtade a good faith effort to

Printed/Typed Name a* C, *U . o-£AX*- •*fc

Signature

Date
Month Day Year

17. Transporter 1 Acknowledgment of Receipt of Materials

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18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year

Date
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

&£^M^B

Signature

Date
Month Day Yea.

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This certificate is to verify the wastes specified on Manifest #

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(PUTu* check on*)

• Michigan Disposal Waste Treatment Plant
(EPA I.D. U MID000724831)

☒ Wayne Disposal, Inc.
(EPA U>.» KOD048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

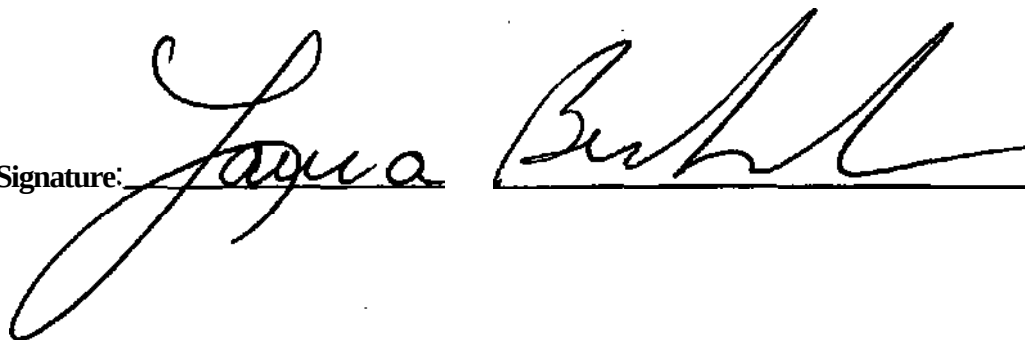
1-800-592-5489

1

FAX NUMBER:

1-800-592-5329

Authorized Signature:



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WASTE MANAGEMENT DAOSION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. D DIS. • REJ. D PR. Q

PaBuro to Bto may tubjaci you to
criminal and/or dvfl panattea under
Sactcons 324.11131 or 324.12116M

PMWJIMfitorlypB.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA 10 No.
NYD07W78108
MAfljMKAUMESS

Manifest
DecuoiMfNo.

Form Approved. OMB No. 3050039

2. Page 1
Information in the shaded area
is not required by Federal law

3. Generators Name

300 vVESmNSHCfUSE ORCLE
HORSaiEADS,NY1S2Z2

A. State Manifest Document Number

MI 8056805

aState Generator'sifO:

4. Generator's Phone (*12 64fr3922

5. Transporter 1 Compare Name

6. US EPA ID Number

astateTraWonWib>i^ f^ iJ i ft "R^

7. Ti 2 Company Name inc.

US EPA 10 Number

gTrarB^orte^PliQm SOQ: "2T? ZI 2

Js*.

9. Designated

1

10. US EPA ID Number

E. StBta-TranspbrtitsJD

F. Transported PhOna.

G. State FacOfT/sp;

r;snE*a LANDFILL
4988D WORTH 04 SCRVICE OWVC

MIDW8090633

R Facfll/s Phonff

..TSWBjMBD&V *

11. us DOT Description (Including Prayer Shipping Name, HazardClass, and

HM

IS

BQ. HAXAJUWOS WASTE. SOtiJ>.<TRICHtOROKTHYIEfiE>
If .0.S., P. OT3077, PCHI

12. Containers

No. I Type

001 t

13. Total
Quantity

B:r

14. I. Waste
Unit Nov

FKH

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d. a

**;. ^>ppwwAt# aEKSWVVAZERO#71

3 *rf/ j -

tf *-

15 Special Handling Instructions and Additional Information

k. • it Ali

24 HOUR EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby deVfere mat the contents of this consignment are fully and accurately described above by proper shipping name and are
classified, padded, marked, and labelsd, and ere in all respects in proper c ^ ^
regulations. IfIamalargeo^jantfygenenjtior.lcertifythatIhavaa^
be economically practicable and mat I have selected the practicable metrwdc/treatment, storage, wonsrjosalcurrentryav^^
future threat to human health and the environment; OR; ifI am a srraU quantity generator, I have made a g ^ f a f m effort to

Printed/Typed Name

Ar- Signature

n E,U4T*-

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Month Day Yaa
mnJkx
Date

17. Transporter 1 Acknowledgment of Receipt of Materials

PnTtso/Typed/lamey

Signature

ZZ^

Month Day Yea,

18 Transportar 2 Acknowledgmem of Receipt of Materials

Printed/Typed Name

Signature

Data
Month Day Yea

19. Discrepancy Indication Space

OK to change Section 13 per

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

LAURA Bickesh

Signature

Laura Bickesh

Date
Month Day Year
1994

ALL SPILLS MUST
CENTER AT 1-800-
FAC

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O

This certificate is to verify the wastes specified on Manifest U t0\ ft/y5foftfx5
have been properly disposed of in accordance with aO local, state and federal regulations.
"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR, sec.

to
O

«

FACILITY NAME:
(PJwdtttdtoaii)

Q Michigan Disposal Waste Treatment Plant
(ETA I.D. f MID0CO7W831)

jsflv,ayne Disposal, Inc.
(EMLD. f UTD04S990633)

ADDRESS:

49350 N. 1-94 Service Drive
BdJcville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

I-RCO-592-5329

H
H

Authorized Signature: •HAXCQU, Sterns

u

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

FORULO20006)

€W>

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. D DIS. • REJ. D PR. D

Required under authority of Part 111 and
Part 121 of Act 491,1994, as amended.

Failure to file may subject you to
criminal end/or civil penalties under
Sections 324.11191 or 324.12116 MCL

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.
NYD079678108

Manifest
Document No.
806

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address
VIACOM INC,
2ffi WES-RNGHOUSE CIRCLE
HORSEHEADS.NY 1S222
412 642-3922

MAILING ADDRESS

A. State Manifest Document Number
MI 8056806

B. State Generator's ID

5. Transporter 1 Company Name

Page ETC Inc

6. US EPA ID Number

NYD986969947

C. State Transporter's ID

89149 H NY

D. Transporter's Phone

800 233 2126

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, INC., SITE #2 LANDFILL
49350 NORTH B4 SERVICE DRIVE
BELLEVILLE, MICHIGAN 48111

10. US EPA ID Number

MID048090633

G. State Facility's ID

H. Facility's Phone

734-637-2200

11. US DOT Description (including Proper Shipping Name, Hazard Class, and
ID NUMBER).

HM

a. ☒

RD, HAZARDOUS WASTE, SOLID, (TRICHLOROETHYLENE)
N.O.S., 9, UN3077, PGIII

12. Containers
No. Type

001

OT

13. Total
Quantity

Est
23

14. Unit
Wt/Vol

T

15. Waste
No.

F001

E. Additional Descriptions for Materials Listed Above

APPROVAL 100200WAZ EEC 417

JC Handling Codes

a

b

c

d

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY CONTACT;

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are
classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable
regulations, (flamalg8quantity)neralor, I certify that I have
ba economically practicable and that I have selected the practicable method of treatment, storage, or c^
future threat to human health and the environment, OR; if I am a small quantity generator, I have made a good faith effort to

Printed/Typed Name

T r-ft
Mi

Signature

3sv<r__£2.

Date
Month Day Year

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Signature

Date
Month Day Year

18 Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed

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ffi

Signature

Signature

Date
Month Day Year

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This certificate is to verify the wastes specified on Manifest # SoSL[^]nC
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

LJ Michigan Disposal Waste Treatment Plant
(EPA I.D. 0 MID000724831)

☒ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

O

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature: _____

Laura Bechert

< %

THE ENVIRONMENTAL QUALITY COMPANY 4 ^ ^ . 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN ^ ^ L

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. D D I S . D REJ.;D^;;PR;tSg

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UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

NYD079678108

Manifest
Does not No.

Rirm Approved.

io?r

ipagel.^ % •infoimationIn the shaded areas
•As^requJred-by; Federal law.

3. Generator's Name and Mailing Address VACOM INC. 200 WESTINGHOUSE CIRCLE HORSEHEADS, NY 11222		4. Generator's Phone () 12 642-5922		
5. Transporter 1 Company Name Page ETC Inc		6. US EPA ID Number NYD986969947		
7. Transporter 2 Company Name		8. US EPA ID Number		
9. Designated Facility Name and Site Address WAYNE DISPOSAL, INC., SITE #1 LANDFILL 48360 NORTH B4 SERVICE DRIVE BELLEVILLE, MICHIGAN 48111		10. US EPA ID Number MID048090633		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) HM a. ☒ RO. HAZARDOUS WASTE, SOLID, (TRICHLOROETHYLENE) N.O.S., 9, UN3077, PGIII		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
		001 DT	EST 23	T

15 Special Handling Instructions "diiAddffchiTwf^A

S<fj^y f l t^i MI

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations. I have made a good faith effort to minimize my waste's future threat to human health and the environment; OH; If I am a small quantity generator, I have made a good faith effort to minimize my waste's

Printed/Typed Name. Aft OVUtU. CktL>kt<r' Signature

SL Date:
Month Day Year

9

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name

Date
Month. Day Year

18 Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name

Month Day Year

19. Discrepancy Indication Space

V.V><*,>

20. Facility Owner or Operator Certification of receipt of hazardous materials <

I except as noted in Item 19.

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Signature
Beck
Date
Month 08 Year 100844

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This certificate is to verify the wastes specified on Manifest #
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(PUasehtckon*)

L) Michigan Disposal Waste Treatment Plant
(EPA I.D. AMID000724831)

 Wayne Disposal, Inc.
(EPA I.D. * MIDW8090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

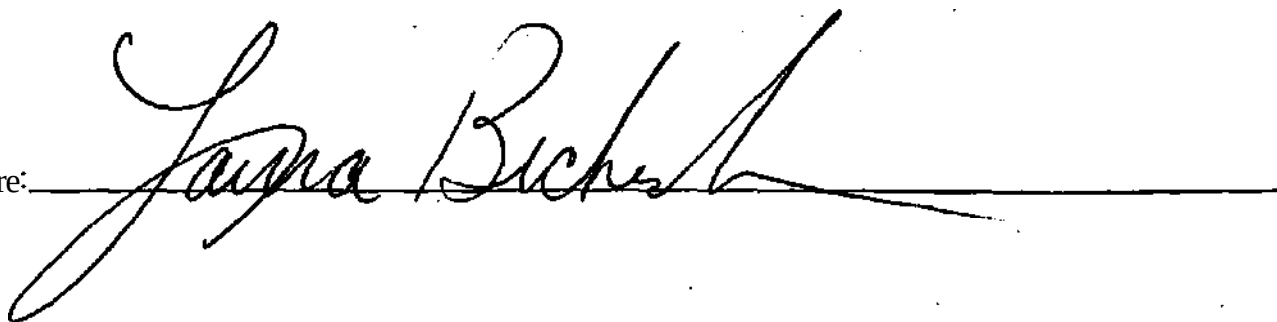
PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature: _____



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VWayne Disposal, Inc.
A (CPA LD. # MID048090633)

• **Michigan Disposal Waste Treatment Plant**
(EPA I.D. *MID000724831)

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

1-800-592-5489

1-800-592-5329

Signature: Jagirdar Rajesh

D€€>
*==WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITYDO NOT WRITE IN THIS SPACE
ATT. • DIS. D REJ. D PR. D ...JFailure to file may subject you to
criminal and/or civil penalties under
Sections 324.11151 or 324.12116 MCL

Form Approved. OMB No. 2050-0038

W
prim of type.UNIFORM HAZARDOUS
WASTE MANIFEST1. Generator's US EPA ID No. I Manifest
1 **NYD079678108** **I °°W%T**
M A I M D ADDRESS2. Page 1 Information in the shaded areas
Is not required by Federal law.
« 13. Generator's Name and Mailing Address
VIACOM WC.
an WESTWGHOUSE ORCLE
HQRSEHEAOS. NY 15233A. State M;
MI
B. State Generator's ID4. Generator's Phone (_ . . . #?) *****
5. Transporter 1 Company Name
ftot ETC. Ufc.
7. Transporter 2 Company Name

6. US EPA ID Number

8. US EPA ID Number

9. Designated Facility Name and Site Address
WAYNE DISPOSAL. INC., SITE S3 LANDFILL
49360 NORTH B4 SERVICE DRIVE
BELLEVILLE. MICHIGAN 48111

10. US EPA ID Number

MIDO48090633C. State Transporters ID X. ^? Z 7 M A
P. Transporter's Phone 8 f l Q ' Z 3 3 & * * .
E. State Transporters tD
F. Transporters Phone
G. State Faculty* ID

H. Facility's Phone

734*97-2200

11. US DOT Description (including Proper Shipping Name, Hazard Class, and

HM

H BQ. HAZARDOUS WASTE, SOLID.fTRICHLOROETHY(EKE)
N.OXP.UH3077.PGIU

12. Containers

No. Type

001 JT

13. Total
Quantity**E s i**
Z314. Unit
wt/voi**F001**I. Waste
No.**a****a****a**

J. Additional Descriptions (or Materials Listed Above)

APPROVALS 092200WAZ ERG#171

K. Handling Codes

a

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations, that I am a large quantity generator, I certify that I have a program be economically practicable and that I have selected the practicable method of treatment, storage, or disposal that will minimize the future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and its potential

Printed/Typed Name O. % 4U ; 'C«Jj.l*4

Signature. • . .

Date
Month Day Year**11/11/01**Date
Month Day YearDate
Month Day Year

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name . i .

Signature

18. Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name XP |

Signature

Date
Month Day Year

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This certificate is to verify the wastes specified on Manifest tf (Y)i %D5fc6Qff
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified to 40 CFR section.

FACILITY NAME:
<ft*(nrcAnt «m)

Q Michigan Disposal Waste Treatment Plant
(EPA id 0 MID000724831)

* ayoe Disposal, Inc.
(EPA AIDL 1 MDMKSW33)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER;

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature ^fijtOJSU %/OJfiJ^



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

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This certificate is to verify the wastes specified on Manifest # < J Q S ^PQiO
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Phase check on*)

Q Michigan Disposal Waste Treatment Plant
(EPA I.D. It MIDO00724831)

V
JQ Wayne Disposal, Inc.
f\ (EPA I.D.#MID048090633)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

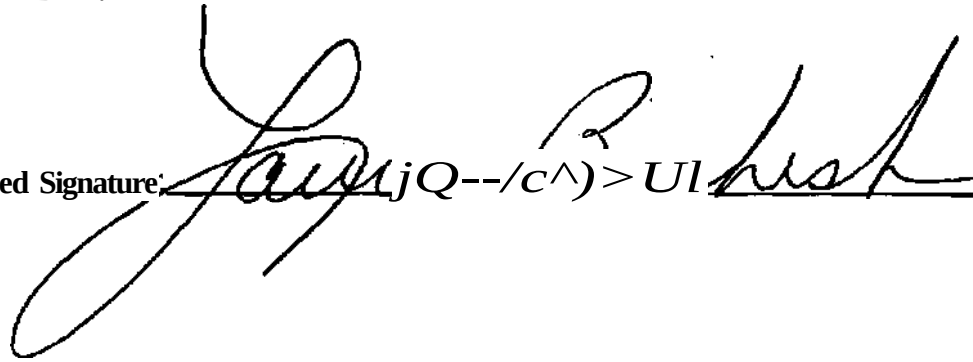
PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:



THE ENVIRONMENTAL QUALITY COMPANY 4^feN. 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN JBL1

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This certificate is to verify the wastes specified on Manifest #

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of"¹¹ means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check on*)

Q Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☒ **Wayne Disposal, Inc.**
(EPA I.D. # MID048090633)

ADDRESS:

**49350 N. 1-94 Service Drive
Belleville, Michigan 48111**

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:

Jay B. Becker



WASTEMANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATTN: ☐ DIS. ☐ REJ. ☐ PR. ☐

Two areas under authority of Part 111 of
Part 121 of Administrative Code
Failure to file may subject you to
administrative and/or criminal penalties under
Sections 324.1 MCL or 324.12116 MCL

Form JAWOWD, QMS No. 20504039

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's USEPA ID Number

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Address

HQ@EHEADFWt5a5E

4. Generator's Phone Number

Transporter 1 Company Name

7. Transporter's Company Name

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, INC., SITE 1 LANDFILL
4350 NORTH 64 SERVICE DRIVE
BELLEVILLE, MICHIGAN 48111

10. Facility's USEPA ID Number

MID04800033

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)

12. Containers

13. Total
Quantity

14. Unit
Wt/Vol

a.	HM	Description	No.	Type	Total Quantity	Unit Wt/Vol
	☒	RO. HAZARDOUS WASTE, SOLID (TRICHLOROETHYLENE) N.O.S., 9, UN3077, PCB	001	DR	EST 2.3	T
b.	☐					
c.	☐					
	☐					

15. Special Handling Instructions and Additional Information

"M H M P F U F r n V N T V m M T A T T"

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in an respects in proper condition for transport by highway, air, or water in accordance with applicable federal, state, and local regulations. If I am a generator, I certify that I have a program in place to ensure that the waste is managed in accordance with applicable federal, state, and local regulations. If I am a transporter, I certify that I have a program in place to ensure that the waste is managed in accordance with applicable federal, state, and local regulations. If I am a facility, I certify that I have a program in place to ensure that the waste is managed in accordance with applicable federal, state, and local regulations. If I am a generator, transporter, or facility, I have made a good faith effort to ensure that the waste is managed in accordance with applicable federal, state, and local regulations.

Printed/Typed Name

Signature

"B v u < a C ^ w o

Aar aw* lftut

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

S3^**UJJ(?)

Pyler

18. Discrepancy Indication Space

Printed/Typed Name

Date
Month Day Year
11 01 2001
Date
Month Day Year
11 01 2001
Date
Month Day Year
11 01 2001

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Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 1

Printed/Typed

Signature

Date
Day Year

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This certificate is to verify the wastes specified on Manifest #
have been properly disposed of in accordance with all local, state and federal regulations.

" *Disposed of* " means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

G) Michigan Disposal Waste Treatment Plant
X EPA ID: U MID000724831



ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature:

[Handwritten Signature] <CA<ce

THE ENVIRONMENTAL QUALITY COMPANY 4141 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

DE

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
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Please print or type.

Form Approved. OMB No. 2050-0058

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

NYD079678108

Manifest
Document No.

813

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

VIACOM INC.
200 WESTINGHOUSE CIRCLE
HORSEHEADS, NY 10223

MAILING ADDRESS

A. State Manifest Document Number

MI 8056813

4. Generator's Phone ()

412 642-3822

B. State Generator's ID

5. Transporter 1 Company Name

Page ETC Inc.

6. US EPA ID Number

NYD986969947

D. State Transporter's ID

10-235397-4-4

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

800-293-2126

9. Designated Facility Name and Site Address

WAYNE DISPOSAL, INC., SITE #2 LANDFILL
4930 NORTH IN SERVICE DRIVE
BELLEVILLE, MICHIGAN 48111

10. US EPA ID Number

MID048090633

F. State Transporter's ID

10-235397-4-4

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and
ID NUMBER).

HM

a. ☒ NO. HAZARDOUS WASTE, SOLID, (TRICHLOROETHYLENE)
N.O.S. P. UN0077, POHU

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

001

DT

EST
23

T

F001

15. Special Handling Instructions and Additional Information

24 HOUR EKERG6NCY CONTACT:

E(J 6*M.v.H»fU

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are
classified, packed, marked, and labeled, and are in an acceptable condition for transport by highway according to
regulations. I certify that I have selected the appropriate treatment, storage, or disposal method for the waste described above and that I have provided the necessary information to the transporter.
I am not aware of any other hazardous materials in this consignment.

Printed/Typed Name

OAT L a v u

Signature

^^

Date

Month Day Year

11/01/95

17. Transporter 1 Acknowledgment of Receipt of Materials

H&rwj*%.

Signature

Month Day Year

11/01/95

18. Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/01/95

19. Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of hazardous materials

(by this)

as noted

Printed/Typed Name

an 1,

Date

Month Day Year

7/01/95

BHSHBtHBH!

RETURN TO: MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY, 1400 WESTINGHOUSE AVENUE, LANSING, MI 48206-1600

O

Signature: Laura A. Beckwith

FORM 1020 (3-96)



APPENDIX B

NON-HAZARDOUS WASTE MANIFESTS

High Acres Landfill
42 Perinton Parkway
Fairport, NY 14450
Tel: 23-6132

Manifest No. 10874
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vfcca. k<-.
EPA. ID. NO. Nrnft^tntflog

Company Address:

(Print or Type) U S W., S-J. P-.JUf^u .PA \KZVL.
(No) (Street) (City) <J (State) (Zip)

Pick-up Address: 2 ftrt Wfc^N^U^ CvcU. l-L^.^c My iwa v-T'''
(No) (Street) (City) (State) (Zip)

Telephone Number: Hir) kwa * *S*iza-

Waste Stream Identification: <^A -IU ft^L **Jt ^Uu.A^L ae^J/k^

This manifest represents a non-Hazardous waste as per E.P.A. and R.Y.S. D.E.C. regulations
Est Tons: 7& Other (Specify): _____

△ Special Handling instructions, if any: NoneK

§ I, the undersigned, certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes are being consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: io /V*o _____ CMJI . *^±

_____(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) AWcti *r J,

ADDRESS: fc.lUu ,lly _____ tf _____ /

Pick-up Date: Id Aq Aa Truck No. <I Vehicle Lie. No. IIP 2 i 1 NK

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title ^Jps*^***^ Date: loA i/a o

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature of authorized agent and title Ik d jto Total Tons 7& Other (Specify): _____
White & Canuy - Landfill Pink - Hauler Golden Rod - Generator

**THE
DOCUMENT
WERE OF
POOR
QUALITY**



A Data Distributors Company

©&

$$r_{fi}^{**}$$

?&S£ « § £3W
#K£3

SSA

$\Lambda\Lambda\Lambda$ Sp³S¹ $\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda$ i Λ p Λ t sr⁺

* > §



High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
23-6132

Manifest
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

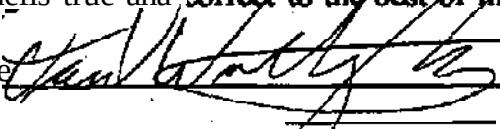
NS 10075

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section
Generator of Waste (must be filled in by producer) V>LHJUL rii.it.
EPA. ID. NO. NYPOHUft lot
Company Address:
(Print or Type) ll
(No.) (Street) (City)^u (State) (Zip)
Pick-up Address: 200 Uui.^L^cw Q<X &v*lacJL^ isf/ mv<-
(No.) (Street) (City) (State) (Zip)
Telephone Number: (W> (M -H22-
Waste Stream Identification: <u> ..., -n **0%<*, r.vJ pa Lit^ ^ * ^ ~ ^ 4 - ,
im . , . / . Li i^t
This manifest represents a ~~non~~^{offi} hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: J& Other (Specify): _____
Special Handling instructions, if any: .None.^

TJ^s is to certify that the above named materials are properly classified, described, packages, marked and
^ ^ p d and are in proper condition for transportation according to applicable state and federal law/ The wastes
I H e consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge;
Date o> Signature: T x ^ ^ ? . ^ J — &»^" ft<*<-<>> ^c
(Name and Title)

Transportation Section
Hauler of Waste (must be filled in by hauler) AWwaioy/li
ADDRESS: (*—Hi*.» R1» 0
Pick-up Date: lo /v\ /<& Truck No. y\ Vehicle Lie. No. Ltl HU^k H>
The above described waste was picked up and hauled by me ~~to the disposal~~ facility named below and was
accepted. I certify that the foregoing is true and ~~correct to the best of my~~ knowledge.

Signature of authorized agent and title  Date: x<f\U*

Disposal Facility
Disposer of Waste (must be filled in by the disposer) /
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:
sal Date:
^ ^ n a ture of authorized agent and title  Mde-fUdSr" ~ OoWenRqd@enentor
White &, Cuuy - Landfill

[illegible]

&&::

IJ>IU>

- High Acres Landfill
42^erinton Parkway
P^Art, NY 14450
(7WJ523-6132

Manifest N" 10 t 7 6
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) y,^,..^ U^
EPA. ID. NO. Viyoai*!^ 81cS

Company Address:

(Print or Type) n \<4^...w St. ^ . t k ^ U fA i ^ z i .
(No!)(Street) (City) 0 (State) (Zip)

Pick-up Address: z o o \AkJt^}^,^ P . ^ U VWco U ^ ^ KIV H S M S -
(No\)" (Street) (City) (State)(Zip) '

Telephone Number <H>* fcMZ- - 3S^."Z,

Waste Stream Identification: ^:[^CM*i^<^ ^ ^ t____>^C ^....J
* v^»|*vJ>It_ - W Aw-0

This manifest represents a non-hazardourwaste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: ?t>_____. Other (Specify):.

Special Handling instructions, if any:_____None \c

.Tj^s is- to certify that the above named materials are properly classified, described, packages, marked and
^^fcd and are in proper condition for transportation according to applicable state and federal law. The wastes.
^re consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. *~_ ei^kL o^k

Date: io/* \ /<\$\$ Signature: j?^ J^> Q^A_____fe^ V»* <-* «^ In <^,
(Name and Title)

Transportation Section

Hauler of Waste Ifmust be filled in by hauler) Ate*3 J a^di'

ADDRESS: C»o+Li*• N> *

Pick-up Date: \o At /d> Truck No. 7 fl Vehicle lie. No. 17n\<f f/y

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the/best of my knowledge.

Signature of authorized agent and title^^-^V^f ^^ S* . . . , \ Date: / dfJ9/0d

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^fcx>sal Date: _^^_ Total TonsW f fhxrf^O^90^'' fi
^^nature of authorized agent and titleC-///// i/j^mA J/JJoZ '^YYH^t^
While & Ctmry - Landfill PU&IHKIT Golden Rod ^nenSo*_____



ALL TOES LANDFILL AND RECYCLING CENTER
ALL TOES MUST BE ORDERED OR TIED DOWN
EXCEPTIONS TO THE ABOVE WILL BE MADE
AND HATE REQUITES ON WORKING FACE
HATE MUST BE ORDERED BY HATE

Date: 10/20/2000
Time: 11:15 AM
Order: 10538
Driver: 10538
Trailer: 10538
Charges: 10538

TOES CHARGE
HATE MUST BE ORDERED FORMERLY WEST INSHOOTS
HATE MUST BE ORDERED FORMERLY WEST INSHOOTS
HATE MUST BE ORDERED FORMERLY WEST INSHOOTS
HATE MUST BE ORDERED FORMERLY WEST INSHOOTS

Truck: 1316
Trailer: 1316

TOES: 10538
HATE: 10538
HATE: 10538

Tons: 40.53
Quantity: 0.00
Miles: 100.00

DATE	DESCRIPTION	QUANTITY	TYPE	RATE	AMOUNT
10/20/00	TOES CHARGE	40.53	T	1.00	40.53
10/20/00	HATE CHARGE	0.00	H	0.00	0.00
10/20/00	HATE CHARGE	0.00	H	0.00	0.00

TOES CHARGE
HATE CHARGE
HATE CHARGE
HATE CHARGE

w?y^&9%"&&%&^

High Acres Landfill
42nd Street
Fairport, NY 14450
(716) 361-132

Manifest # 10877
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) IKU
EPA. ID. NO. Nyno-VMTSlog

Company Address:

(Print or Type) us W. w ^ - ft l k l ^ U PA > K » . X
(No) (Street) (City) (State) (Zip)

Pick-up Address: uJ ^ U ^ L ft ^ U VW til - X *, ML / L H 1 E
(No.) (Street) (City) (State) (Zip)

Telephone Number: piz) LH2 - 31 Z*-

Waste Stream Identification: ^ J _ _ _ _ _ f r t - K j g l , , i ^ _ _ _ s * j t ^ _ _ i ^ U ^ L . - c . ^ . . ^

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: .*? Other (Specify):

Special Handling instructions, if any: None *

I certify that the above named materials are properly classified, described, packaged, marked and
(d and are in proper condition for transportation according to applicable state and federal law. The wastes
* consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: i o A A a Signature: ^ ^ , J) o . ^ - ft ^ \ A * o « r i i « .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) AU KJ A ^ g f i - %
ADDRESS: C * J I W , N / < ?

Pick-up Date: \ * J \ o \ / & > Truck No. 37 Vehicle lic. No. ssiSGE NJ/

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title ^ c r ^ J ^ ^ ^ ^ O f Date: / o // ? / & &

Disposal Facility

Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

^ ^ >

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^ K a t u i c of authorized agent and title l /) A L / J J J M U J L . y C P A i / t 1 > J J

White & Canary - Landfill (Kn4-Hauter GoUen7*od-Qcaentof I

f kosal Date: _____ Total Tons: 50 tons Other (Specify): _____
 nature of authorized agent and title: Pink - Hauler Golden Rod - Generator
 White & Canary - Landfill



f^^wm^^^^^Mm



^^•s^^^i^Hi^



* High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
[23-6132]

Manifest **N2 10t79**

Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) ty^cm. i*L^.
EPA. ID. NO. MVCft^7-Hrtft

Company Address:

(Print or Type) II .Slam^i* St-. ft n .\ PA iE * * t-
(No.) (Street) (City) (State) * (Zip)

Pick-up Address: 200 saf*
(No.) (Street) (City) (State) (Zip)

Telephone Number:

Waste Stream Identification: \Olt

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: 20 Other (Specify):

Special Handling instructions, if any: None<_

This is to certify that the above named materials are properly classified, described, packages, marked and
labeled and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge., **_ _'*. t K t ^

Date: 10/24/00 Signature: ^ o ^ J*'fay" -hs- 1/Lc^>
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) >1tW<utA'
ADDRESS: GLJ-UT»K jMV <*

Pick-up Date: to Truck No. T^ vehicle lie. No. 11?HC»OIA Uf

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title l e ^ e ^ / ^

Date: 10/24/00 ?D

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature Date: 10/24/00 Total Tons: y-^ / Other (Specify):
Signature of authorized agent and title: ^SXAM06#1
White & Canary - Landfill Pink Hauler Golden Rod- Generator

: f%

• ffigh Acres Landfill
42 Merinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest N- I 0 t 8 0
Western Expansion Site Pennit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) l/i&z^iu / H ^
EPA. ID. NO. MVno-fq/.78fQg

Company Address:

(Print or Type) U ^ H M) . <U P,Jtttw^L , PA i * a . << -
(No0 (Street) (City) O (State) (Zip)

Pick-up Address: 2fld u U ^ w l u ^ , f l A , J U U , , r o J w A N f f Y f * ^
(No) " (Street) (City) (State) (Zip/

Telephone Number: AflT*) / r H 2 • ^ 2 - 2 -

Waste Stream Identification: 3 <n | CL^ * j . ~ i u i y ^ . a > r (» u 1 c
ftgypw4 i ^ : _ V f t h r o c i i { x \ h t _ _ : _ * _ _

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: TO Other (Specify):

Special Handling instructions, if any: None Sr

>> is to certify that the above named materials are properly classified, described, packages, marked and
labeled and are in proper condition for transportation according to applicable state and federal law. The wastes
consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. >

Date: J O / r o / Q « Signature: -ftJa* P}****' V^uc* lh<
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) MaufliwA'

ADDRESS: &J.UJKH U/ Q
Pick-up Date: hT/2V /J> Truck No. ? U Vehicle lie. No. jftltlg kt9

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title 1.4 n D " - yj , 1 A " ' J * ^ l ' Date: \ * ' * * f ^ *

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

flP^osal Date: J^d/^pTiM Tons: signature of authorized aeent and title: While A. Canary - Landfill
signature of authorized aeent and title: Knk<H<iler y^GcMen Rod - Generator

• /High Acres Landfill
42^erinton Parkway
B^Brt, NY 14450
(7^23-6132

Manifest N2 1 0 8 8 1
Western Expansion Site Permit No. NYS DEC 8-2644-O0048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section
Generator of Waste (must be filled in by producer) Vi^g^* ln< .
EPA. ID. NO. H f o o y ^ g l O *

Company Address: *.. . i ->..
< * * * or Type) i | £(IMI SI ft4llwL , PA im *
(No.) (Street)(City) (Staft) (Zip)
Pick-up Address: 200 ululaAi^ . (L^L, i L ^ L a ^ ^ f j y H ^ f
(No.) (Streetp (City) (State) (Zip) '
Telephone Number: (i\{z.'LHZ ' TiZ>Z.
Waste Stream Identification: s^l <^«4^ui ^ q^ ^ ic-. «KX f X tvotL.V.

This manifest represents a non-hazardous wa3te as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: T?s Other (Specify):

Special Handling instructions, if any:_____None.

This is to certify that the above named materials are¹ properly classified, described, packages, marked and
^ ^ f c d and are in proper condition for transportation according to applicable state and federal law. The wastes
ww consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. * * - < * . f * * . . * f f * * ~
Date:—i */ ** / ^ _____Signature: r / T ^ T ~) < ^ r — ' fr / , t e c ^ < H ^
(Name and Title)

Transportation Section
Hauler of Waste (must be filled in by hauler) M^WAtav^i
ADDRESS: _____
Pick-up Date: io / ** / < > Truck No. - g u , Vehicle lie. No. > 701 ST i i j f
The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title c ^ ^ ^ ^ c ^

Disposal Facility
Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

t ^ s d Date: f / ^ M Total Tons: _____ Other (Specify): _____
[nature of authorized agent and title: _____
White & Canary - Landfill Pink - Hauler Golden Rod - Generator

*

•JAB t>r*iv»r

V
flrsas

^ ? % . . - . ' . ; # * " . : * * - A

∞ J

r&'Wtf

k>^^**^^^



High Acres Landfill
42fcPerinton Parkway
J^B>rt, NY 14450
<7W)223-6132

Manifest NL 10882
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vi'^^^ k<... ..
EPA. ID. NO. ttttvyH** 8108

Company Address:

(Print or Type) || SUu*iiil Si. PifaLwyJ., P4- iS^zx-
(No!) (Street) (City) (State) (Zip)

Pick-up Address: ?QQ U N A ^ L C w i c H>,r«il^L U f)H9Hf
(N c %) " (Street) (City) (State) (Zip) '

Telephone Number: /qizJ 4^2 ""7^22.

Waste Stream Identification: sail < **j^t*ft^ **«»*** -__o^A__f U**J d m ^
__a<*&w^frt, k / U > A h, —H

This manifest represents a non-hazardous waswas per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: Ta Other (Specify): _____

Special Handling instructions, if any: None VL.

^H& is to certify that the above named materials are properly classified, described, packages, marked and
^^Bed and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: __is A» />
*

Signature: d 3 ^ T^r^ 4^r Vu
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) /Ha^mwfl

ADDRESS: <^,lJLJ^ , N/ 3 ^ ,

Pick-up Date: io /f/A Truck No. 3Jg Vehicle lie. No. TTfrZaT ^

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title: l^&2L Q (p j c ^ ^ Date: /O^ft-Oft

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

• P p o s a l D z t e : IfyfoJ/f Total Tons: / / Other (Specify): _____

'Signature of auWrized agent and title: ^IfJ^'.^ZfJ

White & Canary - Landfill

Pink - Haider

/*

Golden Rod - Generator

V-

**

Xr

High Power Landfill and Recycling Center
ALL GAINS MUST BE TAPPED OR TIED DOWN '* ~

NE EXHAUSTION TO THE RU

WORLDWIDE REQUIRED ON WORKING FACE

Manpower 10462 Advf4

Original CHENING

Generators: 9504 WIK>N<FORMERLV WESTINGHOUSE

Transporters: 604050 CusfcoBer-

BEI 101 2180 VIAGOM, -INC-PO* ENV R-00769

%*NY

Grass: 107650 PB Lbs

Tarps: 60888 PB Lbs

Notes: 10100

Code	Description	Quantity	Type	Rate	Amount
FUBLSUR	Solid Landfilled - T*ne0	33.09			
TAX	Fuel Surchar				
FUELSUR	Transported par Ton	33.09			
	Fuel Surchar«» -				

JAB Driver

JAB Driver

9SS29B.1%

SC«5I

Date: 10/20/2000

Time: 14:12

Grid Cell: 5 Western Expansion

F^officer: CR436 VIAGOM 501 (L)

Charge:

Trucks: 008

Trailers:

Tonch:

35.00

Quantity:

3.00

Mixed %:

100.00

[Signature]

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450

Manifest N2 10883
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

3-6132

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Viqc^ ^ j i., ^ *
EPA. ID. NO. Kiyc^ nqiXfllQg

Company Address:

(Print or Type) U 34- ^ U A S I. > > 4 h k ^ s Pfc iszzz-
(NoO (Street) (City) (Stifle) ' (Zip) ~ "

Pick-up Address: x o Q \A) < i ^ frw. ^ C * J) t fcUrfr U ^ A ^ , M f t M g H T
(Nb):> , (Street* (City) (State) (Zip) "

Telephone Number: (m i) frip - 1 < { 2 2

Waste Stream Identification: " c ft, | y ^ Uly A / < ; p K ' O , , J ? p * L * . £ . i < u ^ .
n » r f l i r w J V f v u. J l . m , - ^ — — ~ ^

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: T & t J F ^ ~ ^, - f f l h e r (Specify): :

Special Handling in Sttuctioffii.lfeany: None + -

This is to certify that the above named materials are properly classified, described, packages, marked and
d and are in proper condition for transportation according to applicable state and federal law. The wastes
consigned to the transporter named. I certify that the foregoing is true and correct to die best of my
knowledge. / y **** ***** *#*** •

Date: f A S Z J J / < T * > Signature: - f t . , ^ r Z n w — " ' W M \ C r ± » « l i L
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) M f t h f l i V r i J T ^

ADDRESS: O J U W b . , W ^

Pick-up Date: , o A T V o » Truck No. - 3 | k Vehicle Lie. No. l T f l l T T N /
The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and f t f a £ ^ * & * C < * < ~ C 2 / ^ 2 ^ - 6 ^ - Pate: < 9 / 6 < f / 0 6

Disposal Facility

Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

sal Date: M i l ® Total
ature of t A X C J J agent and titli
White & Canaty - Landfill / K A I A - Hauler GoWen Rod - Generator f

VIACOM (FORMERLY WESTINGHOUSE)
MER Customer Trucks Ltd Trailer
VIACOM, INC. - POB ENV-R-00763
NY

Rate	35.30
Quantity	8.00
Mixed	100.00

Quantity	Type	Rate
35.30	35	
Charge		

1100 - Taxes 35.30

JAB Driver *John A. Wilson*

Hfli tt^Sw^M^J;

y
*

" Ticket- Cl*rh

. ^ ^ . ^ . ^ , — .⁴ „ ,S_T >„ ^ ...**\$*.*.* fjk*.*₄ ^ ^ |



High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
C-6132

Manifest N- 10972
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Waco, Inc.
EPA ID. NO. MOFTIWA

Company Address:

(Print or Type) US, St. Louis, MO
(No) (Street) (City) (State) (Zip)

Pick-up Address: 000, VU, ^U, ^, ryL, ' l U ^ k ^, KfK JVg ^ < ^ ^
(NoT) (Street) (City) (State) (Zip)

Telephone Number: (HiiA LHz -I^Zl

Waste Stream Identification:

This manifest represents a **non-hazardous** waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: 0 Other (Specify):

Special Handling instructions, if any: None

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 applicable state and federal law. The wastes are consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge. /

Date: 08/11/00 Signature: g ^ (*1 o*S" L^ I/XA*^ (k ^ .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) M ^ n ^ Jt

ADDRESS: CsJA ^ Mf

Pick-up Date: ihS-z^tL Truck No. w / Vehicle lic. No. ??a TI t N ^

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title arTM* Date / ^ ' g * ' °Q

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature of authorized agent and title: While & Canary - Landfill
Total Tons: 11 Other (Specify):
Pink - Hauler Golden Rod - Generator

N° 10973
u" 1 u g / *High Acres Landfill
425 Perinton Parkway

Manifest

Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0

Fairport, NY 14450
23-6132

High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) EPA ID NO. Wyoof'r^gidfi

Company Address:

(Print or Type) U.S.utm* S+- Pittrk.^l PA iTzz-Z-
(No)(Street) (City) (State)(Zip)Pick-up Address: %<& *kMnA^ (~*A<L HarJaln^JL M/ \HtH
(NoT) (Street?) (City) (State) (Zip)Telephone Number: (Mil) 4/JZ * 3^7 2,Waste Stream Identification: so>*J t*ir& gu/>r*urc &iJ? p>t|i/i.,> l u c a*<r>This manifest represents non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulationsEst Tons: 2£ Other (Specify): _____Special Handling instructions, if any: None <nThis is to certify that the above named materials are properly classified, described, packages, marked and are in proper condition for transportation according to applicable state and federal law. The wastes consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge, j yDate: i> A * / e ^ Signature: - { C ^ ^ Q f ^ ^ ^ kr V.g.*TK JCM^LL
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) Mcu^adliADDRESS: GJ UUw K) V 0Pick-up Date: \o/i* A^ Truck No. W TT- Vehicle lie. No. 5<13 SL T M/

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and titled f^r-^^ -jfev*-** ^''' &— Date: ^ o / e ^

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature of authorized agent and title

While A Cimiy - Landfill

I Knt - Hauler

Golden Rod - Generator

Waste Transfer Station and Recycling Center Date: 10/20/2000 Ticket: 100437
ALL LOADS MUST BE TORPED OR TIED DOWN Tare: 10105 Tare Date: 11/14
NO EXCEPTIONS TO THE RULES OF THE WASTE TRANSFER STATION
WEIGH STATION REQUIRED ON WORKING FACE Spill: Oil & Gas Western Expansion
Manifest: 10073 ADU: Pallet: CR6435 VIACOM-BILL (C)
Charged:

Origin: CHEMUNIS
Generator: 0904 VIACOM (FORMERLY WESTINGHOUSE)
Transporter: CUSTOMER Customer Truck: M37 Trailer:
Bill to: 2100 VIACOM, INC. - PDB ENV-R-00705
NY
Gross: 107500 PB Lbs Tons: 24.04
Tare: 10105 PB Lbs Quantity: 0.00
Net: 97395 Mixed %: 100.00

Code	Description	Quantity	Type	Rate	Amount
TD	Scale - Landfilled - Tared	24.04	T		
FUEL SUR	Fuel Surcharge		T		
TAX	Taxes - Tared per Ton	24.04	T		
FUEL SUR	Fuel Surcharge		T		

PO: Ticket Clerk: JMS Driver: *[Signature]*

• High Acres Landfill
Perinton Parkway
Fairport, NY 14450
23-6132

Manifest i\ - m » # +
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Viae *M^ \WS.
EPA. ID. NO. Kiypd 191, ^9 * 6 8

Company Address:

(Print or Type) _u_ JEWuT,* Sll P.J^lw^L PA- l<TZ2->
(No) (Street) (City) • (State) (Zip) ~ ~ ~ ~ ^

Pick-up Address: X<H> V J ^ ^ L . u ^ . f ^ ^ l L ^ c J ^ A , rO l</8V 5^
(No) (Street) (City) (State) (Zip)'

Telephone Number: f 11Z> &<J2 - * H ^ 3 »

Waste Stream Identification: <y*i 1 c^w^xn^ *VT)UU<, a J . pJaUif,(w

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: TJ Other (Specify): _____

Special Handling instructions, if any: None

Xj^ is to certify that the above named materials are properly classified, described, packages, marked and
^n and are in proper condition for transportation according to applicable state and federal law. The wastes
^re consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: I* /^ /* Signature: * T ^ f)p_A^ f^ - Ifci^tt^ liu.,
* . (Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) fAr^va^ llll
ADDRESS: C^ - Upw , KJ/ Q

Pick-up Date: lo / ? ^ /ah Truck No. M*I3 Vehicle lie. No. Zfj^ ^ 2 A KJ^

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title i * **X Wf-CGkeDk. Date: xi'toJhjL

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
23-6132

Manifest M2 10884
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Waste
EPA. ID. NO. KypQ^(c^8«oa
Company Address: _____
(Print or Type) U ^ t l ^ , ^ r r J - f i R r L . ^ k P * i < 2 ** - .
(No.) (Street) (City) (State) • < (Zi {r)
Pick-up Address: 2r > o U / ^ i V - L a i , (; v ~ t U \\ : ^ * L ^ M - N) f l < 4 f { £ - ~
(No.) (Street) (City) (State) (Zip)
Telephone Number: (f r n J / " r M a - T ^ p f l
Waste Stream Identification: s * i l ^ u K v u H - * T J L ^ « W f l J e a r £ p A ^ i U i t . . . -

This manifest represents a non-hazardous *waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: £ i Other (Specify): _____

Special Handling instructions, if any: None y

I certify - that the above named materials are properly classified, described, packaged, marked and
labeled and are in proper condition for transportation according to applicable state and federal law. The wastes
are consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. »

Signature: - g » w / ^ e ** - 4 » < - \ n ~ 3 L I t * , c
(Name and Title)

Transportation Section

Generator of Waste (must be filled in by hauler) Waste
ADDRESS: f . - H « ** K N / r i Q \
Pick-up Date: T o / Z T ? / o Q Truck No. T 1 U Vehicle License No. T H) I ? T t y
The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title, ^ z £ o 6 < ^ £ ? 7 ^ T M f a + ? . Date: / 4 / 5 ? 3 / d 0

Disposal Facility

Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature of authorized agent and title: Rosal Vtf&. pffiyiu Total Tons: f f \ / other (Specify):
> / / U A ^ L t C s t *
White & Canny - Landfill Pink-Hauler Golden Rod - Generator

High Area Landfill and "Recycling Center" Dated 10/S3/S000 Ticfc«t~i 1G4743
 ALL LEADS MUST BE TRRPAD pR TIED DOWN * Tm« Ini @9i36 ST*«« Outt 49i5Q
 NO EXCEPTIONS TO THE RuLE« »i • M n 11 »• • * t erldi Cell S We at em -Expansion ,
 AND DATE REQUIRED ON WORKING FACE Profile*! CR&436 VXPCOM-StHLtO *
 fldvfs Charge*;

Operator: 0594 ViflCOM<FORMERLV WE8TINBHOUBE)
 Shipper: CUSTDMR Cutto aer Trucki 316 Trailer*.*
 Lot: 2106 VIACOM, INC.-PQ* ENV-R-00763
 i NY

106300 PB t.t» Ton*i
 39640 PBHJb* Quantity* 0*09
 66700 Mixed *» 100. eo * rtr

Description	Quantity	Type	Rate	Amount
Solid -si-andfilltts - Taked	33.36	T		
Fuel Surcharge		T		
Transit*M«d per Ton	33.36 -	T		
Fuel Surcharge		T		

Ticfc«fc Clerk JAB Driver



High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(609) 23-6132

Manifest AL 10885
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V\&LSW\ \hi*
EPA. ID. NO. MYOo^qUiflllog

Company Address:

(Print or Type) _U_ S-l.vMPii ?X P;4tcL,~U P* I5T2Z-*_-
(No.) (Street) (City) (State) (Zip)

Pick-up Address: Zso W^W W*,^ CirAtL tio^J^JU- MY i*i»1C"
(No) (Street) (City) (State) (Zip)

Telephone Number: ftlZ) r^*<3. - 1^3 a,

Waste Stream Identification: <g^,l r^ ^:,K,t^ a^ ^i.V ^JD p V ' f t l ^

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: 2_e? Other (Specify): _____

Special Handling instructions, if any: None,

This is to certify, that the abovenamed materials are properly classified, described, packages, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge. *

Date: \o /zt/ao

Signature: - < ? ^ . J?a*«r— JL^ Vteju**. "**.
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) AGUA^A^QI'

ADDRESS: f^Ho<*h • N^ "ff

Pick-up Date: I A A J / ^ Truck No. M / Vehicle lie. No. ??0 Zrf M>

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title [Signature]

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Abosal Date: ^Zg^ ^ o t a l Tons: {M/^ Other (Specify): _____

signature of auth6nizeTagent and tide: ^/J-LSX^Si
While & Canity-Landfill Pink - Hauler ^ I Golden Rod - Generator

1H

High Acres landfill and Recycling Center Datei l«/S3/e000 Ticketi 194747
 EtlU LOADS MUST BE TARPED OR TIED DOWN Time Ins 09c44 _Tiae Out* X&tVtl
 MO EXCEPTIONS TO THE RULE' ' " » l m i m j i Bridi Cell S Western Expansion
 ttfHd HATS REQUIRED ON WORKING FACE Profiletti -CR6436 VIACOH-SOIto.)
 Manifestt 10B8S Advf* Charge*! « ,
 Origin* CHEMUNB
 Seneratorttt 0984 VIAGOMFORMERLY WESTINBHOUSE)
 Transporteri CUSTOMER Gustoner Trucki 1441 Trailer*
)»1U toi S106 VIACOM, INC-POtt ENV-R-00769

Brassv 103660 Pfe-Lbs Tons« 3S.77
 Tar*> 36140 P& Lb* Quant ittft
 Net* 65540 "i Mix«d %* 190* Q0

Code	Description	Quantity	Type	Rate	ftaotInt
13	Boils - Landfill«d - Tawed	3^77			
FUELSUR	Fuel Surcharge				
TRX	Tran**~T*xed per Ton	3^77			
FUELSUR	Fuel Surcharge				

Ticket Clertt JAB * Driver

*r - *

1

i,

High Acres Landfill
42 Perinton Parkway
Fairport, NY 14450
123-6132

Manifest N^o **10886**
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Uniciv, U r
EPA. ID. NO. «VftQyU,3EUg

Company Address:

(Print or Type) n s w m h & OrlkL^U PA lS*. *2.
(No) (Street) (City) 0(St£te)(Zip)

Pick-up Address: too ^ ^ u , L , c < , f . ^ c k . U o ^ W ^ WV IHgVg~
(No T) " (Streetp (City) (State) (Zip)'

Telephone Number: fliz> kVJl - l ^ p n

Waste Stream Identification: ^ , 1 , ^ K _ W , U ^ Z ^ ^ . « J ^ I ^ L H ^ , < I , > _

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: ^ j Other (Specify): _____

Special Handling instructions, if any: None ok.

Tbj^is to certify that the above named materials are properly classified, described, packages, marked and
^^B d and are in proper condition for transportation according to applicable state and federal law. The wastes
wire consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: itsAxA*
/

Signature: 7 ? ^ r > ~ , _ ^ V*****^ lu^t
(Name and Title) **

Transportation Section

Hauler of Waste (must be filled in by hauler) M^antA'

ADDRESS: f ^ H r f t ^ ^ y O " , n / r t / n n

Pick-up Date: IA/ZJ/OO' Truck No. -fe " ^ Vehicle lie. No. qDJHlK NX

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title yj \Ayr f y-* sy Date:.

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

sal Date vCfe^^xT Total Tons: A // Other (Specify):.
signature of authorized agent and title: W.A. [Signature]
While & Canary - Landfill Pink - Hauler ^ Golden Rod - Generator

Itv-Acvee Landfill and Recycling Center* Datei 10/S3/S000 TicketI 1«4753 ^ f c
LOADS MUST BE TAPPED OR TIED DOWN Tiae Itti 10s06 * Ti*e Out* 18te? ^ B
EXCEPTIONS TO THE RULE' III'IMIMM M Qridi Cell 5 Western £H pan*ion ^ F ^
ID HATS REQUIRED ON WORKING FACE Profile** CR&43& VIACOM-SOILO.)-
ilfesta 10886 fldvfi Char&e«i

gim CHEMUNB J
leratorfta 8964 "VI ft COM {FORMERLY WE8TINBHQUE>
|anaporteri CUSTOMER Customer Trucks MB& Trailer*
i ioi eiet. VIACOM, INC. -PQ* EWV-R-GB769

war 103340 P& LiJ* Tone I 3fi, 17
39000 PB Lb* Quantity* <a,,«e
64340 T Mixed *i 100.00

Description	Quantity	Type	Rate
Trans~TaH*d p&r T«n	38.^7		
Fue 1 Surcharge*			
Soil* - Landfilled - Taxed , 3ft. 17			
.SUR Fue 1 Sur charge-			

Ticket Clerk JAB Driver

..A

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
23-6132

Manifest

N2 10t«7

Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
V High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) if LA < ^ ^ IM ^

EPA. ID. N0. _Jl£a03fii_iaki&

Company Address:

(Print or Type) 11 Sk_kUiiX.
(No.) (Street) (City) (State) (Zip)

Pick-up Address: ^2_
(No.) (Street) (City) (State) (Zip)

Telephone Number: /ntib f,,wa - 7 ^ 2 1

Waste Stream Identification:

fW«»x«k% . i.. A _ L _ . t f _ ' 0

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: **-SO** Other (Specify):

Special Handling instructions, if any: None *«-

This is to certify that the above named materials are, properly classified, described, packages, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: iaA. ? / < &

Signature: -j? — 71 ?*****
(Name and Title)

f3 - j& I . o K L^.

Transportation Section

Hauler of Waste (must be filled in by hauler) VMg. ^ g. ^ 1 ^ * . '

ADDRESS: (Uk*** f 11/

Pick-up Date: loZ-n/dZs Truck No. 35 Vehicle Lic. No. n ? V ? 4 N/

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title [Signature] Date

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

t p o s Date: DA t e Q ^ y Total Tons: [Signature] Other (Specify):
Signature of authorized agent and title: [Signature]
While & Canity- Landfill Jfo/- Hauler Golden Rod - Generator

T u

^

h fleree Landfill and Recycling Center • Ddts-i 18/&3/300& Tiptoe*I 144769
 LOADS MUST BE* TARPE3) OR TIED DOWN Time Ini 10*07-' Tiae Outi 14h30
 EXCEPTIONS TO THE RULE¹ • 1 1 1 | • M 1 n 1 * « Brida Cell 3 Uestwn ^f*pan.s.ion
 ID JHfIS REQUIRED ON WORK 1*16 FACE Profile#i CR6436 VIACott-SOILU.}
 Enlfe«tt IOaar Advfi Charge**
 Hi^r CHEMUNS*

Prteratorft: «9&4 VIACOMCFORMERLY WESTING HO USE)
 gantporten CUSTOMER &us4oeer Truckt M39 Trai**ri
 LI tot £106 , VIACOM, INC.-PQ* ENV-<R*-00769 \,

NY
 mesa P&Lb* Tan** 36. AS ;
 3&E49 PB Lb* Quantity9
 72840 Mixed %r 108.4MI .

id*	Description	Quantify	* Type	Rate	Amount
@-8L*R	Soil*- - Landfilled - Taxed	36* 4£	* T,		
	Fuel SurGftargt?	*£/,*	- T		
	Tran«-Taxed per Ton	* 36- *fi	T		
FUELSUft	Fuel Surcharge ¹ -		T		

Ticket Clerh JAB Drivar

High Acres Landfill
421 Perinton Parkway
t, NY 14450
23.6132

Manifest N[^] 10888
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) \Ji* COM IvU..
EPA. ID. NO. kiyna >q Li aiqfi

Company Address:

(Print « Type)_U_ SUUwi*. ^l frlUk^L , 9k m*.*
(No.) (Street) (City) f o l a t e) (Z i p) .

Pick-up Address: zero_MtflkiLi>a>.< V l ^ K ^ u i U)J/_\HtH,*T~
(NoT) (Street) 0 (City) (State) ^ 1

Telephone Number: (HrzA (aHX - ? q ^ 1

Waste Stream Identification: <^,'|_r^fr^uiup. A ^ , u t c .

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: ?b Other (Specify):

Special Handling instructions, if any: None t*

T^£ is to certify that the above named materials are properly, classified, described,, packages,, marked, and
^^fcd and are in proper condition for transportation according to applicable state and federal law. The wastes
^R consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: IOATA^ Signature L^^. / C I L ^ VI*~^ Inc..
(Name and Tide)

Transportation Section

Hauler of Waste (must be filled in by hauler) /A &*.*. &Jl i

ADDRESS: (LIUL^My

Pick-up Date: tft / 9 * / 00 Truck No. ^ ? - Vehicle lie. No. » r i t f « IW

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title / ^ - ^ v — "f j£>J\ Date: /0-2*£-<&

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Disposal Date: J[Wj)l/j Total Tons: J,\ /) Other (Specify):

Signature of authorized agent and tide: White & Cahary, Landfill Pink - Hauler Golden Rod - Operator

V

M

High Speed Landfill and Recycling Center Dates 1&S&3/S000V Ticket* 104766
ALL LOADS MUST BE TARPED OR TIED DOWN Tin In* 10325 Tie Out: I«i4
NO EXCEPTIONS TO THE RULE 'i • 11 • i * i n j * i i Grids Cell 3 Western Expansion
HARD HATS REQUIRED ID TIN WORKING FACE Profile*! CR6436 VIACOM-SOIL *L*
Manifests 10000 Advfi Charge*i

Origin: CHEMUNO
Generators: 090- VIACOMKFORMERLY WESTXNGHOUSE
Transporter: CUSTOMER Cuatoaer „Trufcki 97 Trail en
0121 157 2106 MIACOM, INC.-PCM ENV*-R-0©7Wi
i NY

Drum: 100-300-PS 4-t» Tart*i 34.46
Tare: 37465 PS 1»b» Ghiantityi 0.00
Net: 68920 Mixed *. 100.08

Base	Base	Base	Base	Base	Base	Base
Trans	Trans	Trans	Trans	Trans	Trans	Trans
Rate	Rate	Rate	Rate	Rate	Rate	Rate
34.46	34.46	34.46	34.46	34.46	34.46	34.46
T	T	T	T	T	T	T
T	T	T	T	T	T	T
T	T	T	T	T	T	T
T	T	T	T	T	T	T

"ticket Clerk JAB Driver

-XJA.J



&E*"-

~J» *>*, a *fr -t *

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(713-6132

Manifest N- 10889
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vt ax** 1 n^

EPA. ID. NO. RWpur-Mnaiga

Company Address: ^ . . , . * : , ^ . : - r ^ . ^ ^ - . : , ^ 4 ^ ^
(PTMt^{or} Type) y SU.,^ %1—u fittk^L PA '--ifaai
(No) (Street) (City) (State) (Zip)

Pick-up Address: ^0d V A ^ W ^ V ^ ^ G ^ c k M ^ A ^ X ^ N y / ^ » S
(No T)" (Street!) (City) (State) (Zip) —

Telephone Number: faiaV Mo - -x<|2l

Waste Stream Identification: sm\ <LUV<MMV*< OVK-VU-L, <xi^ ^>L^.^lfill>. G£^r+*rnJt>'*~

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: JO Other (Specify):, _____

Special Handling instructions, if any: _____ None y _____ • _____

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 applicable state and federal law. The wastes will be consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge. / /

Date: 10/23/00

Signature: -fti^, A a ^ V o c ^ U C -
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) 1/U wa M ^ J t

ADDRESS: <LJri4»v. KV

Pick-up Date: ib£y)*± Truck No. TJfe Vehicle lie. No. J10 i5"T lj>

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title e^ ^ ^ l ^ ^ ^ ^ j Date: /0/^3/OQ.

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^ Dæ 4 ^ Total Tons: ^ /L Other (Specify):,

Signature of authorized agent and title: White A Canary - Landfill Pink- Hauler Golden Rod - Generator

!uEa*ijten*s Landfill and Rpcycllng Center Datei 10/23/2000 Ticketl 1046&&
 *UL LOADS MUST BE TARPED OR TIED DOWN Tiee Ini 14S87 Ti*e-Outi 14*46
 40 EXCEPTIONS* TO THE RULE* • i « i i i « • i i 11 i • Qridi Cell 5 Wester* Expansion
 <ARD HATS REQUIRED ON WORKING FACE Profile** NA Not A Profiled Waste
 Manifest i 10889 'k* Advf i Charg*#i
 Iriglnt Monroe County
 Seneratorfti CUSTOMER Cu*t-oaer
 transporter i¹ CUSTOMER Cufitoner Trucki 316 Traileri
 BiU toi 3106 VIACOM, INC.-PO* ENV-R-00769

J*

5ro««i 1^7369 P* LB* Ton*i 34.01
 Tare* 3*369 PS Lb« Quantitya 0.00
 YeVi tsoae Mixed #t 100.00

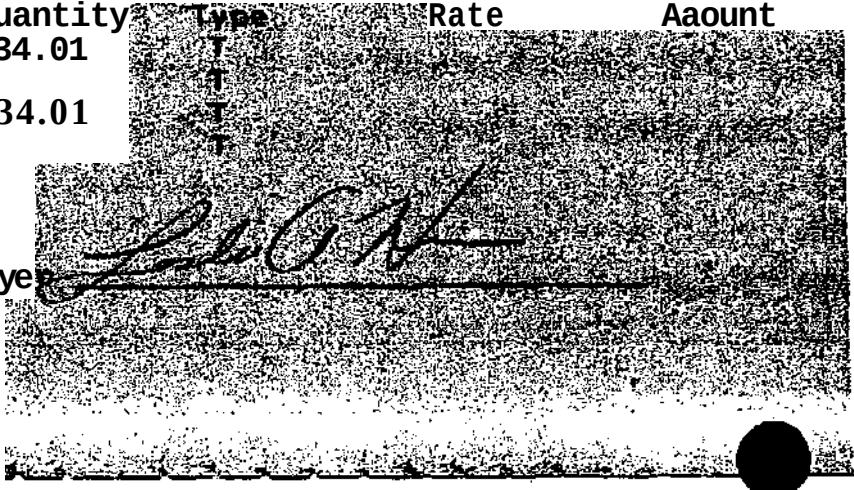
Code	Description	Quantity	Type	Rate	Aaount
rftx v	Trans-T*M*d per Ton	34.01	T		
FUELSURV	^uef Surcharge		T		
AS	Soils •* LandfilUd - Taxed	34.01	T		
FUELSuft\	Fuel Surcharge		T		

P0i

Ticket Clerk

JAB

D>riyer



High Acres Landfill
42 Perinton Parkway
Fairport, NY 14450
(716) 23-6132

Manifest **N2 10890**
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) ViA-COyi Ifto
EPA. ID. NO, ylyjVJ^kToMOg

Company Address:

(Print or Type) U a~u,iu St MtWu^W 9K \Z2zz.
(No.) (Street) (City) (State) (Zip)

Pick-up Address: Z\$o VOo^u^U..* CrJt
(No) " (Street) Q (City) (State) (Zip)

Telephone Number: (Mz) LAZ- - ^ 2 2 .

Waste Stream Identification: <gxi I o ^ a U ^ a.rfXuhi'c OoLfcUic-UiL.

3E

This manifest represents a non-hazardous waste per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: I'd Other (Specify): _____

Special Handling instructions, if any: None fc<—

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 applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: ii/z T/tfb

Signature: -HkL^) /a—> **r** 1/ns.c^^ L ^.
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) IAAW^J/UTEC t

ADDRESS: C w H ^ U ^ fy <*

Pick-up Date: i h / z j / f * Truck No. C TI Vehicle lie. No. *T3o2l T \JT^

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title _____

Disposal Facility

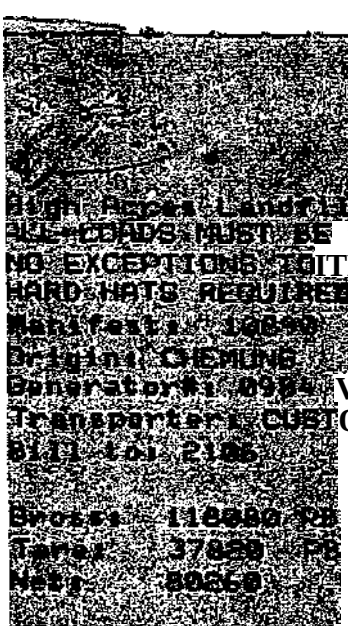
Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature Date: 10/23/11 Total Tons: _____ Other (Specify): _____
Signature of authorized agent and title: _____
White A. Canary - Landfill Pink - Hauler Golden Rod - Generator



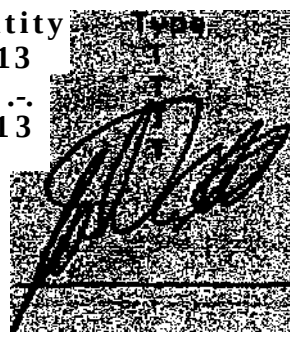
High Acres Landfill and Recycling Center* Datei 10/23/2008 Ttakefck 184B6B
 ALL LOADS MUST BE TIRPED OR TIED DOWN Ti«* Im 14i34 vTi ar Qutt 14i4#
 NO EXCEPTIONS TO THE RULE I I I I I I I H m I I Grid« Cell 5 Weetern Expanftlo*
 HARD HATS REQUIRED OH WORKIN6 FACE Profile** CR643& "IACQM-SOXL(U
 Manifest: 10000 fidtff» Charse#i

Original CHEMUNG
 Generator#1 0900 VIACQMjtfORHERLY WEBTIWQHOUSE)
 Transporter: CUSTOMER Customer * Trucks M41 Trailera
 Bill to: 2100 VIACOM, INC--PO* ENV"R-80T69

Gross: 110000	PB Lbs	Ton*4	40.13
Taxes: 37000	PB -Lb*	Quantity^	0.00
Net: 80000		Mined Xi	100.00

TUX*	ton.	Quantity	Type	*U*t	* Aaoun^
FU&L&U*	Trans~Ta*ed per Ton	40.13			
IS	Rue 1> Surcharge	0.00			
FUELSUR	Soils'- Uendfilled - Taxed	40.13			
	Fuel Surcharge				

PQi
 TicJtet Cle-rfc JAB Driver-



X



High Acres Landfill
An* T Jerinton Parkway
; NY 14450
123-6132

Manifest H2 10t91
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECUL WASTE MANIFEST

Generator Section
Generator of Waste (must be filled in by producer) Vug^^ 'u-I».
EPA. ID. NO. Nynnr+et&'i I6S

Company Address:
(Print or TypeXJL SWwH Sb frkLwk , <Fk \<r**>
(No) (Street) (City)"(Sfite) " (Zip)

Pick-up Address: ZOD W>. ^ V w *, s> U ^ i. t^r-teUJL. Jil \HhLSL
(No.) • , "(Street) 0 (City) (Stote) (Zip)

Telephone Number: (HIZ) fc, *ft. - T^ ZZ
Waste Stream Identification: Soil c^K-htdUu^ cwi> * CAJi pfLn,»rJj j l ,

This manifest represents a non-hazardous waste as\$er E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: ^2 Other (Specify):

Special Handling instructions, if any: None •E,

Jjjfc is to certify that the above named materials are properly classified, described, packages, marked and
^^ w l and are in proper condition for transportation according to applicable state and federal law. The wastes
wro consigned to the transporter named. I certify that the foregoing is true and correct tothe best of my
knowledge, y
Date I O > 4 ? / A Signatures ~f? **_ J Un*^ ^ Vi<^<>^ !"-+
(Name and Title)

Transportation Section
Hauler of Waste (must be filled in by hauler) AfL^ivzjrd I
ADDRESS: C * r * U * u \Vf V
Pick-up Date: \t> /zr/<jb ' Truck No. *ZL Vehicle lie. No. ^ftlHTK. KfJ
The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title Sh- ~r t*^ / 7 X Date: /#f27/Q&

Disposal Facility
Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

sal Date: ME yHJTotsa Tons: Other (Specify):
signature of authorized agent and title: White ACimiy-Landfill Pink - Hauler Golden Rod - Generator

600 Acres Landfill and Recycling Center Date: 10/23/2000 Ticket: 104900
 ALL LOADS MUST BE TAPPED OR TIED DOWN Time In: 10:28 Time Out: 10:51
 NO EXCEPTIONS TO THE RULES!!! Grid: Cell 3 Western Expansion
 HARD HATS REQUIRED ON WORKING FACE Prof: CR6436 VIACOM-BOIL AND
 Anticorrosion Adv: Charge:

Material: 0054 VIACOM (FORMERLY WESTINGHOUSE)
 Transporter: CUSTOMER Customer Truck: 436 Trailer:
 City: 2106 VIACOM, INC. - PO# ENU-A-00763 NY

7/541 11250 PB Lbs Tons: 38.77
 7/541 25750 PB Lbs Quantity: 8.00
 7/541 77540 PB Lbs Mixed: 100.00

Code	Description	Quantity	Type	Rate	Amount
7/541	Tons Tapped per Ton	38.77	T		
7/541	Fuel Surcharge		T		
7/541	Soils Landfilled - Tapped	38.77	T		
7/541	Fuel Surcharge		T		

PO# -Tlckrt Clark JAB Driver

High Acres Landfill
42nd Perinton Parkway
Fairport, NY 14450
0DS23-6132

Manifest **N2 10892**
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vi/i&ofu f k^.
EPA ID. NO. kiYrv^ ^ <p78 JOfl

Company Address:

(Print or Type) U j f t ^ U ^ P i J k L ^ L > P A H Z * . ? .
(No.) (Street) (City) >* (State) W (Zip) ,

Pick-up Address: Zur>

(No.) • (Street) U (City) (State) (Zip)

Telephone Number: ffl Z.) LU7 -^lyp

Waste Stream Identification: £ ai/ ^ i ^ - a i k j ' ^ f c ^ ^ ^ . f t V j P_0 3 * 1 ^ 1 ^ . / ^
& t ^ r t ^ L > f t . 2 f c l a A ^ s i .

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: ZIP Other (Specify): _____

Special Handling instructions, if any: None Of-

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 applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge. > -^ ^*^ ^Xk.- O^K.

Date: 1*/^S'OO

Signature: i ^ f . J(0*.*' ia^ ViTz***^ U
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) /HIK(3r l^V^>

ADDRESS: Ci^<JJgJ>h My

Pick-up Date: _____ Truck No. 39 Vehicle Ci c. No. | J y w f i A t o ?

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title _____

Date: 3/23/1

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport^ NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

>sal T)ate:/CJ\$*/&) Total Tons:;
^ ^ n[nature of authorized agent and title: _____

White A Canary - Landfill

Pituk - Hauler

/ Other (Specify):

f Golden Rod - Generator

Sirloins* CHEMUN&

Brosai	106340	PB	Lbs
Tar at	37940	P8	Lb«
Nat*	68400		

Aagunt

Quantity

34. eo

Quantity	Type	Rate
10		

[Handwritten signature]

*f



—t «

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
Tel: 613-6132

Manifest N? 10 > M
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator, of Waste (must be filled in by producer) V\ tjt^ vu I k c

EPA. ID. NO. Mo* y| L%GLO*

Company Address:

(Print or Type)) 3UwuJht Sk Pi-IU L ^ l f fA » J ~ * i ^
(No.) (Street) (City) (State) (Zip)

Pick-up Address: Zoo V J ^ i t u j U ^ . _ t \ ^ l _ \ b > r v X ± * < U - . r J / M M f
(No) " (Street) (City) (State) (Zip) ^

Telephone Number: (H\Z) (OHZ~ 1*2.?)

Waste Stream Identification: ^ \ I c^ w\ c^ u. < u* AwutM-c

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: SO 1 Other (Specify): _____;

Special Handling instructions, if any: Noneo^.

is to certify that the above named materials are properly classified, described, packages, marked and
:d and are in proper condition for transportation according to applicable state and federal law. The wastes
consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: IO/ZX/O*

Signature: ff^ / fS^—' «A/^ l/-t^nu LL .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) MO^OLM^JU

ADDRESS: C^W4»w (\> 0 ~

Pick-up Date: \o /zaJoo r Truck No. o ll- Vehicle lie. No. SZS^tta ~NY

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title X ^ / v C i yf /v ?7 Date: / o -z%&-0&

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

V Company Name: High Acres Landfill

' Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

t Disposal Date: /|Zffi7 Total Tons: / . /bther (Specify):.

Signature of authorized agent and title: -^)*Cffi-fE

While A. Canary - Landfill

Pink - Hauler

/^ do Men Rod - Generator

-Hflh HOCK Landfill *nd Rec/cling Center Datws 10/<L3'S000 TlrMet: 10*908i#
U-L KOTOS MUST TJE TIRPID OR TIED DOWN Tue Ini 15(35 TIHP Outi 15i
MQ EXCe-miONB TO THE RULF' " " " " I M I I I Grids r*all - U^btern Expansion
VUVn fun's REQUIRED Ori UORKINb FtfCF Prnfilefti CR»*5& VIfiCOM-SOIL<L>
Uttlf»stI 10393 ftdvf i Charge*!

CMgim LHEMUNB
Lenotfi'ottti 01&+ VIfiCOMiFORMERLV WhSTlNGHDUSF)
jjransportprs CUSTOMER Cuttoaf-r Truehi 9^ Trailer!
Bill tot dlofc VIACOM INC, -PO# ENV-R 00769
. NV

Srocsi 107«ea PB Lb* Tons i C4.91
Tar as 2/680 PB Its Quantityi 0.00
Nttj 698?* 100.00

Code	Description	Quantity	Type	Rat<	ftaount
TRX	Trans-T^ttcd ft+ir Ton	34.91	T		
FUEL&UR	f-uel surcharge		T		*
15	Soils - Liridtilled - T«Ked	34.91	T		/
FUEL6UR	Fuel Surcharge		T		

POI
litket VUrK JflB Driver ^#/A ;>;>



Lt > n

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest N, I 0 t £ 4 y
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vi&,c^w _v^t
EPA. ID. NO. UYno W.I Mot

Company Address:

(Print or Type) y \$4-ftv1wi* St P.Htk.^L -PA- I S J ^ -
(No.) (Street) (City) (State) (Zip)

Pick-up Address: 7 p o V l O - i ^ u ^ (V ~ l ^ U ~ i L U . , ^ M ^ J < / f V i T
(No) (Street) (City) (State) (Zip)

Telephone Number: W l O 6 , * < 3 ~ " ? q a J l

Waste Stream Identification: a ^ j j « A w U i u V ^ c t * u ^ ^ ^ | J y . . « U . » _

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: Xo Other (Specify): _____

Special Handling instructions, if any: None < * s ^

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 applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge..
*e - * - * * * M - * - f ~ > o / ~*

Date: w / * ? / & &

Signature: A » a - f i t * * - * V . ^ ^ v w 1 f c ~ < . .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) Ag > v u f c . * r f I

ADDRESS: C ^ - L U n N > 0

Pick-up Date: us J v x / o ^ Truck No. T | f a Vehicle lie. No. ^ i r J / s i 7

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title e ^ ^ Z ^ * ^ . & 7 y & * & + * - Date: /// a 3 / * 0

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

y

high. Acre* Landfill *nd Recycling Center Batei 10/84/2800 Ticket* 104940
i)LL CORDS MUST BE TARPED OR TIED DOWN Tiae In* 07c28 Tiae Out« «7n. .
WO EXCEPTIONS TO THE RULE¹ " " I I M U H M Gridi Cell 3 Western Expansion
HARD HATS REQUIRED ON WORKING FACE Profile#i CR643& VIACOM-SOIL<L>
Manifestl 10B94 Advfi - Charge*!

3riflin? CHEMUN6

3enerator#i 0984 VIACOM {FORMERLY WESTINSHOUBE)

Tramposter* CUSTOMER Custoaer

Trucks L316

Trailers

Bill t-ai S106 ' VIACOM, INC.-PO# ENV-R-00769

3roe*«^r 113100 P& Lbs

Ten** 36.70

Tare* 39700 PB Lb*

Quantitya 0*00

Met-* 73400

Kitted *t 100.00

Code	Deccription	Quantity	Type	Rata	Aaaunt*
TRX	Trans-Taxed per Ton	36.70	T		
FU&LSUR	Fuel Surcharge		r T		
13	8otU - LandfiUed - Taxed	36.70	T		
FUEL8UR	Fuel Surcharge		T		

P0t

Ticket Clerk

PPS

Driver



. * 3

Hi*//

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(vW)E3-6132

Manifest N- 10 - » >
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section, /

Generator of Waste (must be filled in by producer) y f gic^y* \^* -
EPA. ID. NO. ^yp^-\^fcT-ftldJl

Company Address:

(Print or Type) _n_ J^i \$ t. ' T i J k L . ^ P A | Q ? a ,
(No) (Street) (City) (flate) (Zip)

Pick-up Address: Z.o€> U t J ^ - U u ^ . C i i r J t J l W c A . U a < d U . M V H i V r "
(No T)" (Street f (City) (State) (Zip)

Telephone Number: W12) 1 ^ 2 . - T ^

Waste Stream Idenufication: ~ ^ I ' g ^ i - ^ J u w * A ^ K , ? , A W J E p ^ L u ^ f c u n .

This manifest represents a non-hazardous wffcte as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: "gft Other (Specify):

Special Handling instructions, if any: None *>-

Tj^i s to certify^ that the above named materialsiare properly .^classified, -described, packages, marked and
' and are in proper condition for transportation according to applicable state and federal law. The wastes
WOW consigned to the transporter named. I certify that the foregoing is true and,correct to the best of my
knowledge, J ***~ <<***- f r ^ .

Date: ! i t S - r ^ A r *

Signature: SAL*~ C^J J ^ J ^ £***- Vikc6i^ L ^ .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) M^*a c**A\

ADDRESS: f U U ^ K , W <*

Pick-up Date: i » / » /*« Truck No. HI Vehicle lie. No. Tft* ZI T Nj

The above described waste was picked^irrandJiauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is^i^ar^Correct to the best of my knowledge.

Signature of authorized agent and title flr' 1/*^ . Date ^ ^ v ^ T ^ ^

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^^Bosal Date:

signature of authorized agent and m^A//^Wl7^M J>SZdJ^ I ^H
White A Canny-Ltndfill / "7 /E&-HMdor " Golden Rod 7 Oenentor "

L
-?^

*, > S -

High ftcre* Landfill and Recycling Center Oat*a 10/34/S&&0 Ticket! 194939
f)U. LOADS MUST BE TARPED QR TIED DOWN ~ TLM Ini 07i30 Tice OutI 07iSl
NO EXCEPTIONS TO THE RULE* + L» »Sr&di Cell 5 Western Expansion
kRRD HATS REQUIRED ON WORKINS FACE Prof ilette CR6436 VXACOM-SOXLtD
Manifest* 1&893 Advfi Charge*•

Origini CHEMUNG
I^enei-atoHli 0984 VIACOM (FORMERLY UESTINBHOUSB)
Transporter! CUSTOMER Custoaer Trucks M41 Traileri
Bftlt toi S106 ^^ VIACOM, INC,-PO# ENV~R-00769
* , NY

Gro«« t	1L37BQ PB Lbs	/	Ten* i	37.7C
Tarae.	38380 PB Lbs		Quantity!	0*00
Net* ^	73400	/	Mixed %\	100.00

Code	Description i	*	Quantity	Type	Rate	Aaount
15	Soils -^Landfilled - Tai	d_	37.70			
FUELSUR	Fuel Surcharge					
TRX	Trans-Taxed per Ton		37.7S			
FUELSUR	Fuel Surcharge					

P&1 Ticket Clerk PPS Drover

IS8

i-'.-'.ijj^*1

High Acres Landfill
425 Perinton Parkway
I ^ « , NY 14450
(Wp23-6132

Manifest "ftf ':-'.*
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003 ":

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vfor^ u» lug..
EPA. ID. NO. Kiyoaf<u,*fliog

Company Address:

(Print or Type) II S W.,* S+. fttftLgl ..-9l- IJ22Z.
(No.) (Street) (City) (State) (Zip)

Pick-up Address: ays u ^ . w w : , - (L*1J^ r U ^ c L ^ J & ^ MX JV8V^-"
(No.) (Street) O (City) (State) (Zip)

Telephone Number ft/Z.) fol3 - y)«a3L
Waste Stream Identification: a«tl ^ . i ^ ^ ^ , V »~C pJy^Jjul,

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: -~&Q Other (Specify): _____

Special Handling instructions, if any: None α

"^^is to certify that the above named materials are properly classified,¹ described, packages,; marked and
.^Bd and are in proper condition for transportation according to applicable state and federal law. The wastes
^KK. consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.", y

Date: 1 a / ^ / f t Signature: ILUM^ H ^ JL^ M v ^ > . .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) jM*"A'ft^
ADDRESS: ^ A f t . ' U

Pick-up Date: i*/? w /db Truck No. Hi Vehicle lie. No. ??02 |T H>

The above described waste was picked up and hauled by me to the disposal facility named below and* was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title fflfcx^S^ Date: / ^ ^ ' ^

Disposal Facility

Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

f ^osal D a t e : / V ^ ^ J Total Tons: C~^ . , f Other (Specify):
nature of authorized agent and title: ^ \L)KJtfJiAf-
White & Canary - Landfill Pink-Hauler Golden Rod - Generator.

* *

V-

Sigh -flcves Landfill and Recycling Center* Dates 10/S4/S000 Tickets 10S0&8
XJLWDS MUST BE TIRPED OR TIED DOWN Time Xni 1S|44 Time Out 13t08
1*0* EXCEPT IONS TO THE RULE' "• n •••«•••••j• Grida Cell 5 Western Expansion
jfrd HATS REQUIRED ON WORKING FACE Profile** CR&43& VIACOM-SOIL<U
•tenifesti 10896 Advf 3 Charge**

arinxni CHEMUNG

Seneratortti 0964 VIACOM<FORMERLY WESTINGHDISSE>

Transporters CUSTOMER CUBtoeor

Trucks 1441

Trail en

a^ll toi £136 / VIACOM, XftlC.-PM EttV-ft-00769

, NV

foOVSS 1493140 PS Lbc

Tons 8

32-47

3asee -PS U>«

Quantityi

0.00

Heti

64*40 v-

Mined %€

100.00

Description

Quantity

Type

Rate

Aeount _ i

Trans-Taxed -per Ton

3fcY>47 <

Fuel Surcharge

Soils - Landfillcd - Taxed 32*47

Fuel Surcharge

rUELSUR

FUEL9UR

P0i

Ticket Clerk

PPS

Driver

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(716) 23-6132

Manifest N- 10 \$ 97
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V/1(K^ \v\ r..
EPA. ID. NO. UYDQ-m7 31oS

Company Address:
(Print < Type) \\ S ^ v > ^ L f t t t - t l ^ L f A < m t
(Noi) (Street) (City) (Staft) ' (Zip)

Pick-up Address: 2,oQ u l . i , K . , l u , ^ C ^ c A * . W n - ^ ^ r ^ . - . M y / V 8 s r
(No T) (Street) G (City) (State) (Zip)

Telephone Number: fatTA (CHZ - T^ZZ-

Waste Stream Identification: _w f ^ ^ i , ^ ^ ^ . c - ^ , . J ? ^ L ^ U . ' T

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: ? . p Other (Specify): _____

Special Handling instructions, if any: None X-

This is to certify that the above named materials are properly classified, described, packages, marked and
^ ^ k e d and are in proper condition for transportation according to applicable state and federal law. The wastes
^ B l consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: u / > ¥ / £ < >

Signature: - R * ^ J \ ^ A ^ V ^ ^ . . . \ u ^ .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler") • A l & u < ^ J / . '

ADDRESS: L A L { ^ * N Y
0

Pick-up Date: r > / z v A ^ Truck No. T ? Vehicle lie. No. s z s < < f c > d N V

The above described waste Was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title y Z L ^ C ^ j J y ^ Date: / 0 ~ < / v ~ & *

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

posal Date: / b f f l U E / x w & Tons: Other (Specify):
nature of authorized agent and title: White & Canary - Landfill

White & Canary - Landfill

Pink - Hauler

Golden Rod - Generator

UOh ipres^Landfill and Recycling Center Dates 10/S4/E000 Ticket t 105003
iU. LOADS MUST BE TftRPED OR TIED DOWN Tie Ins 09t5S Tiee Out J loils
40 EXCEPTIONS TO THE RULE* * i * i i • i • n 11« J Bndi Ceil 5 Western Expansion
tARD HAT6 REQUIRED ON WORKING FACE Profile*; CR6436 VIACOM-SOIL <L>
tanIfest» 10897 ftdvft Chargetti

Jrigim CHEMUNB -r *
3eneratorfti 0984 VIACOM{FORMERLY WESTIN&HOU&E)
Transporter-! CUSTOMER Custoaer Truest 97 Tralleri
Sill t4] 2106. VIACOM, INC.-PO* ENV-R-007fc»

4
^oftti 93380 PB Lb* f NY
Tare* 3730? PB Lb*1 *
Pfrrt 55060
t Tensi £7.94
Quant it yi 0.00
Mixed *« 100.00

C ' -> f v *** «
Code * -0eVc^iption Quant it V Type Rate Aeount
rSK * a Trans-Taxed per Ton £7*94 T
FUELS13R Fuel Surcharge T
lift' - Soils - Landfllled - Taxed £7,94 T
FUELSUR Fuel Surcharne T
k «

P0i* Ticket Clerk PPS Driver ^Z£i jr^.

High Acres Landfill
425J>erinton Parkway Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
fj^W, NY 14450 High Acres Site PermitNo. NYSDEC 8-2644-00048/00003
(W|i23-6132 "

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V>'a.cah* lux,,
EPA. ID. NO. UKftO^fcygtaft

Company Address:
(Print or Type) II 3l*_Mttt <3t P, J k L, ^L fy | ^ 2 Z -
(No.) (Street) (City) (State? (Zip)

Pick-up Address: IOO W t ^ ^ U a ^ . , C w
(No.) (Street? (City) (State) (Zip)

Telephone Number: (111) C 1 3 - ? g a 2 - f ^ c W - * cu-*^K-

Waste Stream Identification: «^M „ ^ 4 - ^ ^ a v y ^ c „ * J U J ^ ^ U u .

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: 3d Other (Spectry): _____

Special Handling instructions, if any: _____ None ^
- ^ ' - ' \ _____

This is to certify that the above named materials are properly classified, described, packages, marked and
and are in proper condition for transportation according to applicable state and federal law; The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge, y ..
*** * ^ - ° ? f * ^ ~ ' *** ^ ~

Date: | \ & y 4 ^ > 4 > Signature: 1 ? (i.. fln*^*' \ / i *, ^ L. _____
V (Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) i A n i A w . o ^ f

ADDRESS: 'Now / T B t f c . W
Pick-up Date: t ^ / w " , ' / Truck No. 3 / / r Vehicle lie. No. ? T f l I j g - T ~ h i /

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

SiEnatiu^ofauworizedagent^^ Ct / y * r * r & * * * Date: / ° f a v / o c r

Disposal Facility

Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

sal Date:)(I^4l/yLko\zS.Tons: / >)(/ • O * * " (Specify):.
signature of aumonedagent and title: - ^ Z J - U y L * f E 2 j U
While & Canary - Landfill Pink - Hauler Golden Rod - Generator



•AC"

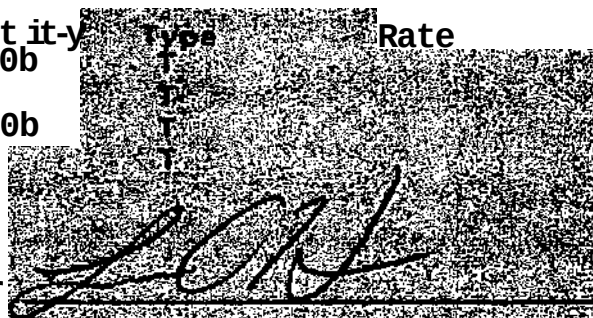
jigh Apr** llandViJl an«f Recycling Center Datet* l«/S4/e000 Ticket* 103113
L LOADS MUST BE TARPED OR TlfeD DOWN Twe Ini 14ilfl Tie* J3uti.14*45
90 EXCEPTIONS TO THE RULE» n »»*«»»** i» i« i Grid* Cell 5 We«%em Expansion
HARD HATS REQUIRED ON "WORKING FACE Profile*i CR6436 VIACOM-SOIL OJ
Manifest t -1Q89B ^Advf« Charge**

3riBi*rt. CHEMUNB
Beneratorft? OS&4 VIACOfUFORMERLY UESTINBHOUSE*
Trantportferi CUSTOMER_k Cuit6i^ Trucks 316 Traileri
Bill tftfl €106 VIACOM, IfIC*-PO« ENV-R-00769

Bro«tf«	106160 PB Lb*	Tons*	33.06
Taret	40040" PB Lb»	Quantity a	0.00
Netf	&&120	Mixed Ta	100.00

Ced*	Description	Quant it-y	Type	Rate	Aaount
FUEL0U*	Tran*-T*Ked per Ton	33.0b			
IB"	Fuel" Surcharge i	S			
PUELSUIt	Soil* - Landftiled ~ Taxed	33.0b			
r 3	Fuel Surcharge				

P0< Ticket Clerk PPB Driver



,H

High Acres Landfill
425J»erinton Parkway
^ ^ r t , NY 14450
0B|123-6132

Manifest N 1Q899
Western Expansion Site Permit; No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vfa C^BA IUC „ •
EPA. ID. NO. NVOQTl^gUfi

Company Address:

(Print or Type) \\ SUw...;» ^ ftlA-gL , PA l^^Z^Z,
(No.) (Street) (City) (State) (Zip)

Pick-up Address: LOO U / U ^ U ; . ^ C ^ J L _ H ^ r ^ t t A \\ ? WXHS~
(No.) (Street) (City) (State) (Zip) '

Telephone Number: (Mi^ UH~> - -&2JL

Waste Stream Identification: <sad c^ -UiM ^ ^ M « » ^ * ^ r **U'''e k.t.
Ao*t>U*iE

This manifest represents a non-hazardous waste-as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: &Q Other (Specify): _____

Special Handling instructions, if any: _____ None 'H*»

V

Tjus is to certify that the above named materials are properly classified, described, packages, marked and
^ H ! and are in proper condition for transportation according to applicable state and federal law. The wastes
*Be consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

°ate:___lo/fofro____Signature: - r t ^ / lu+r-' ^ l/ik^^ liu-
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) Ma IAMA <nSi

ADDRESS: fIJU-Ui W V ~

Pick-up Date: toAa/im Truck No. 3G> Vehicle Lie. No. ^0*&R N^

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title ^ - - I C A P . ^ T Date /fi/Sv/<>0

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

sal Date: / ^ ^ ^ T o t a l Tons: A /6ther (Specify):.

^fnalure of authorized agent and title:

White & Canary- Landfill

-^(\^Ts/\^sA
Pink - " H t u l e r G g l i e n R o d - Generator

H*

High Acres Landfill and Recycling Center Date* 10/3ft/a000 Tickets 10&P44
ALL LOADS MUST BE TARPED OR TIED DOWN Tiae. Ina i£i47 Tin* Outt 13i*3
NO EXCEPTIONS TO THE RULE* «11* ii•iiý•i• Grid* Cell^ Western Expansion
HARD HATS REQUIRED ON WORKING FACE Profilefts CR6436 VIACOM-SOIL<L>
Manifest: 10899 ftdvfa Charge*t

Origin: BREWING
Generator: 0984 V I HCan(FORMERLY WESTINHOUSEJ
Transporter: CUSTOMER Customer Truck* M36 Traileri
Bill to: 2105 VIACOM, INC.-PO* ENV-R-00769

Gross: 105300 Lb» Ton*i 33.77
Tare: 38760 Lb i-bft Quantity! 3.00
Net: 66540 Mi*ed ** 100.00

Code	Description	Quantity	Type	Rate	fiaount*
101-00R	Fuel Surcharges		T		
04	Soils - Landfill	33.77	T.		

Ticket Clerk JAB Driver NT

« i*
" » *
X

IF

High Acres Landfill
42 ElmteParkway
Fairport, NY 14*5fr**^v.
(716) 23-6132

Manifest NE 10SS2
Western Expansion Site. Permit No., NYSDEG 8-2644-00048/00021-0
High Acres Site Permit No. NYSDECT^BWXXMg/OOOOS

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section
Generator of Waste (must be filled in by producer) Vi<x,AI^ In,,
EPA. ID. NO. frjyno*U.1ftOg
Company Address:
(Print or Type) _iJ_ SlJu.iW ?>U,fr- PrtbWxl , PA _I_
(NoO (Street) (City) (State) O (fcip)
Pick-up Address: fjfr> Ui,AI^A»Mn- ^ W ~ iLorc^iL kIV)H^H^
(No.) (StreetJ^ (City) (State) (Zip)
Telephone Number: Mir) kMZ- ^ 2 2 ,
Waste Stream Identification: %ot\ bJHt ov^eu.T ^^1 />oU.A^ci<n-e. /^^.i^Wi-
Awtft>Axi^._
This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
EstTons: _SZ_ Other (Specify): _

Special Handling instructions, if any: None -c, ^ _;

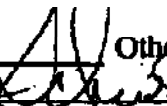
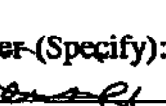
T^s is to certify that the above named materials are properly classified, described, packages, marked and
^W and are in proper condition for transportation according to applicable state and federal law. The wastes
^rc consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. / / *~_ ***** "&%*~_"
Date: lo/ra /L. Signature: #,,**_ J^q^r^ •&• v V r ^ l<v<-.
(Name and Title)

Transportation Section
Hauler of Waste {must be filled in by hauler} /YWiftytMurJf
ADDRESS: Cn^IUU . NV
Pick-up Date: I t>/?& /g> Truck No. :?{» Vehicle Lie- No. got^T fc Vly
The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best o^my knowledge.

Signature of authorized agent and title ^LA>-^"L/< - '£ AS^ Date: 0l?o/&

Disposal Facility
Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered^y the above hauler to this disposal fa&Lity and accepted on:

sal Date: ^3/3//£? TotattTons: Other (Specify):
signature of authorized agent and title:   
White A Canary - Landfill Pink - Hauler Golden Rod - Generator

I

V?

S

Hgh Acres UatffcfIU and Recycling Center
ILL LORDS MUST'BE TfrPED OR TIED DOWN
m EXCEPTIONS TQ THE RULE!i • « n » M < » ' » ' I
4ARD HATS REQUIRED ON WORKING FACE
Kamfest c 1093E fidvfs

Ikates 10/31/2000 Tickets l»fcif7
Tia* Ins 06(31 v Tie* Outi 06i53
Br id a Ceil 3 We item Expansion
Profile*I CR6436 VX«C6M-60IML>
Charge"I

3»i?i-ni CHEMUNS

beneratorrtti 0984 VIACOM (FORMERLY WESTINGHOUSEJ

Transporter! CUSTOMER Cuttoaer

Trucks M36

Trail en

Sill tot 2106 ' VIACOM, INC.-PD* ENV-R-00769

. NY

^roftfti 112540 P& Lbs

Ton*! 36.62

Tarei 39300 P& Lfo«

Quant it yi 0.00

Uets 73840 J

Mixed %i 100.00

Cod* f &e»cri pilot*
B9 Soil* - Landfill
PUELSUR Fuel Surcharge

Quantity
36.62

Type
T
T

Rate

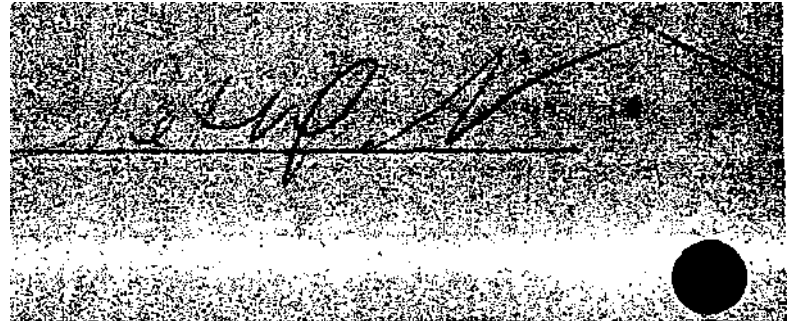
* • • « * ! * " ,

P0t

Ticket Clerk

PPS

Driver



-V

W 425 Perinton Parkway
Fairport, NY 14450
(716) 23-6132

Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-a
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

f: ^G ^er ^i ? Secuifc j, .

by producer) Viacom Inc.

.S& ffft jtyNj ^g*. V-M p ^ g ? *te*

#3

LL222

(Street) ^fi ^it ^i ; ... <4(State)v (Zip); - ? , > ; ^

(City) (State) (Z^)

:: | ^ep ! m &

3" * 2£

Waste Stream Identification: -3gi' ^- ; / ^ - C ^ i ^ h * ^ i ~ e ^ ^ g * u » « . & K. -poUaa ^ki ^ .
avftWicAc < lfr » u » v4 » s

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: Jto • ' r > : - * ' / . OmeffSpecirv): ' . ' . > V

Special Handling instructions, if any^ None ot ^
-p

This is to certify that the above named materials are properly classified, described, packages, marked and
l ^ ^ W and are in pxpper condition for transportation according to applicable state and federal law. The wastes:
^ ^ Pconsigned to me transporter named. I certify that the foregoing is true am } , correct to the; best of my
knowledge. . , « * - ** ^ ** * 53 ** ^ ~ /

Date: \bAa/at Signature: j ? W (~) * u + ~ ~ ~ ^ ^ Vtsuua ^ I ** - *
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) Mangardi

ADDBBSS: mAl-iw T MV

Pick-up Date: MJ/XG fat* Truck No. 39 Vehicle No. 1Wf(^A W

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and tSt [Signature] bate: < o / ^ / ^

Disposal Facility

Disposer of Was& (must-be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this\manifest was delivered by the above hauler to this disposal facility and accepted on:

sal Date: /OlSfttD Total Xons: [Signature] Other (Specify):
^ K Lature of autorizexl agent and titled [Signature]
White A Canaiy - Landfill Pink - Hauler Golden Rod - Generator

J

i

UoK^Acr** Landf-111 and Recycling Center Tteti 10/31/£0©C Ticket! 10&1S8
ILL LOADS MUST BE TARPED OR TIED DOUM T*«e Ini ©6s3£ Time Outs 06x54
IO EXCEPTIONS *IO THE RIHIE¹ " ' ! ' " H M M | ferlda Cell 5 Western Expansion
IARD HATS REQUIRED ON WORKING FACE Profile*!, CR643& VIACOn-SGIHU
lanlfemti 1OT53 ftdvfi Charge*** -

Inglnt CHEMUNB
ieneratortti 0964 VIACOM<FORMERLY UESTIN8H0U8E)
IVansporten fcCUSTOMER Customer Truchi M39 Trailer!
>xll toi 81Q& VIACOM, INC.-PO* ENV-RHM9769

3ro*«: 114680 PB Lb*
Farei 385&& PB Lbft
yeti 7fc£6«

Tonef 38.13
Quantityi
Mixed %t 100.00

2ode ~ Description
&? 9Ail» - Landfill
?UELSUR Fuel Surcharge

Quantity
38.13

[Handwritten signature]

r -
h
PB*
Ticket- Clerk PPS Driver

High Acres Landfill
 25 Perinton Parkway
 Fairport, NY 14450
 (716)223-6132

Manifest N^o 10348
 Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
 High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) WC<>^ *o
 EPA. ID. NO. Nynrt^ W Slog

Company Address:

(Print or Type) U S W ^ . A S» Pift/L^U fA I'TZ**~
 (No T)(Street) (City) (StateJ (Zip) ~
 Pick-up Address: 7 ^ J u U 4 ^ v < f, ^, JL 14^LflAJCU frl/ l^SVb
 (No.) (Street) (City) (State) (Zip)

Telephone Number: (jii)(g12. w3*\ZZ-

Waste Stream Identification: s*. \ r ^ 4 ^ , , ^ <<, ^* ^A ^L^lu* .

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: ^O Other (Specify):

Special Handling instructions, if any: None

I am to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: i*/ , f&ti Signature: - 2 ? ^ ^ / * ' ' ' *
 (Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) ftWug.rwJ;

ADDRESS: ^ k ^ J i A/V 0

Pick-up Date: lo / | . / oo Truck No. MZ2> Vehicle Lie. No. l^OXUT M>

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title s^s x ^ ^ Date: \a/u /<

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Disposal Date: /uf/U//J Total Tons: J\ /° Other (Specify):

Signature of authorized agent and title: s£J*U^fts(&6tS

While & Canity - Landfill

Pink - Hauler

Golden Rod - Generator

High Acres Landfill
45 Perinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest NL 10849
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) X/wn^h* \u^
EPA. ID. NO. NVnoVHtftioa

Company Address:
(Print or Type) n sw, -..'" ^__ PiiUk^L fK iri^z.
(No) (Street) (City) (State) (Zip)

Pick-up Address: zco> u> U.u,l,^ £ w l tt^L»JLL kfr iMgfS~
(No) (Street) (City) (State) (Zip)

Telephone Number: (^ uN (,Hi - ~s q Tk£-

Waste Stream Identification: W l O^+WUIL* r**xM*.~ ^,^V P<<*I*WCJ^E^.

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: ^ Other (Specify):

Special Handling instructions, if any: None *

I, [Signature], do hereby certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named . I certify that the foregoing is true and correct to the best of my knowledge, ;

Date: <°/£ /a o Signature: r ^ ^ . J > < v — ^ 4 * u — l / f ^ c ^ u . tw . * _ .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler)

ADDRESS:

Pick-up Date: |Q/\ /or> Truck No ^ / i < ^ Vehicle Lic. No. 5dt>za#*

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title i4^oU(/ (A^<^| Date: |a/n /o<>

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature Date: JCMltftjU Total Tons: J ^ /Other (Specify):

Signature of authorized agent and title: > & (J ^ A ^ 2 > c < d ^ -
White & Canary - Landfill Pb & - Hauler / ^ c f o l d e n l W - Generator

High Acres Landfill
43 Mtinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest NA 10150
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) NA<^>* \vu.
EPA ID. NO. kiypnyi6*>itffl

Company Address:

(Print or Type) \\ SUwAt ^ . P H ^ L ^ fff- 1S2Z2-
(No) (Street) (City) (State) (Zip)

Pick-up Address: ^Loo uio^vyW ^ Q&- C-^IoJ rWcjt U<<<J^ [^K mg<cs~.
(No.) (Street) (City) (State) (Zip)

Telephone Number: /jjiz^^ft - y!2Z.

Waste Stream Identification: s<;l / ^ w t u a ^ * , - ^ CLU^P__poL m,,>kr*.
fre.v>>>h<<U^ UyiJ3^U<*>^ 5

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: -Zs> Other (Specify): _____

Special Handling instructions, if any: None yt

I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: to/n /m Signature: ^ , / (CLU~S 4W~ l/fsxJL L<~
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) ^w\ LUP C * ^rrf^m -

ADDRESS: f V L I M J

Pick-up Date: t>/u /oo Truck No. MI Vehicle lie. No. ITT? PA U/

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title lYy^uYrY^— ^fooJ^J Date: (a i H/OO

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Disposal Date: /if ///ZwVT Total Tons: 50 Other (Specify): _____

Signature of authorized agent and title: S.O. [Signature]
White* Canary-Landfill Pink - Hauler Golden Rod - Generator

rf J*> -*

(*v%*,

^ * PT3:SY€*#li
-T*4%V>
..... •«t*?*• &•?*#y*-r*i

IF 1- (B%0**

TS''' t* » b lf



V

fcgh Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest NS tOt'SI
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Wtj\vi lh^.
EPA. ID. NO. HYnoWGl-%1**

Company Address:

(Print or Type) JJ U i u i A <U- Pifatau^L, PA 1SZ7?
(No) (Street) (City) O (State) (Zip)

Pick-up Address: v_nO U o ^ W U u ^ CvrU, H^J—fc* s/ft*. l^y^fcT
(No.) ~ (Street) (City) (State) (Zip)

Telephone Number: ftlZ-V r.Hz* TS-22

Waste Stream Identification: soil couk'vii *a ^A «ffa hf i' ^v^J? p^L^l c^

This manifest represents a **non-hazardous waste** as per **E.P.A. and N.Y.S. D.E.C.** regulations

Est Tons: 32 Other (Specify): _____

Special Handling instructions, if any: None 01

jj^kis to certify that the above named materials are properly classified, described, packages, marked and
^^Kd and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct: to the best of my
knowledge.,

Date: Jb/u /**> Signature: -Qi^^ P V a^r^ Ls V/.-^co^ U*..
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) -SL.uiU.Wi Emhy KV . ±e.S' Mcnft«^Jf
ADDRESS: CJLMLL^ W/

Pick-up Date: hA i/pro Truck No. "JU Vehicle lie. No. qflCHt MV

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correc>-{o the best of my knowledge.

Signature of authorized agent and title ^QYT^I /jffO % € S Date: \o /u ^o>

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

High Acres Landfill
42 Perinton Parkway
Fairport, NY 14450
(716)223-6132

Manifest # 10353
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Alwe
EPA. ID. NO. KAVt

Company Address:

(Print or Type) SL, fi Sf PiltUbJ- P* •**«*-
(No T)(Street) (City) 0 {State} (Zip)

Pick-up Address: Zoo U^UfiUy,. fo^k U«rfl,LjL^ KiV iH%H<^
(No.) • (Street) (City) (State) (Zip)

Telephone Number: (fl!2A (*H? * ??2>z.

Waste Stream Identification: ^\\ c^Uiu.*.' AITI^C- *wA pLx~uAjL*L

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: Tg Other (Specify):

Special Handling instructions, if any: None

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: 10/1/01 Signature: fIA*^ "T^o^r*^ -fc.^ l/Wc*,^ lw~«
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) MAU ^ «ii/tfi

ADDRESS: C * A W « H \±Z

Pick-up Date: b/. Ao Truck No. 9*7- Vehicle Lic. No. "Z<X8 3 k *V

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title jZ/J4 / /&clwE-~^ Date: 10/1/01

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Reposal Date: 10/1/01 Total Tons: 1 Other (Specify):

Signature of authorized agent and title: •**/) U^JucClccJ
While & Canuy - Landfill Pink - Hauler /--^(Golden Rod - Generator

" » «* ** tff
Htgb Acres Landfill and Recycling Center &ate« 1&/U/20&0 Ticket8 142672
ALL LOADS MUST BE TARPED OR TIED DOWN Tie* X*i lives Tl«e OUtt 1,1-1*
NQ EXCEPTIONS*TP* THE RULE*•M•J•|i•i11•i Gridi Cell 3 Western EMpansioiV
HAH&HATS REQUIRED ON WQRKIN6 FACE Profile** CR643& VIACOM-802L<L> \
Manlfeett 10853 AdvFt Charge** " ' e

Oriflini CHEM15N& * -
Benejraterrttx 9964 VIACOM (FORMERLY UESTINBHOUSkt>
'Tj^atbaporteri CUSTOMER Cuetaeer Truehi 0B7 Trailer*
*ill toi £i<B6 VIACOM, INC.-PO# £NV-R-W7»9
f NY w i
Qro»«* r 101540 PS Lbs T«yi«f 34. £4
Tarea, 33060 Pfi Lbs Quantity* 0.00
Net i 6&4£0 " J41*erf *i 100.00

Cod*	Oeftcripte & ofc	Quantify	Type	Rate	Aeount
; TRX	TraTte-Taxed per Ton	34.64	T		
I RJELSUR	Fuel Surcharge		T		
IS	Boila - Lamjfilled - T«**d	34.24-	T		
FUELQUS	Fuel Surcharge		T		

*
./- 'i
« *t|

Poi
Ticket Clerk PPB Driver / * \$ & -

i. ffign Acres Landfill
 \ 4^Arinton Parkway
 H^P t, NY 14450
 (716)223-6132

Manifest N- 10854
 Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
 High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V/f a^»»* lu ,, ..

EPA. ID. NO. NyooTt^aiaft

Company Address:

(Print^{or} Type)_U s W f i * Si ttttcU^ f * i g * « -
 (No) (Street) (City) <^ (State) (Zip)

Pick-up Address: -zo» v l o ^ w L ^ c . . C V J f t * V U ^ x - U ^ ^ H Y l M a ^ S -
 (No) (Street) (City) (State) (Zip)

Telephone Number: finj k S Z - ^ s q z z .

Waste Stream Identification: +Jl ^*4*L,**_* av-si^,-t-^ c u J . p<<lywiUU.r<<

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: "Sa Other (Specify):

Special Handling instructions, if any: None y.

s to certify that the above-named materials are properly classified, described, packages, marked and
 i and are in proper condition for transportation according to applicable state and federal law. The wastes
 were consigned to the transporter named. I certify that the foregoing is true and correct torfhe best of my
 knowledge. *~ *»*^ • yf*** **^

Date: ws/n /**

Signature: *f^_1 f ^ w - V.-q^tK lw^ •
 (Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) ^un tUutu EwWpws*u£

ADDRESS: ftdp< • MY

Pick-up Date: Wn /Afl Truck No. U3 Vehicle Lie. No. dtiftolU^ M^

The above described waste was picked up and hauled by me to the disposal facility named below and was
 accepted. I certify that the foregoing is true and corjeel to thrust of my knowledge.

Sienatureofauthorizedagentandtitle yC &t£<><—o~ Date: \n/u AsL

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Disposal Date: 11/1/02 Total

Signature of authorized agent and title: ^

White & Canity - Landfill

Dis - Hauler

Golden Rod - Generator

/

O J



High Acres Landfill and Recycling Center 0*1
ALL LOADS MUST BE TAPPED OR TIED DOWN" * T*hs^«mra»

NO EXCEPTIONS TO THE
HARD HATS REQUIRED ON WORKING FACE Profiled CR6436 VXACCM-SOILU.S
Manifest 10854 SidvTj Charge*i " V '
Trailer CHEMINS
Innovator 0900 01-ftK3M(FDRMERLY UESTXNSH0U6E) i
Transporter CUSTOMER Custoter *Truck* 8113 Trailer-*
Bill for 6100 V IfiCOM, INC.-PO#^ENV-ft-ttjBf7fr9

Gross 108540 PB Lbs
Taper 34130 PB Lbs
Net 74280

Quantity* 0.00
100.00

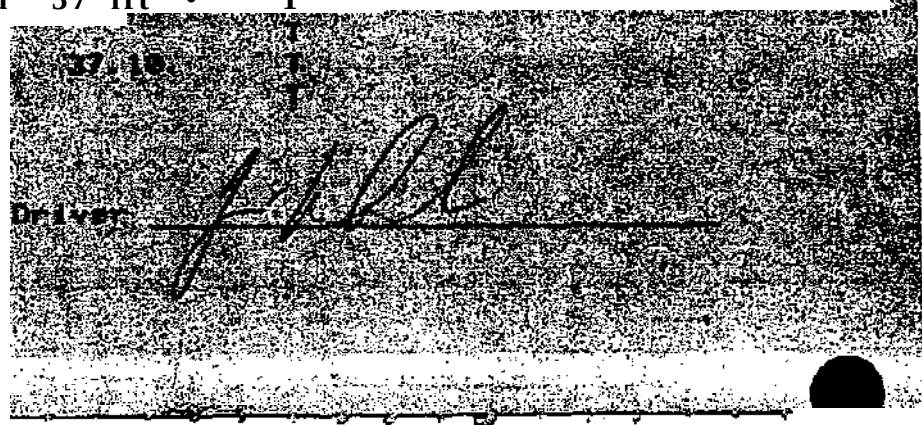
?
*

Code	Description	Quantity	Type	Rati	Aaautttr *
IS	Soils - Landfilled - Taxed	37*1ft • L	T		
FUELGR	Fuel Surcharge		T		
TST	Taxes Taxed per Ton	37.10	T		
FUELGR	Fuel Surcharge		T		

\ *

iPOt*

"i^~0
Ticket' Clerk PPS



High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest No. 10855
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vfciou* IK^.
EPA. ID. NO. NYPOT^fcTbLOft

Company Address:

(Print Type) W f a St E fl k L, , ! . <?A l i a j p
(No.) (Street) (City) (Slate) (Zip)

Pick-up Address: 3 o p \ J g * 4 i w W y . 6 ^ U - < U, r r f t U J L - H i ? \ H * H S ~
(No) (Street? (City) (State) (Zip) .

Telephone Number: (H V & C ** 47 . - T i 2 Z

Waste Stream Identification: § ^ J e ^ X d w i i ^ . < v < u w o c ^ £ p » L i ^ c i ^ V a ^ w . ^

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: * % o Other (Specify): _____

Special Handling instructions, if any: None & c

I, [Signature] do hereby certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: ___ w / u ___ / g o Signature: ~ f ^ - , > ^ ^ > * * * _ " ^ ^ V i c * * * . | ^ > .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) < W i U > > v t - E w ^ ^ f ^ * * _
ADDRESS: * , ~ "

Pick-up Date: x * / w h A s e > j Truck No. \ V u Vehicle lie. No. ' / j H - s t R f r l V

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title

* A c A * - ^ - * £ Date: t * > ~ t i ~ * * > o

Disposal Facility

" Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature Date: ' I * f i r' Total Tons: [Signature] Other (Specify): [Signature]
Signature of authorized agent and title While & Canary - Landfill Pink - Hauler Golden Rod - Generator



f ^ ^

ft

IghTttevteft Landfill and Recycl'inn Center

Dater 10/11/2989

Ticketi 192fiaf

L LORDS MUST BE TARPED OR TIED DOWN

Tsae Xm 11*58

Tiae Out* lSill

EXCEPTIONS TO THE RULE " " " " » " M " !

Grid» Cell 3 Western Expansion



HARD HATS REQUIRE© ON UGRKXN8 FACE

Pro-file*! CR6436 V1ACGM~SQIL<L>

Manifest* 10B55 Advft <

Charge*"

Origint CHEMUNB *

generator-** 9*84 VXACDKMFQRMERLY WESTINBHOUSE)

Transporter! CUSTOMER Cuttoaer

Trunki SI 16

Traileri

bill tot £10*~ J* - VIACOM, XNC.-PO* £NV~R-00?64

ftgrgees 1M6Be~PB Lb*

Tons* 36.39

ffarfct 369&J P\$ Lbs

Quantity! 9.00

7S799 -

Mixed XI 109.00

K* -

Code	Deterlstion	Quant Ity	Type	Rate	Aaaunt
	Soil* -*~LandfiUed - Taxed	36.35	T		
PUEL8UR	Fuel Surcharge		, T		
	Trati**~T<a*ed -per Ton	3&.3S	T		
FUEL6UR	Fuel Surcharge		T		

PC*

Yiii*t Clerk

PPS

Driv<<* vlt**^ ^ A ^ U ^

High Acres Landfill
4^frinton Parkway
NY 14450
(716)223-6132

Manifest N2 10856
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V^C^HA L,_{E^_L}
EPA. ID. NO. YIYtSQ

Company Address:

(P^t or TypeU) S ^ t t SL frtt^gU fiA \ttzz
(No!) (Street) (City) (Sfite) ' (Zip)

Pick-up Address: 7,00 Vfe^Hf.U.nt C-rcii. t f ^ c A c ^ KiV l ^ g -
(No) ~ (Street) (City) (State) (Zip) '

Telephone Number: GHZS £ Ma. - 3 ^ a ?

Waste Stream Identification: Sa "I ui rU c ^ o u fa- avJP pAL.n<*.<Jy"i~ &«j*»*~«Jhc.
U JU&AV \o»u^— ' q

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: ^ Other (Specify): _____

Special Handling instructions, if any: None X; _____

is to certify that the above named materials are properly, classified, described, packages, marked and
id arid are in proper condition for transportation accordinglo applicable Estate and federal law. The wastes
• were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: t 6 A /aft

Signature: - 1 ? ^ F \ **<*-* V * ^ n Iw^..
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) Vifc^ cy^A t

ADDRESS: Go.U.a.Lu IO* <?

Pick-up Date: \t> /ti/cft Truck No. T Ik Vehicle Lie. No. 7*6 *sT fff

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that me foregoing is true and correct to me best of my knowledge.

Signatureofauthorizedagentand itb^odc+te /fy&-*&*^9~ Date: io/tt/60

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^Pposal Datejfm i \i) Total Tons: Q ^ / / Qmer jSpecify): _____

Signature of authorized agent and title: /() A7C&tpRK.

White & Canary - Landfill

P?3lr< Hauler

/ - Gldden Rod - Generator

•* *" 4

Here* L_Hndnll and Ppryr Hi,g rente* Date* Lft/11'£IM9 Ticket* 1B29C1
 IClt&B MUST BE TARPED OR 1 XFD DJWM Ttea Ini l-i.,* Tiae Out* ISaS
 EXCEPTIONS TO THE RULE« m u m . . . j Gridi GM1 - Western E_Kpan«ion . .
 D HATS REQIJRED ON WORKING FACE rrofllefti CF6436 VIACOM-SOIL<L>
 ife*ti IBWifr Advfi Charge**,*

QLtif CHEMLNB

*y-«dtortti OTB4 VfiCOMCFORMERLY WEGTINGHOUSE>

ntporten LUSTOMER Cuctoavr

Trucki 316

Trail on

to* £ie6

VfiCOM, INC.-POtt ENV-R-0B7&9

. NV

)«ri 110*60 PB I ba

Tonfti

39.3S

1 40340 PB Lb*

Quant It vi

O_v«M

/e&S»

Mixed *i

100.00

I*	Description	Quantity	Type	Rate
	boils - LandfilUd - T«»ed	39,31	T	
•LBUR	Fuel Surchnt (*)		T	
	Trana-Taned -par Ton	13*31	* T	
UUR	Fuel Surcharge			

Ticket Clark ____ PP&

Driver,

^/7/f-

*0

High Acres Landfill
43 Minton Parkway
NY 14450
(716)223-6132

Manifest
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) ffas^ ^ |u^, .
EPA. ID. NO. MYtVS?m% lofc

Company Address:
(Print or Type) U ____ S W M * <LV. P / l k L M A P A K ^ z .
(No.) (Street) (City) (State) (Zip)

Pick-up Address: -2*0 U ^ u j J L ... ^ C ^ - J t . j i ^ i U ^ M y m V C
(No.) (Street) (City) (State) (Zip)

Telephone Number: M > 2 ^ (P H 2 ~ T T L 2 -

Waste Stream Identification: s < ; i ^ U a u i b ^ . ^ t < u c & u ^ _ p ^ L ^ c k * - c ^ < ~ * X 7 Z .

This manifest represents a itpn-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: T f t Other (Specify): _____

Special Handling instructions, if any: _____ None'**. _____

J t f ^ s to certify that the above named materials are properly classified, described, packages, marked and
^ J e d and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to fee best of my
knowledge, j . on— <***> <^1#***~^
Date: r * ^ / \ / < ~ Signature: f T . n u . (? O A ^ J * _ I ^ * ^ \ A i
(Name and Title) 0

Transportation Section

Hauler of Waste (must be filled in by hauler) i f l g u * i - c ^ v J t /
ADDRESS: / y U < u K i V T

Pick-up Date: , , / , / ^ Truck No. 1 \ Vehicle lie. No. J i V t A H

The above described Avasfe was picked-up and hauled by me lo the disposal facility named below and was
accepted. I certify that the foregoing isjnie and porre^t to the best of my knowledge.

Signature of authorized agent and title _____ Date: 10/11/00

Disposal Facility (1/
Disposer of Waste (must be filled iabyjUe/disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

* / Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:
waste suoject to uus manifest was deuve

^ P p o s a l Date: / ^ / / / / ^ / Total Tons: _____ Other (Specify): .
Signature of authorized agent and title: S. O. K. a u f
White A Canary - Landfill Pink - Hauler Golden Rod - Generator

MS

Han Aer*s Landfill and Recycling Center Datet 10/11/8000 Ticket* 102699
 ILL LOADS MUST BE TFRPED OR TIED DOWN f TiM Ini 1SI14 T1«B Outi 13136
 00 EXCEPTIONS TO THE RULE' Ii • • n ! MM • • • Qritii Cell 5 Western Expansion

«ARi HATS REQUIRED ON WORKING FfICE Profile*! CR6436 VIACOM-SOIL (L>
 Manifest I v, 10657; ftdvffl Charge*/«
 frljlinf CHEMlto©^A - * * >

Sftneratorfti 0984 VXfCOMtFORMERLV WESTXtGHQUBE)

Tran sport eri, CUSTOMER Custoaer Trucki «3i Trailers
 Sill tpi £166 VIACOM. INC.-PO0 ENV~R-*076fe

3ro«ta	108440 PB Lb* ' Tons*	3b • flp
Tart*	3&3S0 PS Lb* Quantity!	
Ma*» ,	72120 Mixed 9£*	100.00

Code-,	description'	Quantity	Type	Rat«	Aaounfe
itf	Soils - Landfille* * TaKed	3fr«fe&			
RJELSup	FoeU Surcharge				
TR****-	Trans-Taxed pe> Ton				
rUELSUR	Ffcel Surcharge				

pen

Ticket Clerk PPS

Driver

4/y

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
23-6132

Manifest MS 10 t S 8
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0

High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator, of Waste (must be filled in by producer) M^ r^* } NO^ WSfr^imM

Company Address:

(Print or Type) 5L y> hll< s i . tt^L -1 Oi ftX? -*
(No.) (Street) (City) (State) (Zip)

Pick-up Address: -as> C U ^ - . ^ . . C, u^L. I U ^ A ^ ^ A, .MV I' W I C "
(No) (Strd St) (City) (State) (Zip)'

Telephone Number: (H<"L\ fe^P^

Waste Stream Identification: 5e^i J 6PUV< iwt U> Airj^ML - a.. poly nuclear

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: "?3 Other (Specify):

Special Handling instructions, if any: None oL

tis to certify that the above named materials are properly classified, described, packages, marked and
xl and are in proper condition for transportation according to applicable state and federal law. The wastes
consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: u / n / a >

Signature: TT ^ Jle+S .L w - \/> «v^v^ |i
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) M^u^rgv-Jt

ADDRESS: f ^ l f W , W 9

Pick-up Date: \t / \ J A Truck No. Q? Vehicle lie. No. TlfrD H JT K^

The above described waste ^vas picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title UL LJ^e^i^K^ Date: I0~lt~(£)

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

fe Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

flftposal Vaa&\$f///&0 Total Tons: 0' / Other (Specify):

Signature of authorized agent and title: ^ O A^JcJ^J

White & Canary-Landfill

Pink - Hauler

/f

Golden Rod - Generator

\$3%

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lHipBiss"11111111 SMP HH
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100LOT

Trailer**

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	Fuel Surcharge				*r • T		
	Boll*— t*ndfilled - T«>ced			38.03 ^	j T		
	Fuel'^ureharj)*	•		,	" / T-		

* a- Ticket Clerk PPS Driver



\$fe

stm



High Acres Landfill
Perinton Parkway
Fairport, NY 14450
(716)223-6132

Manifest N? 108S9
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) N/In^A |UA.-
EPA. ED. NO. UYnA^f^fim*

Company Address:

(Print or Type) JJ S4^,...pt at. P»M+st>~f ftV jcr^z.
(No0 (Street) (City) (State) (Zip)

Pick-up Address: ACQ uio^^Wo.^ fr-ik iUrUaWl MY W^
(NoO (Street) (City) (State) (Zip)'

Telephone Number: 6\ |~C\ U2 -^ -2^

Waste Stream Identification: <»«fl uiiH. C^CIK«, owi? paLm.rLii

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: id Other (Specify):'

Special Handling instructions, if any: None *.

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: i_0 / n / * > Signature: - 1 3 ^ Q , w y . * , ^ lb * -
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) J^C^M^C^M^AL

ADDRESS: C^p^A^M^W .My 0

Pick-up Date: m/u /^ Truck No. Z1 Vehicle lie. No. PR tt6»S NY

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title K i ^ ! B ^ ^ Date ^ / j H Z O a f r Q

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

SP disposal Date: / () / / / &) Total Tons: Jf / M ^ ^ (Specify) 1

'Signature of authorized agent and title: ^ / C / ^ 3 E i 6 6 t C >

White & Canity - Landfill

Pink-Hauler

/7 Golden Rod - Generator

High Areas Can Fall and Recycling Center*
ALL GOODS MUST BE FORWARDED TO TIES DOM
NO EXCEPTIONS TO THE RULE. 1i*Ti-Tfil-i-Yri-i
HARD HATS REQUIRED ON WORKING FACE
Manifest, 100000 fidvf-ft

Dat«i l«/11/S90a Ticket• 103*18
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Transporter: CUSTOMER Customer Trucfei 1433
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T4ck*t Clerk PPS Or*iv»r



High Acres Landfill
42 Perinton Parkway
Fairport, NY 14450
Tel: 23-6132

Manifest No. 1060
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Microm. 1 b**
EPA. ID. NO. My n M / ^ g f ^ i
Company Address: WkW—JL PA I ^ x ^ -
(Print or Type) u e > W * n t < U . . I f a u . 1 » U J J M V M / w r T
(No.) (Street) (City) (State) (Zip)
Pick-up Address: -UP* \u*k>J^u*M. Q{vcU, r W ^ U A - * v i y M M f
(No.) (Street) (City) (State) (Zip)
Telephone Number: (f n ^ O f t * - ~ ? ^ ? A
Waste Stream Identification: «g^ \ ^ K + « ^ « ^ c u « i L - M J ^ L ^ r U i c ^

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. E.H.C. regulations
Est Tons: T*> Other (Specify): .. "krffi"

Special Handling instructions, if any: Noned ^ ^ V ..**

I am hereby certifying that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes are being
consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: 1Q/JJVOO Signature: d^*«- CIQA*^ •\$+*- l/i^ ^ ^ - v <K-^ .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) MgUnVarJi
ADDRESS: C ^ U a W M y . " O
Pick-up Date: \6 / r t / d b' Truck No. ft -Z4> Vehicle lic. No. T1/12SLT M V
The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title k*** w Mai 0— /tf~ ~ \ O Date: ^/i*./go

to**. Disposal Facility

Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Signature of authorized agent and title White & Canary- Landfill
Signature of authorized agent and title Pink - Hauler
Signature of authorized agent and title Golden Rod - Generator
Disposal Date: 10/11/00 Total Tons: 50 tons Other (Specify):

>

[Ix^rSere* Landfill and Recycling Center Mfote* Id/I£7eO09 Ticket* 1838&S
 K-JS^SSS.S^A^A TRWieO OR TIED DOWN ffi** XntH»*=SS Tl#« Quti 1«*«9
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 S™ "ATS REQUIRED Qt VOWING FftCE Profile*! CR6436 VXfICM-WILU.)
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 fengins GEMUN& 4 - *

generator** fe964 VXACOt (FORMERLY WESTXNSHOUSE*
 Transporters CUSTOMER Cttetoeer * *?ruek« MSQ Trailer*
 a^ll toi £l0fc VIACOM, XNC^POft ENV-ft-*00769 -

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FU&LSUR	Fuel Surcharge		T		

PO.

Ticfce* ClerV PP8 Driver ^ JiSa^p- At<<to

3* it w

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4"-

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest NS 10 t € t
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) IVLC
EPA. ID. NO. N^Q/O in^19lQfl

Company Address:

(Print or Type) 11 SUu.^ii, ^ Prk-jL^L fo i*2Z2-
(No.) (Street) (City) (State) (Zip)

Pick-up Address: fiQO V)afUuflua/^ CrtL M^cak^lfl^ h\Y__UOL^SL
(NoT) (Stteet) (City) (State) (Zip)

Telephone Number: Art) \$*/2 - 3 3 2 3

Waste Stream Identification: ^ \ c^nVaifc^i ^ ^ auir &*i paL.h,> rUv ^O^PI^A>(
l>>A<<„JL._____U r-q-----

This manifest represents aChon-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: &> Other (Speciy): _____

Special Handling instructions, if any: None at

Ij^ks to certify that the above named materials are properly classified, described, packages, marked and
^^ P d and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.^

Date: \t/n/et> Signature: j f l ^ .) 1 Q*r->__i L ^ l / £ < ^ ^ f
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) M a ^ in^A *

^DRESS: U f r U , NY _____ 1 _____ ~ _____ . , ^

Pick-up Date: XO/IZ/QQ Truck No. at* Vehicle Lie. No. 'Vtoibf-

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title /S*f *f^~ Date: la^/t/^

i^v Disposal Facility

'Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^P>osal T>dte: Jfj//2>//jt Total Tons: /A f Other (Specify):.

Signature of antiiorized agent and title: NY. UA^t
White & Canary - Landfill / Pink -Hauler " 77/Golden Rod - Generator

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(716) 23-6132

Manifest N2 10862
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vtvcov 1 h/

EPA. ID. NO. UfflfiTtmiflft

Company Address:

(Name or Type) J %&&& £ U « ^ Prfh U ^ . fA 1*52.22,
(NoT) : (Street) (City) (State) (Zip)

Pick-up Address: 306 ^ i h J L u ^ Q w i u U o ^ U v J L K(y i y a f <
(NoT) (Street) (City) (State) (Zip)

Telephone Number: fad) 6,H3 • IMaSL

Waste Stream Identification: <*M a a n ^ w i ^ # a v ^ i l fr ^ polurw L rr

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: Ta Other (Specify): _____

Special Handling instructions, if any: j_None_ex.

m I certify that the above named materials are properly classified, described, packages, marked and
labeled and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: b^/%/<3*> Signature: I ^ ^ ^ O o u ^ 4Lr \Ao. c<m^
(Name and Title) lfw,,

Transportation Section

Hauler of Waste (must be filled in by hauler) JAa* csc**& \

ADDRESS: GatfBtU. \Y

Pick-up Date: IO/1x/gp Truck NO. 9?- Vehicle Lic. No. Z S ? 8 ? k y/f

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title /US t)/A

Date: 4>~/2J-6C>

s.. Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

f Disposal Date: juJI'IU/ Total Tons: 0, \ /Other (Specify): _____
Signature of authorized agent and title: ^ A -UnJ^O^ *-

White & Canny-UndfiU

Pink-Hauler

Golden Rod - Generator

High Acres Landfill
42 Perinton Parkway
Fairport, NY 14450
OWP23-6132

Manifest No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vi^fAM^L Lv
EPA ID. NO. Myprt[?]fc*8lo*

Company Address:

(Print <* Type) || SUw^H SI^{ft}ku^l f* LS22[^]
(No) (Street) (City) (State) (Zip)

Pick-up Address: Z*» uku>U[^]^[^] -g- CirtU. I ^ U j l ^ f j y JHgvC
(No) (Street) (City) (State) (Zip)

Telephone Number: (Hit) GHt -3<tez

Waste Stream Identification: Sail[^]u[^]u, i ~ ^ L , U ^ &JL j Jy[^]Jt/i-, &Q***AL

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: 3d Other (Specify): _____

Special Handling instructions, if any: * None ^

I hereby certify that the above named materials are properly classified, described, packaged, marked and

labeled and are in proper condition for transportation according to applicable state and federal law. The wastes
are consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Signature: rfr[^] n f[^] te[^]* u[^], _____
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) S<A> yLu^a V^r\[^]^[^]^[^]

ADDRESS: f U^p f \1V

Pick-up Date: 10/ifc/od Truck No. 111 Vehicle lic. No. HW*m ft. Ny

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title VP**^>JL Date: to- \1- o O

& Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Disposal Date: _____ Tons: K\ /6ther (Specify): _____
Signature of authorized agent and title: >^ '/ U >G/dZvfffy
White & Canary - Landfill Pink-Hauler Golden Rod-Generator

Piu-~«o>»« Landfill and Recycling Center Datet 10/ia/g0©0 Ticket) 103073
 LOADS MUST BE TARPED DR TIED J3WN Tiae In* 10«13 Tiae Outi 1013S^Hk**i
 EXCEPTIONS TO THE RULE! i i i i • * n i • 1 • ! 8ridt Cell 3 Weetern Expanelon
 B HATS REQUIRED ON -UORfUNB FACE Profile** CR6436 VIACOM-BOIL <L>
 Ifevti 18863 Atftf* Ctiargatl
 BinI CHEMUN8
 fcerator<M 0984 VIACOM (FORMERLY UESTXN6H8U6E)
 n»porters CUSTOMER Cbitoetr " Truck* 9111 Trailer!
 1 tot aiftfr VIACOM, INC.-POtt ENV^fr-00769

set 119380 PB Lb* Tonei 3fr,&9
 3&&00 PB fcba „ Quantity* 0.00
 73760 * W**d *. 100*00

	Description	Quantity*	Type	Rate	Aaount
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	Fuel Surcharge		T		
»BLSUR	Tran*~Tax*d per Ton	36,09 "~	T		
	Fuel Surcharge		T		

'A.
 Ticket Clerk PPS Drive* frfft-T>_____

- * ' • | * ?

High Acres Landfill
42^rinton Parkway
I^Brt, NY 14450
(7WJ223-6132

Manifest N- 10 3 6 *
 Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
 High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vic****. lu« .
EPA. ID. NO. 4yr\O^b3-at0g

Company Address:

(Print or Type) || Skhwtf & . ?,ti_fL*,A PA I ^ L
(No.) (Street) (City) fetate) (Zip)

Pick-up Address: 2oQ__U h l 4 " » ^ C;u«L. 14<*rtik^J^, rJ X |*iW*~
(NoT) " (Streftl) ^ (City) (State) (Zip)

Telephone Number: (m z) 6>MZ > -rq-g?^_____

Waste Stream Identification: $\text{sail} \quad \text{r}^4 \text{-un}^{\wedge} \quad \text{u}^{\wedge} \text{x} \cdot \quad \text{wA} \quad \text{L R}^{\wedge} \text{i}^{\wedge}$

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: ?a Other (Specify):

Special Handling instructions, if any: _____ None *

is to certify that the above named materials are properly classified, described, packages, marked and
xi and are in proper condition for transportation according to applicable state and federal law. The wastes
• consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. / oo aM%. "ft*^

knowledge. /
Date: 10/2/2023
Signature: [Signature]
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) n g U. ux. tLW'pn"

ADDRESS: • PUJpf EJtvjn- $\wedge \sim$

Pick-up Date: 01/12/2024 TruckNo. 121 Vehicle lie. No. MMST K. MV

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title s7~&%^ J*>ec#*t<f Date: A?//z /?&>c

^ H ^ Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Proposal Date: 10/27/2011 Total Tons: 11,000 Other (Specify):

Signature of authorized agent and title: White & Canary Landfill

y^feffirT?*?*^ ^^3E^fiS^2Hr^^!TO3S3=EEESwari^

nffft....n, , fa,γ W» H^L A.



High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest N. 1065
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) VIA^WK In^.

EPA.ID.NO. MVnoTU? ?IQ*

Company Address: •*- ' •*•" " • ; • • • • -
(Print or Type) \ \ ^ ^ " (Street) ^ t (City) P. Hib. VA. fX. igzz*-.

Pick-up Address: »oo urtA^U.t* f/^L. lUrc^iL MY \H%HS^
(No) (St&et)(City) (State) (Zip)

Telephone Number: fa tz.) /,, M a - T q 23.

Waste Stream Identification: a*;i g^la^u* qyfw'c q^ po^KAicioJc aegoiftusJkt

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: 2E Other (Specify):

Special Handling instructions, if any: * None

Xla^is to certify that the above named materials are properly classified, described, packages, marked and
^^ Bd and are in proper condition for transportation according to applicable state and federal law. The wastes
wire consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: I O / W ^ E

Signature: rG^ T ^ ^ r — JLr \t|^ IK*, .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) M ^ ' o ^ i

ADDRESS: CW*Ww*x N) V 0

Pick-up Date:)o/i^/co Truck No. :? 1 I Vehicle lie. No. fi-Q 1*5 3" W(

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Sigtiashireofaumorizedagentandtitle^Z^*^^ ^^ <-X Date: lo/ix/oo

Disposal Facility

^njjisposer of Waste (must be filled in by the disposer)

^*o--,- Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

^ Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Disposal Date: JUyZllu Total Tons: / A Other (Specify): 1

Signature of authorized agent and title: Af) ^1/2yu^4 ;

White & Cwaiy - Landfill

Kn\$7H*uler

^f-OoUen Rod - Ooenrtor

^

•r *

High Seas Landfill ami fiencyollng Center Dafcei na/l£/£«ff» Ticketi IB&iiA
AL 13505 MUST BE TQKPED Cm TIED DOWN Tim |AI ISitS Tim Ouiri lSt«i
NO EXCEPTIONS TO THE RULE* i « " M " li! ' M ©rid/ Cell 9 U«rfc*rn Expiation
NOB/NOTS REQUIRED ON WORKING FACE Profile*a CR&436. VIACOM-SOIL<L>

Generator: 0955
Transporter: CUSTOMER
Cuttoair-

VXAGOfFOfFeFLY ME8TIN6H0USE>

VIACO** XNC»-P» ENV~R-W7&4
TrueH« 316

Tf*ailftr«

0-000 100000 PB
1-000 100000 PB
2-000 100000 PB

m~

Tons i
Quantity?
*l*x«d «

3*.fre
&.afc
180* OQ

Code	Description	Quantity^	Typ*	flat a	Avoust
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FU&LSuft	Fuel Surcharge	34.«£<s	T		

TicHa* Cl«Ht PPS Dri

-t^—JL*—*—*—*—*—*—

*—i r — ffc—V—

..—v-! / ^...-yi- -^—* t- •W}" pty ^fr- * •)l...•tji. —«•

~nd« jTi"undTi;"iirv--"•*

High Acres Landfill
45 Perinton Parkway
Fairport, NY 14450
(716) 223-6132

Manifest N- 10186
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V/facov* Ihc.
J. S. EPA. ID. NO. hi YpcMUI Sid*

Company Address:

(Print or Type) u S^uiitt St Prty^-J. PA i s ^
(No.) (Street) (City) (State) (Zip)

Pick-up Address: 2oft v,i<q^L.,^ f: ^ U ^ fW<^L^jL^ , MY KSV5~
(No.) (Street) (City) (State) (Zip)

Telephone Number: ftlzJ fcMZ. » a Z 2.

Waste Stream Identification: Sm'l o*^

AS^ ^Trkt U,
This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: ?/s Other (Specify): K l V p W ^ floS

Special Handling instructions, if any: None U.

I certify that the above named materials are properly classified, determined, packaged and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: 10/10/95 Signature: r ? ^ . Tlo^" ^L v/,! » ^ I K < .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) fau+yxnii

ADDRESS: CasAU-few KIV 0
Pick-up Date: . i o / ? / . * > Truck No. 1 I Vehicle lie. No. 2.6>zq AM ~ Kf Y

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of [Signature] authorized agent and title Y^f^fi/^4^ Date: i^fa/ae

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Disposal Date: 10/10/95 Total Tons: / Other (Specify):

Signature of authorized agent and title: SI-UAC/^Zs
While AC anuy - Landfill Pink - Hauler GokCnRod - Generator

vr

* * ^
* *
* » . # » fc

High Acrei Landfill and Recycling Center Date i 10/12/2000 Tickets 1&3U7
ALL. LOADS MUST BE TARPED OR TIED DOWN Tiae Ini IBs 17 Tiae Out* 1E140
NO EXCEPTION© TO THE RULE1 11 |ii.i.n« . . . Grids Cell 0 Western Expansion
CR643& VIACQM-ffi0IL<L>

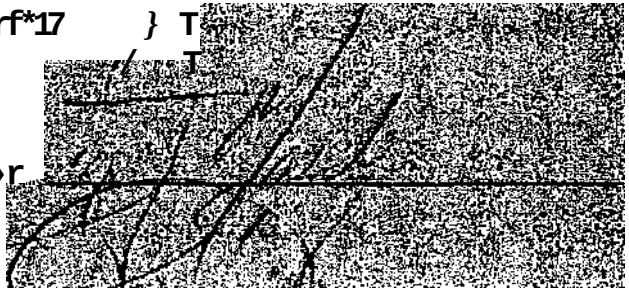
HARD HATS REQUIRED ON WORKING FACE Profile**!
ftanifeets 10866 AdyFt Charge*!

j&rigmi CHEWUNB
6en*rator«a 0984 VIACOW<FORMERLY WESTINSHQUSEi N31 Trailers
Traikftporteri CUSTOMER Cuetoaer Trucks
Bill tos 21S& VIACOM, INC.-PO* ENV-R-00769

Breftsi 1l£860 PB Lb* Tones 3&. 17
Tares 36520 PB Lb* Quantityt 0*<00
100.00

Code	Description	Quantity	Fixed	Rate	Aaount
10	Soil* - LandfiUed *	38.17	Taxed		
FUELSUR	Fuel Surcharge				
TRX	Trans-Tatted per Ton				
FUELSUR	Fuel Surcharge				

P0i
Ticfcatt Clerk PPS Dt»»»r



I
\$v

High Acres Landfill
425 Perinton Parkway
Mt, NY 14450
(716) 23-6132

Manifest Ng 10**7
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V ^ ^ ^ | h...

EPA. ID. NO. KyDQ1«U_r?8lO&

Company Address:

(Print or Type) \ s v ^ u m _ u P i H i U r e l f r \ ^ 2 ? t > ^
(No) ' ' (Street) (City) C I (State) (Zip) ~

Pick-up Address: ? a o u ^ l , ^ . , ^ C w i ^ I W f * U ^ x . N f l s « y i " "
(No.) (Street) (City) (State) (Zip)

Telephone Number: ^ / / ^ k H Z " ? U ^

Waste Stream Identification: _ * « f | ^ J t i ^ M ^ h f t . A k / ' p J * * u * € . U t L _ * * * » * ^ f <

This manifest represents a noif hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: T t > _ _ _ Other (Speciry): _ _ _

Special Handling instructions, if any: _ None _ K

' t t ^ i s to certify that the above named materials are properly classified, described, packages, marked and
^ ^ B d and are in proper condition for transportation according to applicable state and federal law. The wastes
wire consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. & * « ^ . \$ * * * *

Date: i 6 / w / t f \ 15
Signature: j f i * ^ f I Q A ~ J ? . , l / , ^
; (Name and Tide)

Transportation Section''' . : *

Hauler of Waste (must be filled in by; hauler) J A a . M f * % * A l t

ADDRESS: r ^ ^ u , [0 / i 0 ~

Pick-up Date: \ o / r t / d O < Truck No. 7 i t , Vehicle lie. No. T H > i s T M y

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title Lester E. / ^ ^ T > z X e : / 0 / ? / a O

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill "

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^ B a s a l Date: /) / / < ? / f c / _ Total Tons: / _ _ // Other (Specify):

^ g n a t u r e of authorized agent and title: ^ u - O r f j & Z o i
White ACuyuy-UndfiU K n k ^ H w i e r / ^ J G o l d e n R o d - Q e n e r a t o r

*r+.-

M-

» Landfill and Recycling Center

Date* i</19/ao<BO Ticketi 104e34

LdHDS MUST-BE TBRPED OR TIED DOWN

T**e Ini 09<45

Ttaa Out* 10107

EXCEPTIONS TO THE RULES' >>>* M"1* ' ' >'> •<<

Qridt Ceil 5 U<tt<rn Expansion

>\$9 HATS REQUIAgD ON WORKING FACE

Profile** CR643& VIACOM-SOIL <L5

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Advfi

Charge**

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fcaeratertti 0^84 VIACOM<FGRME1?LY

WESTIWQHOUSE)

jfrahapor-tert CUSTOMER Cuvtoaer

Trucki 316

Trail en

mi to* eiee

vtacm* INC.-PO# ENV-R~00769

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Tonai 32.70

rar*<i 40809 P& Lb*

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Type

Rate

Amount

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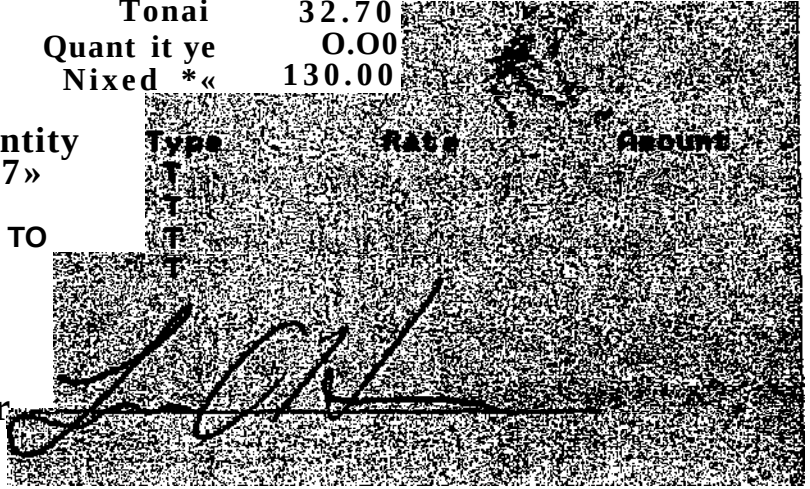
15 Soil* - Landfill** ~ Tawed 32. TO

PUEUKJR Ftufi "Btttrcfaerge

POi

•racket cr*r£"

JAB Driver



High Acres Landfill
42j^erinton Parkway
Fairport, NY 14450
(716)223-6132

Manifest N, 10t68
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) VA&CAMH W^
EPA. ID. NO. KIVlQ^lSfc^g^a

Company Address:

(Print or Type) U A W u u i 5 U ^ + P i l k L . » A • • P A \<ZZXJ
(No.) (Street) (City) (Start) (Zip)

Pick-up Address: *Zr>o W«a4iwAut o.n Q W J J &>*s*|*'du MX) V S«J5^
(No!) (StreetJJ) (City) (State) (Zip) !

Telephone Number: ft/2.) LMZ • T ^ Z ^

Waste Stream Identification: &».'l ^ . A J U I ^ ^ ^ . ^ I ^ ^ J ^ T ? * _ , _ * ^ » ^ t v ^

This manifest represents a non-hazardous waste as per E.P.A. and N.xiS. D.E.C. regulations

Est Tons: "?0 Other (Specify): f

Special Handling instructions, if any: None,

This is to certify that the above named materials are properly classified, described, packages, marked and
labeled and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge, j .

Date: b/^/oO SiEnature: ^ ^ ^ * « _ * _ ^ ' y * * '
-*P>i*^ f * ^ _ ^ T 4 V - I / J * < L A + ~ J t t c
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) AVxhg\ A * ~ £ \

ADDRESS: C~M, L y . 14/ 0
Pick-up Date: */Q/*> Truck No. Zf> Vehicle l i e . No. 11023 U?

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title O l J i ^ < 4 J C ^ A A - ^ ^ . Date: /Q~/f*Qj

Disposal Facility

Disposer of Waste (must be filled in by the disposer) .

Company Name: High Acres Landfill •"

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

flBposal Date: fuffrff/u Total Tons: A Other. (Specify):

Signature of authorized agent and title: ^ S \ /) A ^ \$ * & 6 & 4 -
While & Canary - Landfill Pink - H>ikr / Gojben Rod - Generator

* •& * fe> *A, > ^ tf

l a

Landfill and Recycling Center Datet 10/19SS000 Ticket J 194837
KU8T B& TARP63VOR TIED DOWN Ti«V IT>I 09r51 Ti«« Out1 1011
40. EXCEPTifiN&-Tf? THE RUtdt* H i r M M N U j j Gritta Celi S Wettarn £panviott
«R0f WTS REQUIfiEft EN WORKING FAQE Profile** CR643& VIACQM-eOILCD .
Katfifeiti l«&&d ' BdVri ' Ctiar>n*9«

frifalni CHEMUNG
Peneratorrrt 0984 VXACQMCFORMERLY WEST1NSHQ3E)
Transporter** CUSTOMER Ctietoar Truck1 KS8 Trailers
&±|^*o* £186 „ VIACOM, INC.-P0* ENV-RH9©769

BPOMI 135940 PB Lb» ?an»i 43.77
Tare* 414W PS Lb* QOant-ityi 0*00
Mutt 9*54* nixed TCI 100,00

Code	*• Deacript-lan	Quantity	Type	Rate	Aaoun*
TKX.	Tranft-Xaxed per Ton	45,77 v	T		
FUELGUR*	Fiie* Surcharge		T		
iq	Soilt - .Lamtfilled - Taxed	45.77,	T		
FUEL8UR	Fuel Surcharge		T		

POi
Ticket Clerk JAB Driver



* *

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t* * 1 -,



f/High Acres Landfill
42|Arinton Parkway
F ^ B t , NY 14450
(7lGj223-6132

Manifest N2 1 0 8 6 9
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section
Generator of Waste (must be filled in by producer) V;a.n»iK IK«.
EPA. ID. NO. NjVndTU,-7ft toft

Company Address:
flk* or Type) „ s w . . . Si P+4<L~-4 PA \Y?22~
(No.) (Street) (City) (State) (Zip)

Pick-up Address: roo__w ^ i i ^ L i ^ C ^ U fl.
(No.) (Street) (City) (State) (Zip)

Telephone Number: k irS^m. ~~& ZZ

Waste Stream Identification: soft ^ ^ ^ - > u * ^ . . . i c AU«£__p,iLm«r bi\r «***»»cM

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: 2fl Other (Specify): _____

Special Handling instructions, if any: None aC

is to certify that the above named materials are properly classified, described, packages, marked and
id and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: i o / n / » o Signature: -fi^.___J"),^,— U ^ ^ ___Lia^c-___
(Name and Title)

Transportation Section
Hauler of Waste (must be filled in by hauler) A V i ^ i a ^ A
ADDRESS: C ^ U j O » » My 0
Pick-up Date: w, / < j / r > n ' Truck No. T% Vehicle Lie. No. 5 ^ 2 5 (» £ T h j y
The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title ^ o ^ ^ L ^ ^ t ^ f Date: X<3//9/<>£>

Disposal Facility
Disposer of Waste (must be filled in by the disposer) ... , . • „ , , Vc
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 144S0

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

A>osal V X e J) / / ? / / /) Total Tons: _____ Other (Specify): _____
Signature of authorized agent and title: _____
White & Canaiy - Landfill Pink - Hauler Golden Rod - Generator



in i fHErtUNB

transporten CUSTOMER Guttaeer

Truckl H37

to- 2106

VIACOM, INC. -PG* ENV- *P-W769

* * NY

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Quantity***

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Tichat Clerk

JAB Driver

/rkC *£.

- High Acres Landfill
444 Rinton Parkway
Flt, NY 14450
(716) 223-6132

Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

Generator Section

Company Address:
(Print or Type)

Telephone Number: U\z\ UH'Z. - ?i2Z.

Waste Stream Identification: $\text{so.I} \quad \text{u} \wedge \text{k i u} \quad \wedge \gg .; \text{c} \quad \text{A} \gg \text{l} \quad \text{r} \quad \text{L} \quad \text{M} \quad \text{J} \quad \wedge \quad \& - \text{w} \wedge +. \text{w}$

This manifest represents a noif hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
 Est Tons: _____ Other (Specify): _____

Special Handling instructions, if any: None •*

s to certify that the above named materials are properly classified,, described, packages, marked and
i and are in proper condition for transportation according to applicable state and federal law. The wastes
 were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
 knowledge.

Date: > o /iq /tit Signature: -&>^ IX_0, ^ -fc*^ W^ot^ !»*• •
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) $J \wedge_U A, \&sk,$

ADDRESS: C^t UU ,MV

Pick-up Date: 10/11/2017 TruckNo. 312 Vehicle Lie. No. 10111111 JOV

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title ez^eP^c, ^c • /y*0^"-^ - Date: to/n/oo

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Proposal Date: MJjjJld Total Tons: 0.6 Other (Specify): _____

Signature of authorized agent and title: AD Kain
White A Cuuv - LWfill Pink - Hauler Golden Rod - Generator

White A Cuuiv - LWfill

Pink - Hailer

Golden Rod - Generator

High Acres Landfill
>, '4^Jerinton Parkway
Fairport, NY 14450
(716)223-6132

Manifest N- 1Q>71
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) W t^>»* (u *~; V>
EPA. ID. NO. Myryi-M17*\flft

Company Address:

(Print or Type) ii S W » * 3 ftU,,^ , fA » r f r «,
(No) (Street) (City) ° (State) (Zip) .

Pickup Address: ad* m^u A....^ C V A K ^ . 1 ^ ^ , Ki/ MHS
(No.) (Street) (City) (State) (Zip) •

Telephone Number: &vz\ GHZ - 712.^

Waste Stream Identification: so.t c*w4fll.v^» **s»mc- a^eC ^ L ^ r U rc^

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: 3a Other (Specify): _____

Special Handling instructions, if any: None vc

jt i^ is to~certify that the aboy^amedj materials are properly classified, described, packages, marked and
^^Hd and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: »oyfo /<rt> Signature: JS.M^ Urf W ^ k h bl«ui
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) AWwy a *~JL \

ADDRESS: Ctl»*V»*«*. UV

Pick-up Date: |o/\Vot> Truck No. 31- Vehicle lie. No. gT2XL£. 1J/

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title -TV>^ ^7-e*^ J^T— Date: >^//? X^^

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

flAosal Dzte:/fi//f/fruot2l Tons: P.^ /Othei (Specify):.

Signature of authorized agent and title: ySI-LJ'i
White A Canary - Landfill Pink- Hauler /GoMin Rod - Generator

Landfill and -Recycling Center
TARPEB \$R TIED DOWN
NO EXCEPTIONS TO THE RULE* niMiMi n n
AND HOLE REQUIRED BN WORKING FACE
fidvf*

Generator: 0554 QM FORMERLY WESTINGHOUSE
Transporter: EUSTOKEf Cu«to««r
VJfCOM, INC.-P0* ENV-R-05760
NY

Weight: 110000 LB U »
Weight: 28500 LB Lb*
Weight: 70000

Code	Description	Quantity	Type	Rate	Amount
TR	Trans. (M««J per Ton	35.40	T		
FUEL BUN	Fuel Burcharge		T		
SE	Solid -, Lantifilled - Taxatf	35.40	T		
FUEL BUN	Fuel Guroharae *		T		

Date: 10/19/2000 Ticket: 105342
Time In: 15:43 Time Out: 17:02
Bill: Cell 3 Western Expansion
Profile: CR-435 VIACOM-SDH (L)
«harg«»

Truck: N17 Trailer:
Tons: 35.42
Quantity: 0.00
Mixed: 100.00

Picker ciwk JAB Driver

- High Acres Landfill
425 Perinton Parkway
Rt. 1, NY 14450
(716) 3-6132

Manifest N, 1072
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vm^li^
EPA. ID. NO. MypQiqliaiog

Company Address:

(Print or Type) n_r 'Xte^iti' ^ - P.'^L^L,?A .sut-
(No) (Street) (City) (State) (Zip)

Pick-up Address: ?<& ^.^ I m ^ C'^L M.^iL,^ , My nftM^
(No) (Street) (City) (State) (Zip)

Telephone Number: frht) fo^Z- - 1^,2l^

Waste Stream Identification: ^± ^ ^ i ^ r, ^, ^ ^ ^ J u .

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: ^a Other (Specify):

Special Handling instructions, if any: None *

T^^ is to certify that the above named materials are properly classified, described, packages, marked and
I^^W and are in proper condition for transportation according to applicable state and federal law. The wastes
wvr consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: i^A<t/^ Signature: -cu,. r ~ ? w - ^ Vt*,*** Ik.*-.
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) AW*.^.-

ADDRESS: ft*-r^h ,14V ^ jmix.faA. %

Pick-up Date: ≥a A*> >«a Truck No. i Va Vehicle Lie. No. V7ai3T N/

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and ^k JL+u&-*^~^ if ^(/^—^— Date: xoAt/cc

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Disposal Date: /d/ti/ZpTc** Tons: /, / Other (Specify):

Signature of authorized agent and title: While & Canary Landfill fink^Hauler 1-0 AA&6& Golden Rod - Generator

^EXCEPTIONS*.TO^T>E RULE' i i n 1111 11 * * > f Bi»{dt Cell S «e»tern £>tp*n»i**
UHPHftfs REQUIRED ON WORKING FACE Profil«*i» CR&436 VJAC0W-601MU

- " u QiiWSCHeiJUWe^

Bfc*«r*tor#i 09&* VIACOM(FORMERLY WE6TIN6H0USE>

1Van*perten CUSTOMER Cuttoaer

Tir-uchi MS8

Tr**litt*i

bill **t ei»_{fip*} t " viftcow, INC,, -PO# ENV-RHM?69
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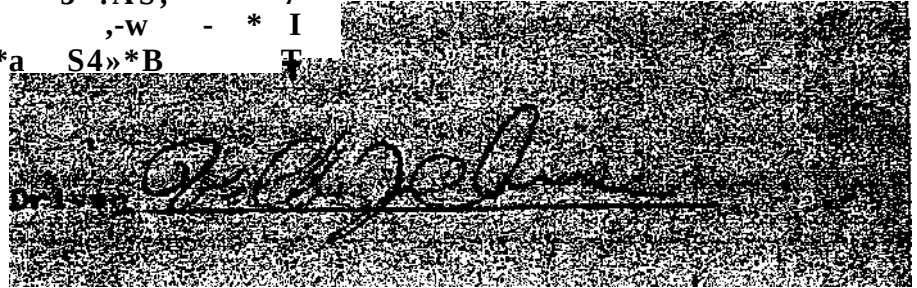
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JHB



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^fV<^,«fc^ t". u»«<-

ttfrT*^

High Acres Landfill
4^jerinton Parkway
I^Brt, NY 14450
(7flj223-6132

Manifest N~ 10873
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) y^c-ow \)M-.
EPA. ID. NO. NVi^TU^Slog

Company Address:

(Print or Type) w 54c,r« Si fiK-tUv^L , PA- \szv-z-
(No!) (Street) (City) O (State) (Zip)

Pick-up Address: zot? g j . - ^ U t i , R.+J? H J ^ U . J / I^X__ I ^ f f
(No) (Stre&)(City) (State) (Zap)

Telephone Number: Mi 2.1 fr*J2 - 7S z~z-

Waste Stream Identification: <^;l ^**Jl>.u. u^ Gy^c-u^ cw*C p.L>^i(s^ c a*^**^*.
v.. X^» f -..A^u.—- O

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: ia Other (Specify): _____

Special Handling instructions, if any: None x _____

is to certify that the above named materials are properly classified, described, packages, marked and
and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge, y

Date: i o / ^ A > Signature: -f?M__/"?•—-__ ^ Vt* .^~ I K C
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) MrXw^u^'.

ADDRESS: Sch»dU«^., M*

Pick-up Date: lo/tq/k Truck No. JM • y f Vehicle Lie. No. qnmu? KiY

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title ^'t~i ^ ^ y < SJf Date:)\$j/yOO

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^•bosal Date: 1201m .Total Toris://ny /A*. •£&&{&rectify)
signature of authorized agent and McL-fiJ/dj
White A Canny - Undfill Pick - Hauler Golden Rod - Generator

k_tJ_t

UBtftfifcres Landfall and Recycling Center Date* 10/ee/E000 Ticketr 1043B4
jftA. LQ3B& 14U3T.BE TARPED OR TIED DQUN Tiae.Im 4&i£0 Tiae Qutt 0&i53
«} EXCEPTIONS TO THE' RULE* t M " « n m u « Grid* Cell¹ 3 J3e«tern expansion
WTO HfttS REQUIRED ON UQRKXNB FACE Pr<rfU**i CR*43fr VlfiCott-SOtL(L)
rtanife*** 14878 Advfi - Charge*! N ^

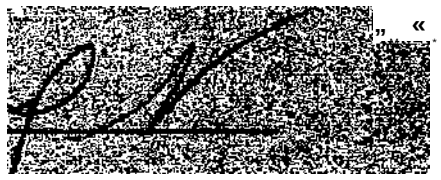
3rl0lit*-'CHEMUN&*
3»nerator#j 0984 VZACOPKFORKEPLY WESTXNGHQUSEi -i
Transporter* CUSTOMER Cu»toner Trucki H3& Trailers
am toi eiee. „ VIACQM, INC. ^PO# ENV-f-08769

3ros*t	117949	PSrLbft	Tonmt	39.47
Taree	3900fe	PS Lb*	Quantity*	0.00
*et%	7A940,	*	Mixed **	100.00

Bod*	(Description	Quantity	Type	Rate	AeoOht
FQ6LSUR	Tr«n*rTaxed per Toft	* 39*47 *	T		v*
FU6LSUR	Fuel Surcharge		T*		
FU6LSUR	Soi-1* - LwndfilAed - Taxed	39.47	T		
FU6LSUR	FueJ, Surchare?				

P0t * *
Ticket Glwvh JAB Drivar-*

^7,V



0 V

r

/

**0%gh Acres Landfill

Manifest Ng 1 & t 3 3

4 ^ e prinj on Parkway

Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0

High Acres Site Permit No. NYSDEC 8-2644-00048/00003

^NY 14450

(SP2: 23-6132,,

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) VifftAw^ I ft* .

EPA. ID. NO. _kt*D_a234J2M£

Company Address:

(Print or Type) U -S^Au^y

(No.) (Street) (City) (State) (Zip)

Pick-up Address: TOO vk.3k\JLui» Cu^da. H r ^ ^ t MY Iffffg"*

(N o T) (S t r e e t) (C i t y) (State) ' (Zip)

Telephone Number: fa IZ) C Hz - ^ZL

Waste Stream Identification: ^f c n U i m k a <k*sa.*'xe_i r U y w U ; /**»»,«. J v t .

This manifest represents a nen-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: _____ Other (Specify): _____

Special Handling instructions, if any: _____None W

It is to certify that the above named materials are properly classified, described, packages, marked and
Kd and are in proper condition for transportation according to applicable statgand federallaw. The wastes
e consigned to the transporter named. I certify that the foregoing is true arid correct to the best of my
knowledge.

Date: u/n, A « Signature: ^&A*C / *fi*4- &+. *iMx. ^ L I 4 ^ V i t ^ ^ t n c
(Name and Title) <7

Transportation Section

Hauler of Waste (must be filled in by I J M ^ S C A ^ K I - C feol ^ ^ p ^ o X - f ^ ^ <

ADDRESS: ^ c t y s t i M

Pick-up Date: i M H - f t o ^ _ Truck No. J j j _ Vehicle lie. No. \ W) P f l ' K M

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title V j Q - J K J w * — C > q , * J * < " \ Date: t » - i » ^ ° *

Disposal Facility

Disposer of Waste (must be filled in by the disposer) #

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

E^LA0dfil4«d - Tawed' 34.6S
Surcharge*

T
T

~ <* tfcltrt Clm-k PPS Driver* ^LjQyg
*i
r_M * *



High Acres Landfill
42 Perinton Parkway
Fairport, NY 14450
(716) 23-6132

Manifest N- 10134
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) SA AX** { H r ^
EPA. ID. NO. MVkfmi?gi/i8 *

Company Address:

(Print or Type) 1] S4r.hMi)i W. P ' ^ . J i • ft_____ ' < * « -
(No.) (Street) " (City). ^State)(Zip)

Pick-up Address: ^ o o h ^ U A ^ , _____ & r l f e _____ ^ U ^ J > NfY \<i%H<f _____
(No.) (Street)(City) (State) (Zip)

Telephone Number: /Mia") GM1 3^77 _____ ^

Waste Stream Identification: s<<?l ^u4-iiw>>^< ^ J W V . t f d l y o J w -4**4<*> o*^>>~*~>*-

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: V? _____ Other (Specify): _____

Special Handling instructions, if any? None -su _____

I certify that the above named materials are properly classified, described, packaged, marked and are in proper condition for transportation according to applicable state and federal law. The wastes are consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge. / ,

Date: to/io /so _____ Signature: -Ri*,. /W ° ~ i f > M/i*^<~ W,
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) A/l d A f r j / f f l) /
ADDRESS: _____ / _____

Pick-up Date: //)- (D—riO Truck No. ff/fr Vehicle Lic. No. °i 8 ni 1 \JX

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title ^\$7rj / / (M\ - ^ Date / ^ ~ / Q — 0d

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

[illegible]

High Acres Landfill
Perinton Parkway
Fairport, NY 14450
(718) 223-6132

Manifest
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Mic^*** \vu^
EPA. ID. NO. M V P n ^ T - t t / *

Company Address:

(Print or Type) IV S V ^ , . ^ <fr P i * j L » « L f A ^ 2 2 . a
(NoT) (Street)(City) <>(State)(Zip)

Pick-up Address: zop y ^ W w A ^ ^ CLW U ^ U l . M V / W f
(No.) (Street)" (City) (State) (Zip)

Telephone Number / W) l < * 2 - " ? S ? ^

Waste Stream Identification: S » H u ' j k ^ < . u ; c c i J p . U u J w amm ^ A * * - \ p A * L * h * * —

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: 'Zc. Other (Specify): _____

Special Handling instructions, if any: _____None.

ms to certify that the above named materials are properly classified, described, packages, marked and are in proper condition for transportation according to applicable state and federal law. The wastes are consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.,
Date: vo/lo /so Signature: -ft^, Jc^t_____iLr Vi ft « ^ ! » * »
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) IA * M * AI
ADDRESS: ScJ ** AC . lr

Pick-up Date: i ft - i « - oi > Truck No. _____ Vehicle lie. No. IH7?23A NY

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Simatureo/aufoorizedag^ ^fl/)jT^7 Tbteft' / & - ##

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY i4450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

1. Name of Driver: JOHN J. HARTING
 2. License No.: 100-100000
 3. Date of Birth: 01-01-1900
 4. Sex: M
 5. Height: 5' 10"
 6. Weight: 180
 7. Eyes: B
 8. Hair: B
 9. Blood: O
 10. Social Security No.: 100-100000
 11. Date of Issue: 01-01-1900
 12. Date of Expiration: 01-01-1900
 13. State: NY
 14. City: NEW YORK
 15. County: NEW YORK
 16. Zip: 10000
 17. Name of Employer: UNION, INC.
 18. Address: 100-100000
 19. City: NEW YORK
 20. State: NY
 21. Zip: 10000
 22. Name of Vehicle: 100-100000
 23. Make: 100-100000
 24. Model: 100-100000
 25. Year: 100-100000
 26. Color: 100-100000
 27. VIN: 100-100000
 28. License Plate: 100-100000
 29. Title: 100-100000
 30. Tax: 100-100000
 31. Registration: 100-100000
 32. Sales Tax: 100-100000
 33. Fuel Surcharge: 100-100000
 34. Total: 100-100000
 35. Driver's Signature: [Signature]
 36. Date: 100-100000
 37. Name of Agent: 100-100000
 38. Address: 100-100000
 39. City: NEW YORK
 40. State: NY
 41. Zip: 10000
 42. Name of Office: 100-100000
 43. Address: 100-100000
 44. City: NEW YORK
 45. State: NY
 46. Zip: 10000

afuM3>*»»^i# mwf^iiitfw >w£ttf>,(i fitfiMiftrihfr-«f«<> ^A «fca^a^^^Pt^*

High Acres Landfill
420erinton Parkway
B^^rt, NY 14450
(WP23-6132

Manifest K.. 10136
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V;A ^^ | u ^ a
EPA. ID. NO. KNDQ7^^gtOg

Company Address:

(Print or Type) || SKKMUX \$tm* f;#tU^ PA ICAZJ.
(No) (Street) (City) ^States) (Zip)

Pick-up Address: zap w^Wtv^ r^Jk I L ^ ^ MV HgyT
(No0 , (Street) Zf^Z (Stete) fip)

Telephone Number: 6rr> JT3 a^* no. - ^22.

Waste Stream Identification: £»>.1 C^UIKI^, a^, u, ^ **JL pglyw^Ui^ <*>»

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: to Other (Specify): _____

Special Handling instructions, if any: _____ None be

This is to certify that the above named materials are properly classified, described, packages, marked and and are in proper condition for transportation according to applicable state and federal law. The wastes wBFe consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: 10/10/00 Signature: SA*^ rl^* \/-'*-~ lu^.
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) Sunshine Bulk

ADDRESS: Clinton Springs, NY

Pick-up Date: 10/10/00 Truck No. C109 Vehicle Lic. No. 88020R NY

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title /^i-Aji U^^>C/ Date: JdJ/Pj/rf

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

^feosal Date: j0\|o\U Total Tons: f f Other (Specify):.

^^lature of authorized agent and title: AU-X
While &. Canny - Landfill Pint - Hauler Golden Rod - Generator

M***** >

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-tsT

T-^W^W^f

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High Acres Landfill
42^erinton Parkway
^ W t , NY 14450
>23-6132

Manifest 10*37
 Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
 High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) U c.
EPA. ID. NO. VI Y E > O f d i a l o g

Company Address:

(Print or Type) U S W m Si PA&*~JL PA \SZL1-

(NoT)(Street) (City) Q '(State) (Zip)

Pick-up Address: Tan uftxUjU>^ GrviL I L M E J U ^ _fc£_|Jf£l£l_

(No!) ~ (S t f S e t) (C i t y) (State) (Zip)

Telephone Number: ftUz) L<t2.~jtf±z.

Waste Stream Identification: $\underline{L_A} \wedge \underline{M_i}, \dots, \underline{v_r h}, \quad \underline{A - p}^* \wedge \quad \wedge \underline{X} \wedge \underline{L I} \wedge \underline{J J} \wedge \underline{T}$

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: 2a Other (Specify): _____

Special Handling instructions, if any: None *~

f' ' ("ill" i'-l I ')

Basis to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes are consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: _____ I O / | Q / * A

Signature: j 7 ? ^ _ / l a * ————— J L ^ l / a u ^ t ^ U t .
(Name and Tide)

Transportation Section

Hauler of Waste (must be filled in by hauler) $\frac{h}{h + a} \frac{1}{1 + a}$

ADDRESS: C * H J L , 4 ^ . u . / t

Pick-up Date: /o- /o-nr^	Truck No. o%l	Vehicle Lie. No.'FK'V ;9.3

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title *JbL/ //J^l^*

Date: /o-/q~ r^

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

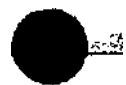
f bosal Date/7/6/ QPb Total W V . i (j. , Lpibtk (Specifv)Pv A f\ n
nature of authorized agent and tideL AM CJdhk yjJL V X ff {*(^ / • /
While & Canny-Landfill ; \ PbkV HaJle7 GoHcn Rod - Generator i

K

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$. * \sim 3T \text{ rft-qfih} . -fc - \wedge .$



High Acres Landfill
4^§erinton Parkway
Fairport, NY 14450
(716) 23-6132

Manifest N. 10838
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) \A&/^ W
EPA. ID. NO. MyOo**4»TJiflg
Company Address:

(No) (Street) (City)C' (State) (Zip)
Pick-up Address: ?.,/» u i ^ ^ L ^ . ^ £ w L 44^pL_{1r}^ *|V tfff^^"
(No.) - (St&t) (City) (State) (Zip)
Telephone Number: 6vz) £ t e - J? 22.
Waste Stream Identification: w/___,*A*ikJk* amu*. **& fJ^u^Lft a<u«rtu»Kc.

This manifest represents a^non-hazardous waste as per E.P.A. and N.Y.S. p.E.C. regulations
Est Tons: Tfl _____ Other (Specify): _____

Special Handling instructions, if any: _____ None x _____

>> is to certify that the above named materials are properly classified, described, packages, marked and
id and are in proper condition for transportation according to applicable state and federal law. The wastes
consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. ^ .jik.. <yf*± -&**"

Date: H/I* /** _____ Signature: - * w H E , — ~
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) Ma^^yi,^ V
ADDRESS: C^ - V U ^ NY <T
Pick-up Date: i>/m /an _____ Truck No. Q|> _____ Vehicle Lie. No. J«m«i M ivy
The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title \/\^C^ 's%%*-*r' Date: \Q A*/oo

Disposal Facility

Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

flBtwsal Date)°jK»jlQ _Total Tons
Signature of authorized agent and title: Jon Bartlett State Op
White & Canny - Landfill Golden Rod - Generator

r-

te 4. Acres Landfill an^ecycUnQ Center ©at** 10/10/S00B ticket• 102635
LOADS ttUST-B5 TAftPED OR TIED DOWN Tiae Em 11x15 Ti*« Out! *1*34
lb EXCEPTIONS TO THE RULE⁴ • > M 1 • 1 " • • 1 • 1 Br id I Cell S Western Expansion
ftRD HATS REQUIRED ON WORKING FACE Profilers CR6436 V1ACQH-SQXLU.)
lanif est t 10636 ftdyf • Charge*.*

eriQim CHEMUN8
jen*rator#i 0»64 VIACOM (FORMERLY WESTINGHQSfe)
**an sport en CUSTOMER Custeeer Trucks 697 Trailer!
111* to* £10& VIACOM, INC.-PD# ENU-R-00769
, MY

^ * 9 i	117940 PB Lbs	Tonsi	40.94
• f « i	36060 PB Lbs	Quantityi	0.00
letj	61680	Mixed ttt	100.00

!oct*	Inscription	Quantity	Type	Rata-	* Aaotint
5	Soils - Landfilled - Taxed	40*94	T		
"UELSUR	Fuel Surcharge	f	T		
TW	Trans-Tawed per Ton	40.94	T	*	*
U&LSUR	Fuel Surcharge		T		

Ticket Clerk ___ PPB Driver



"IT
..., #
x. P [

) High Acres Landfill Manifest N~ 1 U | 3 9
42^erinton Parkway Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
^ B r t , NY 14450 High Acres Site Permit No. NYSDEC 8-2644-00048/00003
(7WJ223-6132)

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section
Generator of Waste (must be filled in by producer) Via.* ^^ L t
EPA. ID. NO. Nyftr^lfc-Eflloft
Company Address: 15Z** %t% 1V,./o.
(Print or Type)_ii_ £ W i i * _ Sv. P ; 4 c U ^ u Eft *»+*_
(No\ (Street) (City) <? (State) (Zip)
Pick-up Address: * » woi.uA—*, Cwla^ H ^ r , U ^ My IH**Q—
(No.) (Street) (City) (State)* (Zip)
Telephone Number: (H\Z\ CHZ * ^ i " *
Waste Stream Identification: *j\ ^ a » i > v . ^ * „ c ^ , - v - » i ^

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: SO Other (Specify):

Special Handling instructions, if any: None.

>> is to certify that the above named materials are properly classified, described, packages, marked and
id and are in proper condition for transportation according to applicable state and federal law. The wastes
consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. A . . - * W . ^ - ^ _ ^

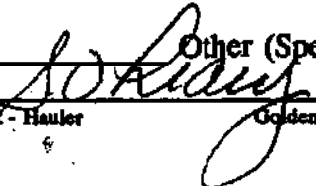
Date: i » A / f t o Signature: r f i ^ ^ J ? < w i r * y o m ^ U & .
(Name and Title)

Transportation Section
Hauler of Waste (must be filled in by hauler) A u w y ' a ^ ;
ADDRESS: / l c + U - f a * , M y * ~ ~
Pick-up Date: i < > / i * / » o Truck No. M • Z * Vehicle lie. No. P f t / J * £ » ? • / f /
The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title AP^A. V/J ^ < M O — < \ • ? 0 Date: 10- to- *w

Disposal Facility
Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

t osal V t e t f J U U f U S Total Tons: Other (Specify):
ature of authorized agent and title: 
White & Canary - Landfill Pink - Hauler Golden Rod - Generator

f

£ High Acres Landfill

Manifest N, 10 t 40

Jefferson
Perinton Parkway
Fairport, NY 14450
23-6132Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V» g. ^v^ \ y\ <.

EPA. ID. NO. v'y p o ^ U f l U S

Company Address:

(Print or Type) \ \ S U u ^ , * St f ^ W > c f PA r g * » »
(No!) (Street) (City) (State) (Zip)Pick-up Address: T O O w j - V e ^ U m a x . C V ^ J U . H o ^ a t U J ^ N / m i l * , ,
(No.) (Sftfeet) (City) (State) (Zip)

Telephone Number: V i r i - \ & i t - ? \ z i *

Waste Stream Identification: ^ c * v » 4 < U r » - « ^ c . * u ; « - , > - J I r , , L ^ l , * _

This manifest represents a non-hazardous Waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: - g o Other (Specify): '

Special Handling instructions, if any: None _ ^ .

« is to certify that the above named materials are properly classified, described, packages, marked and
 * i and are in proper condition for transportation according to applicable state and federal law. The wastes
 consigned to the transporter named. I certify mat the foregoing is true and correct to the best of my
 knowledge. . ,

Date: < y . o / * « Signature: i L f .) 4 w > c * > * ^ + i . f t y ^ W V ; ^ » - & - J k , -
 (Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) f A c u » c a ^ J » '

ADDRESS: C ^ I U - 4 » w n y V \

Pick-up Date: * t o y V o / c * Truck No. l a . ^ Vehicle Lie. No. T f g I C o T N > '

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title / y * y y l / f ; Date: < o / * . / « *

Disposal Facility ' . "

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

f ^ o s a l D a t e : / % ? &) Total Tons: // • ' / * Other (Specify):
 nature of authorized agent and title: ^ } i 0 / L 4 & & J

White St Canary - Landfill

Knk - Haukr

/ Golden Rod - Generator

High Acres Landfill
425 Perinton Parkway
Fairport, NY 14450
(716) 212-6132

Manifest # E 1 € f 4 1
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) V.Q^O^ U<>-
EPA. ID. NO. Yl)kPW>T->l>tt

Company Address:

(Print or Type) jj s^u.fr." Qr**± P;44iU~L-f f* | w ^
(NoT) (Street) (City) (State) (Zip)

Pick-up Address: Zoo W^vJL.,y,, G^W IU.,«JLL,JL ^ MY iHgyf
(No0 (Street) (City) (State) (S p) •

Telephone Number: 6<iz^ £H2-- s^z.2.

Waste Stream Identification: so.*

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: To -UK^ Other (Specify): _____

Special Handling instructions, if any: None yL

TJM^is to certify that the above named materials are properly classified, described, packages, marked and
^ftd and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge. f ***_ . ^+u. *y-* - 4L-

Date: >Q/IQ/O> Signature: -BA^^ f^***^ Vi+c*v^ Uc.
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) 5(i*^U<vi>~ EvtW^.-.s>a—
ADDRESS: £Vft.v> S ^ ^ .NX

Pick-up Date: ,« />>> / h0 ' u Truck No. // J Vehicle lie. No. 27aM£tf~

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title */^/J? ^K^£— flny<->- Date: %*/^*/*+•

Disposal Facility

Disposer of Waste (must be filled in by the disposer)
Company Name: High Acres Landfill
Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

SSSS

and Recycling Center Date: 10/10/2000 Tonnage: 100505
TANKED OR TIED DOWN Ties for 12.00 Ties per 12.00
RE-APPLICATION OF TIES Bridge Civil 5 Western Expansion
ON WORKING FACE Profile: CR6436 VIBCON-BOTL(1)
Route: Charges:

VIBCON (FORMERLY WEBSTER)

MEB Customer

Truck: 8113

Trailer:

VIBCON, INC. POB ENV-R-00745

NY

Lbs	Tons	35.11
Lbs	Quantity	0.00
	Mixed To	100.00

Item	Quantity	Type	Rate	Amount
Landfill Tax	35.11	T		
charge		T		
and per Ton	35.11	T		
charge		T		

Clerk: PPS Driver: *[Signature]*

%f,><??*E*:

v^ . 3;;|>^ -

High Acres Landfill
42 Perinton Parkway
Ithaca, NY 14450
607-23-6132

Manifest N? 1042
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Waste Waste
EPA. ID. NO. NYPQTLfc^glog

Company Address:

(Print or Type) High Acres Landfill 42 Perinton Parkway Ithaca, NY 14450
(No!) (Street) (City) (State) (Zip)

Pick-up Address: 42 Perinton Parkway Ithaca, NY 14450
(No.) (Street) (City) (State) (Zip)

Telephone Number: 607-23-6132

Waste Stream Identification: Non-hazardous waste

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: 1.0 Other (Specify): _____

Special Handling instructions, if any: None

I hereby certify that the above named materials are properly classified, described, packaged, marked and
and are in proper condition for transportation according to applicable state and federal law. The wastes
are consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge, and

Date: 10/10/92 Signature: [Signature]
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) Waste

ADDRESS: High Acres Landfill, 42 Perinton Parkway, Ithaca, NY 14450

Pick-up Date: 10/10/92 Truck No. HI Vehicle Lie. No. HHH *% K NY

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title yjvLw- Date: 10/10/92

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Total Tons: 1.0

Signature of authorized agent and title:

White & Caguy - Landfill

[Signature]
Kdr^Hauler [Signature] Generator

Emm

>p

^SAVS

., , a

» ,-* * __- -..w .

,1 e* f9

\ ./• *



High Acres landfill
Fairport
Fairport, NY 14450
(716)223-6132

Manifest N- 1043
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vuc« ^ W^
EPA. ID. NO. HXQr>V\W*\Q8

Company Address:
(Print or Type) u s w,,i* <& f ^ t U ^ l 9k ASXXT-
(No0 (Street) _ (City)^ (State) (Zip)

Pick-up Address: zoo >W
(No.) (Street) (City) (State)' (Zip)

Telephone Number: fiHZ ^ z - y?2Z.

Waste Stream Identification: ^ n C ^ 4 « I I » U. ^ . » u. > ' _ ** £ _ p » i . , v. f c W
W I ^ r ^ W i ^ - s _ 0

This manifest represents a non-Hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
Est Tons: -*ts Other (Specify): _____

Special Handling instructions, if any: None

I am hereby certifying that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: ip/£ /oo Signature: - A ~ ^ / ") Q ^ -
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) /A a* c. i ± + A i
ADDRESS T - r* C ^ U i M Y

Pick-up Date: r > / u + A, i > Truck No. TIU Vehicle Lic. No. tloT ^ T ME*

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title.

Date: va/i*/**

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill.

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

flPsposal Ttote\ f) fdfUJ Total Tons: A / Other (Specify):

Signature of authorized agent and title: - ^ 3 ' ^ * ~ K ^ * & c c 4 ^
White & Canary - Landfill Knk • Hauler /TJ Golden Rod - Generator

RECYCLING CENTER Date: 12/10/2000 Time: 15:45
 OR TIED DOWN Time: 15:10 Time: 15:45
 BRILLIANT BRILLIANT Brand: Bell S. Western Expansion
 KING FORD Profile: CR636 VIOCON-001(L)
 Charge:

FORMERLY WESTINGHOUSE

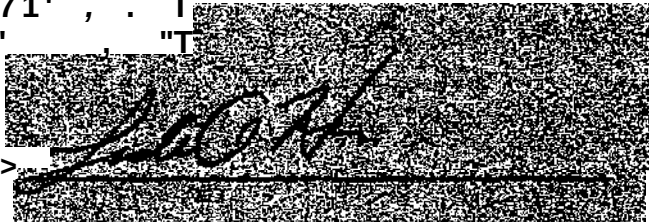
TRUCKS 216 Trailer)
 CON, INC - 200 ENV-A-00700

Tons: 33.71
 Quantity: 6.00
 Mixed: 100.00

Quantity	Type	Rate	Amount
33.71	T		

|13 / Soil* V LandfUd - Ta*«T 33.71' , . T
 ftJ&J&UR^ Fuel -fluftrfoM^m
 ** -

Tick*t Clertr PPB ^ Driv«*>



High Acres Landfill
4^Berinton Parkway
I^Brt, NY 14450
(7Wp23-6132

Manifest N~ 1PI-44
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section >

Generator of Waste (must be filled in by producer) V,&u>iw ln^, .
EPA. ID. NO. MYry^*l«* &IQS

Company Address:
(Print or Type) U srtqnui u Si. fi^k^W f^ xs-zi*-
(No.) (Street) (City) (State) (Zip)

Pick-up Address: 2JOO U L ^ ^ U * . CWL lUs.h.»ir NT IMSnr
(NoT) (Stfcet) (City) (State) (Zip)

Telephone Number: lii2\ (*H~z - ^127

Waste Stream Identification: s«ii ^wt^uAi K* Q / ^ I C AK^P «aL wurW i«.

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: To Other (Specify):

Special Handling instructions, if any: None >c

This is to certify that the above named materials are properly classified, described, packages, marked and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge
^ ^ U A A C

Date: yy / td / o a Signature: ~R^, Tl<w-*
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) AWoirt^i

ADDRESS: C*S41L^, N1 <J

Pick-up Date: \m/n>/ov> Truck No. ^1 Vehicle lie. No. zbinAH VIY

The above described waste was picket-upland hau&d by me to the disposal facility named below and was accepted. I certify that the foregoing is true and wrrect to the best of my knowledge.

Signature of authorized agent and title jk£jA~J-\$Ju%fi Date: *A* /a*

Disposal Facility

Disposer of Waste (must be fille^in^tife disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

Recycling Center Date: 10/10/2008 Tickets: 102743
D OR TIED DOWN Time In: 15:26 Time Out: 15:50
RECEIVED FROM: Grid: Cell: 3 Western Expansion
WORKING PAGE Profile: GR6525 VIACOM-800-011
Charge:

Pass: 10000
Unit: CHEW
History: 84

A frftvfr

84 VftCOMtVoRWERLY WE6TXNGtotfSE>

CUSTOMER Cuvteaer - Trucks M31 Trall*rf
VIACOM, XNC-PQft E**V-B-0076*

PB JJb*> Tons i 37. S3 «r-
PA t-b» v Quantityt e.m

[*er ipt i tn> *<	Quantity	Type	Rate	Amount
1» J- i.fiundfiU«d - Taxed	37**£3	1		
ians^Taxed per Tort	37«£3	1		

if-'

Ticket Clerfe •PPB Di*».*»r



J..V

High Acres Landfill
4^Kerinton Parkway
I^Brt, NY 14450
(7W)223-6132

Manifest N2 1P&45
Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003
I
NON-HAZARfoOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) W<,<^#IK \w^
EPA. ID. NO. ^YPO ?^>U>8>a?>

Company Address:

<*** TM TV*)——M SUhwh__& ,____P: **>L--L PA lSa«.
(No.) (Street) (City) * (State) (Zip)

Pick-up Address: ^ -ii.*^*..*, c>A H^U i A Kir IH«H<
(No.) (Street) (City) (State) (Zip)

Telephone Number: (EHT) 6H2. - ^22.

Waste Stream Identification: ^.l c*>*>*iu±~ ^ A * » *. *A ^U u c k i c ***** Jrrc~
UJL^...A—^ ^ O O

This manifest represents a4ion-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: _____2Q_____ Other (Specify): _____

Special Handling instructions, if any: _____None_yc

is to certify that the above named materials are properly classified, described, packages* marked and
id and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
knowledge.

Date: _____" / v ^ _____Signature: - r e ^ > ^ ^ r - \a* c ^ l>* . _____
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) H^M\o^A\
ADDRESS: O o ^ ^ ^ , N r Q

Pick-up Date: \oAo/z>t> Truck No. 33 Vehicle Lie. No. fMgGT NY

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of^uthorized agent and title Q^a^Oifh^'^' Date: _u/ a Z

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

sal X>* \& \J(J)J}filfjUTo\A Tons: / / / Other (Specify): _____
^ v ture of authorizea* agent and title: ^ / / / A^M£<J ^
While A Canaiy - Landfill ^TidT-Haute ^/^OeUenRod-Genentor

id Recycling C«nt«r Date* 10/10/SBC© Ticket* 102744

BE TAKEN OR TIED DOWN First Lst 10:00 Time Out 10:00
TO THE RAIL CANTONMENT Grade Cell 5 Western Expansion
NEED ON WORKING FACE Profiler CR6436 VIACOM SOIL (L)
100 Adm Charge
VIACOM FORMERLY WESTINGHOUSE
CUSTOMER Customer Truck: M32 Trailer:
VIACOM, INC. POB EMP-R-00764
100
100 Lbs Tons: 37.07
100 Lbs Quantity: 0.00
100 Lbs 100.00
Description Quantity Type Rate Amount
100 Lbs 37.07
100 Lbs 37.07
100 Lbs 37.07
100 Lbs 37.07
Ticket Closed RPS Driver *JD Bessette*

zmmzzmMmmm

* High-Acres Landfill Manifest NE 10146
 425 Perinton Parkway Western Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
 • Ij^fct, NY 14450 ffigh Acres Site Permit No. NYSDEC 8-2644-00048/00003
 (WP&3-6132)

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section c
 Generator of Waste (must be filled in by producer) VKLC«IU Inc./
 EPA. ID. NO. XlYpp-n&78tgg

Company Address:
 (Print or Type) \\ Sh^ n * <M. fillcL^L fA ^_9_9_9
 (NoT) (Street) (City) V (State) (Zip) .

Pick-up Address: zoo v M , ^ - , ^ CtisL * *«-«.l~lu , klV m * r "
 (No0 (Street)(City) (State) (Zip) "

Telephone Number: A11) CM? - J"l xz.

Waste Stream Identification: ^ j ^ „ ; ^ _ a i ^ u . v ^ J t p . U...c.L.,Sr

This manifest represents a non-hazardous waste as per E.P.A. and N.Y.S. D.E.C. regulations
 Est Tons: TO •* Other (Specify):

Special Handling instructions, if any: ; None K

TJ^s is to certify that the above named materials are properly classified, described, packages, marked and
 ^ ^ p d and are in proper condition for transportation according to applicable state and federal law. The wastes
 ^^ consigned to the transporter named. I certify that the foregoing is true and correct to the best of my
 knowledge, y ^ j. <v^ <*Jjk . *fi*ft •***

Date: l o / ks / * > Signature: " ^ ^ W s) o ^ — \A&^ At,
 ^ (Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) 3 uv\ iLu«_ 'EUvg^ **. s * ^,

ADDRESS: P U u r Hf

Pick-up Date: io/_^ Ym Truck No. 1z. \ Vehicle lie. No. t-mtf3ft 1J V

The above described waste was picked up and hauled by me to the disposal facility yarned below and was
 accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and title /rjf^ \S~f^as£ Date: -x^A^f***

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

sal T>zte: Jdl jQU) Total Tons: AAJ^ o t h e r (Specify):.
 ^ f n a t u r e of authorized agen^ and title: ^ i U / L s & c t A ^
 White ft Canary - Lindfill Pink-Hauler A Golden Rod - Oenerator



High-Speed Landfill; *£* «ecyoiinfl₁C«ot«n,, Dater ta/ie/2©«5 r*ctewfr« l«e7^fr .
MUST *g TftRPES OR TXS> DOW, - T*»» IttJ 15i49 Ti»» Ou4x * 1***5

W> EXCEPTION T© THE RtiLE' M P 'I H 'M 'lt Grid* tell 5 We«**i«a Ettpamlofrt
WHU HATS REQUItED ON WORRIES FACE Profilrti Gftfc436 VIACGM-SQILfo

Manlfefttt* 10846 pd*fa Chara**«,
friglrm CHEMlfttl * «* * *

9en*rat«V"*S «984 VIACOM (FORMERLY UE0TXN6HO1J8E)
tr*anK>eyt*rt« CUSTOMER Cuttoaer* Truchft Biei Tvailari

Bill toi 214Z* VIACOM, 1NC.-PQ* EHV~R-«97&9
- H . NV

Tarai l&SHOfc P£ U» Torn*i 43*&& i
364W PS Lb» Quantity*
MM? £63S*< , * tflxad %t iee.e»

Cod* Dfrttarlpfclon, Ouanttty< Typ« Rat* Aaaunt
Tfflt * Tb»ari«»TaKexl pmY T*»n r *"

FUELSUR Fuel* Surcharge*" T
18^ « 8o.il* - Landfillecf - Taxad A3.£3 JJ r
FUGLSUR Fuel SaVtsharfi* T

P&4 „Tiefc#> Civ** PPfc Dr?iv*i-



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rt

*» g.



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... — ...& -^ ui ^>A..—a .*. 4tA_ ^ - - i L

H^h Acres Landfill
4^jerinton Parkway
I^Brt, NY 14450
(7W5223-6132

Manifest N^ 10347
Western.Expansion Site Permit No. NYS DEC 8-2644-00048/00021-0
High Acres Site Permit No. NYSDEC 8-2644-00048/00003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Generator Section

Generator of Waste (must be filled in by producer) Vi c^cor* I n c '
EPA. ID. NO. M yPfl ?<? tf% 8 log

Company Address:

(Print or Type) u s h ^ U ^ . P «'44A -,l PA i-sxau^
(No0 (Street) (City) <3' (State) (Zip)

Pick-up Address: z o o . v f a . ^ ; u A - . c . C ^ l k ^ i A ^ . U L N Y i * 1 ? ^
(No.) " <Stf et) (City) (State) ' (Zip)

Telephone Number A\Z^ -UMZ - ^171.

Waste Stream Identification: s.,1 ' ^li-HM ^u.U.1 v>iu-. ^/<.wft. g~l" ^LwncUt*-

This manifest represents a non-haLzanjpirwaste as per E.P.A. and N.Y.S. D.E.C. regulations

Est Tons: ,. ^ b . ^ ^ ^ Other (Specify): _____

Special HattdHng'instructions, if any: None K . _____

T * ^

-.*^Mj^is to certify that the above named materials are properly classified, described, packages, marked and
^...^ and are in proper condition for transportation according to applicable state and federal law. The wastes
were consigned to the transporter named. I certify that the foregoing is true and correct to th&best of my
knowledge. . **_ &*A*. «^>w 44>r-

Date: \o^/jM

Signature: T^ . A *~~~~ \ > W ^ U ^ .
(Name and Title)

Transportation Section

Hauler of Waste (must be filled in by hauler) YW^WXI QjfttKK

ADDRESS: CO^nthrTK , K^V J ~

Pick-up Date: [bf\ I (* o Truck No. *LJ2 Vehicle lie. No. V^XDW^ N y

The above described waste was picked up and hauled by me to the disposal facility named below and was
accepted. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of authorized agent and titte Qyfcg~ K*S£JIL~ / * - %0 Date: ' o - / 1 - ^ * ""

Disposal Facility

Disposer of Waste (must be filled in by the disposer)

Company Name: High Acres Landfill

Site Location: 425 Perinton Parkway Fairport, NY 14450

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on:

flBpo al Date: luifilu Total Tons: 1 Other (Specify): .

Signature of authorized agent and title: S.O Kianu

White & Canary - Landfill

Pink-Hauler

Golden Rod - Generator

High Acres Landfill and Recycling Center Date: 10/11/2000 Ticket: 100000
 ALL LOADS MUST BE TAPPED OR TIED DOWN Time In: 10150 Time Out: 10150
 NO EXCEPTIONS TO THE RULE Driver: Ed 5 Western Expansion
 WORD HATS REQUIRED ON WORKING FACE Problem: BRASS VINCON-50111
 Manifest: 00000 Garb: Charges:

Brigant CHEMICAL
 Behar at 0000 VINCON (FORMERLY WESTINGHOUSE)
 Transporter: CUSTOMER Customer Truck: M20 Trailers:
 Bill To: P100 VINCON, INC. - POB END-R-00769

Brass	110000 LB lbs	Total	30.18
Taper	30000 LB lbs	Quantity	0.00
Net	70000	Weight	100.00

Code	Description	Quantity	Type	Rate	Amount
13	Brass - Landfilled - Taped	30.18	T		

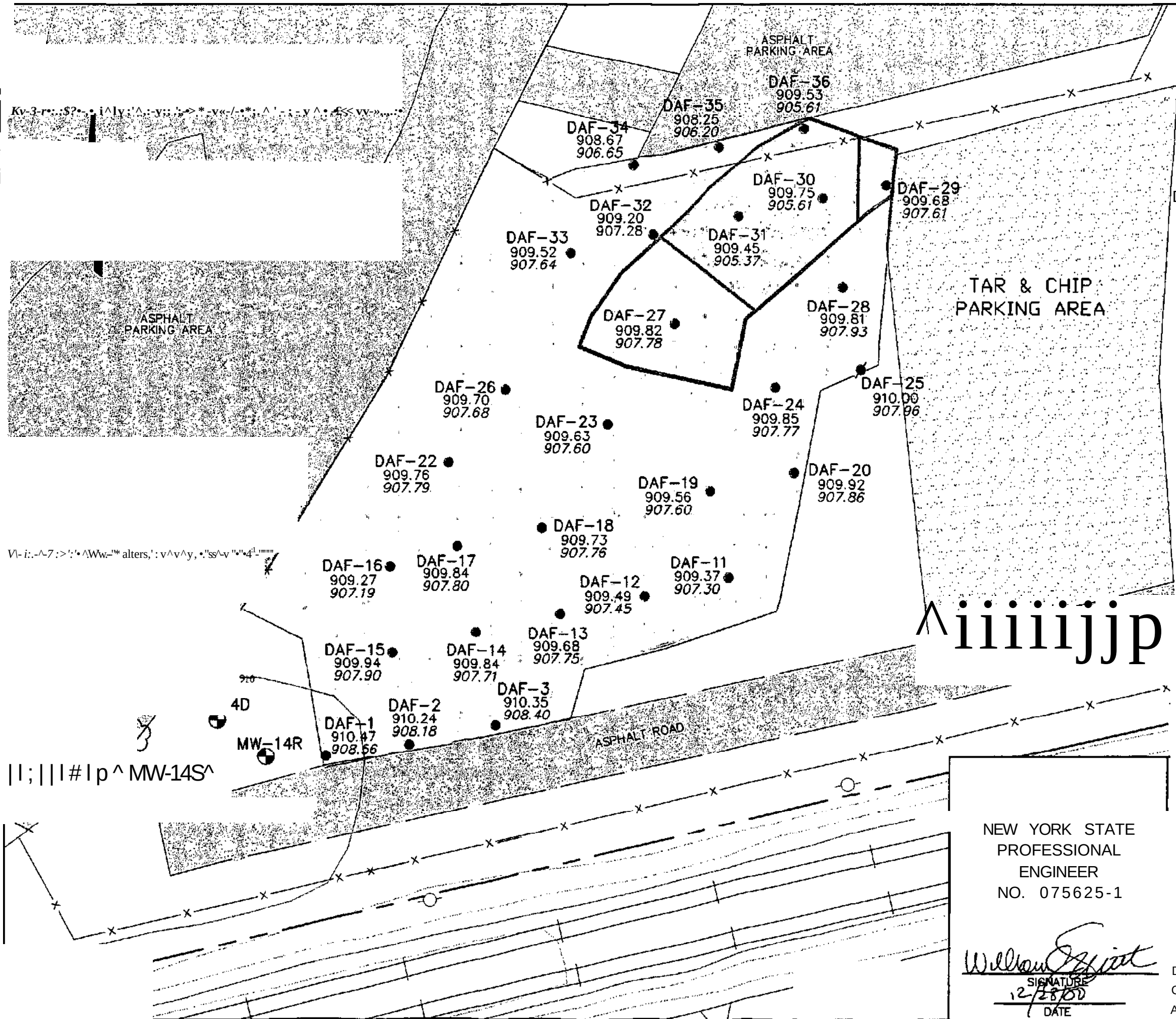
FUetSoft ,Fu«i Surcft*r**
 STffh* * T**»ft*-Tft*eti per Ttra
 EUEUSUR Fual Surcharge

(***** » > - - **)
 Tiek*VC3#Ht
 _**

APPENDIX C

RECORD DRAWINGS

m
ZUJ
Si



LEGEND:

- DAF-28. PREDESIGN SAMPLE LOCATION (CUMMINGS RITER, REMEDIAL DESIGN INTERIM DATA SUBMITTAL, SEPTEMBER 2, 1999).
- LIMITS OF TCE SOIL EXCAVATION
- LIMITS OF PAH/As SURFACE SOIL EXCAVATION
- 2-FOOT EXCAVATION DEPTH
- 4-FOOT EXCAVATION DEPTH
- 909.92 GROUND SURFACE ELEVATION PRIOR TO EXCAVATION
- 907.86 BOTTOM OF EXCAVATION ELEVATION

S C A L E

30 60 FEET

RECORD DRAWING 1 OF 2
EXCAVATION DISPOSAL AREA F

KENTUCKY AVENUE WELLFIELD SITE - 0U3
HORSEHEADS, NEW YORK

PREPARED FOR
VIACOM INC.
PITTSBURGH, PENNSYLVANIA

**CUMMINGS
V&F TER**

- I V CONSULTANTS INC
DRAWN BY: T.E. McKee
CHECKED BY: B. Geno
APPROVED BY: W.C. Smith

DRAWING NUMBER
98245B45

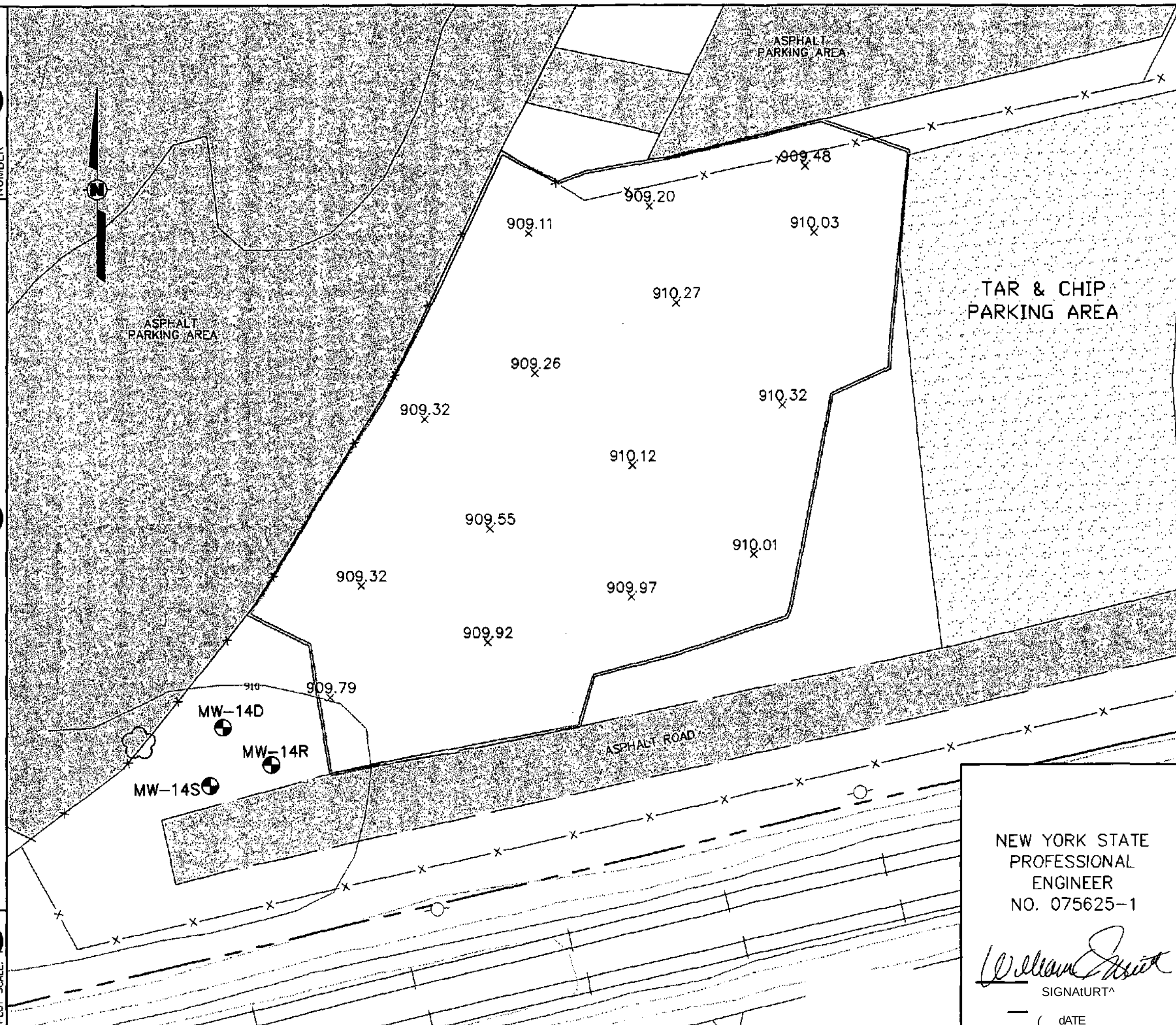
DATE: 12-17-00
DATE: 12-29-00
DATE: 12-29-00

NEW YORK STATE
PROFESSIONAL
ENGINEER
NO. 075625-1

William E. Smith
SIGNATURE
12/28/00
DATE

DRAWING NUMBER 9825B44

PLOT SCALE:



LEGEND:

LIMITS SOIL EXCAVATION
910.27
%* FINAL GROUND SURFACE SPOT ELEVATIONS
(PROVIDED BY FAGAN ENGINEERS, 11-2-00)

S C A L E

30 60 FEET

NEW YORK STATE
PROFESSIONAL
ENGINEER
NO. 075625-1

William Smith
SIGNATURE

(DATE

RECORD DRAWING 2 OF 2
RESTORATION DISPOSAL AREA F

KENTUCKY AVENUE WELLFIELD SITE - 003
HORSEHEADS, NEW YORK

PREPARED FOR
VIACOM INC.
PITTSBURGH, PENNSYLVANIA

UMMINGS
>FTE
CONSULTANTS, INC

DRAWING NUMBER
98245B44

DRAWN BY: T.E. McKee
CHECKED BY: B. Geno
APPROVED BY: W.C. Smith

DATE: 12-21-00
DATE: 12-29-00
DATE: 12-29-00

APPENDIX D

POST-EXCAVATION SOIL SAMPLE LABORATORY RESULTS (ELECTRONIC DATA)



APPENDIX E

DATA VALIDATION REPORT

DATA VALIDATION REPORT

Horsehead Site

Prepared By

Environmental Data Services, Ltd.

For

Cummings Riter Consultants, Inc.

December 11, 2000

DATA ASSESSMENT NARRATIVES

k

DATA ASSESSMENT NARRATIVE FOR VOLATILES

SITE: Horsehead

LABORATORY: STL - Pittsburgh

SAMPLE DELIVERY GROUP: COJ050142, CO J 060150, COJ100187

This sample delivery group consists of the following soil and water samples:

PXB-1	PXB-2	PXB-3	PXB-4	PXB-5
PXB-6	PXB-7	PXB-8	PXB-9	PXB-10
PXB-11	PXB-12	PXB-13	PXB-14	PXB-15
PXB-16	PXB-17	PXB-18	PXB-19	PXB-20
TB-1	PXB-21	PXB-22	PXB-23	PXB-24
PXB-25	PXB-26	PXB-27	PXB-28	PXB-29
PXB-30	PXB-31	PXB-32	PXB-33	PXB-34
PXB-35	PXS-1	PXS-2	PXS-3	PXS-4
DUP-1	DUP-2	TB-2	PXS-5	PXS-6
PXB-36	DUP-3	TB-3		

Samples described above were analyzed via Method EPA CLP OLMO 4.2 Protocol to determine the concentrations of VOA compound trichloroethene in soil and water samples.

Project specific QA objectives, as well as the USEPA Region II SOP for CLP Organics Data Review SOP HW-6, Revision 11 6/96 and the current Functional Guidelines for the Evaluation of Organic Analyses have been considered during validation of this data and its usability.

All data are acceptable except those analytes, which have been qualified with a "R" (unusable). Other data qualifications include (J) estimated. All data qualification related to this group of samples is detailed on the attached sheets.

Major Data Quality Issues

None.

Minor Data Quality Issues

None.

All data users should note two facts. First the "R" flag means that the associated value is unusable due to significant QC problems, the data is invalid and provides no information as to whether the compound is present or not "R" values should not appear on any data tables even as a last resort

Lastly, no analyte concentration, even if it passed all QC tests, is guaranteed to be accurate. Strict QC serves to increase confidence in data but any value potentially contains error.

HOLDING TIME

The amount of an analyte can change with time due to chemical instability, degradation, volatilization, etc. If the specified holding time is exceeded the data may not be valid.

The analyses performed on samples in this sample delivery group were all done within established holding times.

BLANK CONTAMINATION

Quality assurance blanks, method, trip, field, or rinse blanks are prepared to identify any contamination which may have been introduced into the samples during preparation or field activity. Method blanks measure lab contamination. Trip blanks measure cross contamination during shipment. Field and rinse blanks measure cross contamination during field operations.

Method Blank/Rinse Blank Contamination

Trip blanks were provided in association with the samples in the delivery group.

Method blanks were performed at the proper frequency. No target analyte values (above the sample quantitation limit) were observed in any method blank.

Trip Blank Contamination

The associated trip blanks had no observed trichloroethene values (above the sample quantitation limit) in any analyses for TB1, TB2 or TB3.

MASS SPECTROMETER TUNING

Tuning and performance criteria are established to ensure adequate mass resolution, proper identification of compounds, and to some degree, sufficient instrument sensitivity. These criteria are not sample specific. Instrument performance is determined using standard materials. Therefore, these criteria should be met in all circumstances.

The tuning standard for volatiles is bromofluorobenzene (BFB).

All tunes associated with this SDG were fully compliant.

^^CALIBRATION

Satisfactory instrument calibration is established to ensure that the instrument is capable of producing acceptable quantitative results. The initial calibration curve demonstrates that the instrument is capable of giving acceptable performance at the beginning of an analytical sequence. The continuing calibration verifies that the instrument is giving satisfactory daily performance.

Response Factor

The response factor measures the instruments responses to specific chemical compounds. The response factors for the VOA/BNA Target Compound List must be greater than or equal to 0.05 in both the initial and continuing calibrations. A value less than 0.05 indicates serious detection and quantitation problems.

RRF values in all initial and continuing calibrations were greater than 0.05.

Percent Relative Standard Deviation (RSD) and Percent Deviation (%D)

Percent RSD is calculated from the initial calibration and is used to indicate stability of a specific compound over the calibration range. %D compares the response factor of the continuing calibration with the mean response factor of the initial calibration. Therefore %D is a measure of the instruments daily performance.

The following QC criteria has been applied for this project:

^ ^ k % RSD of initial calibration must be <30.0 %

% D for continuing calibrations must be <25.0%

A value outside these limits indicates potential detection and quantitation errors. All initial and continuing calibration % RSD and % D values were within validation guidelines.

INTERNAL STANDARDS PERFORMANCE

Internal standard performance criteria are meant to ensure that the GC/MS sensitivity and response are stable during every experimental run.

The internal standard area count must not vary by more than a factor of two from the associated continuing calibration standard. The retention time of the internal standard must not vary by more than +/- 30 seconds from the associated continuing calibration standard. If the area count is outside the (- 50% - 100%) range of the associated standard, all positive results for compounds quantitated using that standard are qualified as estimated, and non detects as UJ, but only if area is < 50%.

All samples and associated method blanks had internal standard recoveries within QC criteria.

SURROGATES

All samples are spiked with surrogate compounds prior to sample preparation and analyses to evaluate overall laboratory performance and efficiency of the analytical technique.

All reported sample analyses and method blanks had observed surrogate recoveries within the established limit

COMPOUND IDENTIFICATION

Volatile

TCL compounds are identified on the GC/MS by using the analyte's relative retention time (RRT) and ion spectra. For the results to be a positive hit, the sample peak must be within ± 0.06 RRT units of the standard compound, and have an ion spectra which has a ratio of the primary and secondary m/e intensities within 20% of that in the standard compound. In the cases where there is not an adequate ion spectrum match, the laboratory may have provided false positive identifications. No analytes were qualified for compound identification.

MATRIX SPIKE/MATRIX SPIKE DUPLICATE

The matrix spike and matrix spike duplicate are generated to determine the precision and accuracy of the analytical procedure in a given matrix. This information may be used to qualify data.

Samples PXS-5, PX5-21 and PXB-36 were analyzed as matrix spike/matrix spike duplicate pairs. Upon evaluation all precision and accuracy indicators were favorable. No significant matrix interferences were apparent

The samples contained in the COJ050142 group had no associated matrix spike determination due to insufficient sample available as per laboratory communication.

The blank spikes that were analyzed in association with this delivery group had percent recoveries well within acceptable limits.

REPORTING

This package contains re-extraction, re-analysis or dilution. Upon reviewing the QA results, the Form 1(s) are clearly marked as to which to use.

OTHER QC DATA OUT OF SPECIFICATION

None.

FIELD DUPLICATE

The following samples were identified as field duplicate pairs.

PXB-21/DUP1
PXB-35/DUP2
PXB-6/DUP3

Upon evaluation, relative percent difference values obtained for the field duplicate pairs were all less than 40. Therefore, no significant variation of sample matrix or contamination was apparent

SYSTEM PERFORMANCE AND OVERALL ASSESSMENT

All QC criteria appear to be acceptable.

SEMIVOLATILE DATA ASSESSMENT NARRATIVE

SITE: Horsehead

LABORATORY: STL - Pittsburgh

SAMPLE DELIVERY GROUPS: COJ100185, COJ120207, COJ190175, COJ200201, COJ240227
and COJ310132

These sample delivery groups consist of the following soil and water samples:

I PXS-7	PXS-8	PXS-9	PXS-10	PXS-11
PXS-12	DUP-4	EQB-1	PXS-19	PXS-20
PXS-11A	PXS-12A	PXS-13A	PXS-14A	PXS-15A
PXS-16A	PXS-17A	PXS-18A	DUP-6	PXS-8A
PXS-9A	PXS-21	PXS-22	PXS-9B	

Samples described above were analyzed via EPA CLP OLMO 4.2 to determine the concentrations of the listed BMA compounds in soil samples.

Benzo(a)anthracene
Benzo(b)fluoranthene
Benzo(a)pyrene
Indeno(1,2,3-cd)pyrene

Project specified QA objectives, as well as the USEPA Region II SOP for CLP Organics Data Review SOP HW-6, Revision 11 6/96 and the current Functional Guidelines for the Evaluation of Organic Analyses have been considered during validation of this data and its usability.

All data are acceptable except those analytes, which have been qualified with "R" (unusable). Other data qualifications include (J) estimated. All data qualification related to this group of samples is detailed on the attached sheets.

Major Data Quality Issues

None.

Minor Data Quality Issues

Continuing Calibrations - Two continuing calibrations had observed percent deviation values for Indeno(1,2,3-cd) pyrene that were above acceptable validation criteria. The associated sample results have been appropriately flagged as "J" or "UJ" estimated.

Two facts should be noted by all data users. First the "R" flag means that the associated value is unusable due to significant QC problems, the data is invalid and provides no information as to whether the compound is present or not "R" values should not appear on any data tables even as a last resort

Lastly, no analyte concentration, even if it passed all QC tests, is guaranteed to be accurate. Strict QC serves to increase confidence in data but any value potentially contains error.



Diane Waldschmidt
Environmental Scientist/Director

Date:

/j-//-&Ct

M^ HOLDING TIME

The amount of an analyte can change with time due to chemical instability, degradation, volatilization, etc. If the specified holding time is exceeded the data may not be valid. Those analytes in the samples whose holding times have been exceeded will be qualified as estimated, or unusable when grossly exceeded.

All samples were extracted and analyzed within allowable holding time.

BLANK CONTAMINATION

Quality assurance blanks, method, trip, field, or rinse blanks are prepared to identify any contamination, which may have been introduced into the samples during preparation or field activity. Method blanks measure lab contamination. Trip blanks measure cross contamination during shipment. Field and rinse blanks measure cross contamination during field operations.

Method Blank Contamination

- . Method blanks were analyzed at the proper frequency. The associated method blanks provided data indicating no target analytes were present at levels above the reporting limits.

Rinse Blank Contamination

A rinse blank EQB-1 was collected and analyzed in association with all samples in this delivery group. Upon examination, no target analytes were observed in the rinse blank at levels above the reporting limits.

^^ MASS SPECTROMETER TUNING

Tuning and performance criteria are established to ensure adequate mass resolution, proper identification of compounds, and to some degree, sufficient instrument sensitivity. These criteria are not sample specific. Instrument performance is determined using standard materials. Therefore, these criteria should be met in all circumstances.

The tuning standard for semi-volatile is decafluorotriphenyl - phosphine (DFTPP). If the mass calibration is in error, or missing, all associated data will be classified as unusable.

Mass spectrometer tuning standard analyses were performed at the proper frequencies and all criteria were met.

CALIBRATION

Satisfactory instrument calibration is established to ensure that the instrument is capable of producing acceptable quantitative results. The initial calibration curve demonstrates that the instrument is capable of giving acceptable performance at the beginning of an analytical sequence. The continuing calibration verifies that the instrument is giving satisfactory daily performance.

Response Factor

The response factor measures the instruments responses to specific chemical compounds. The response factors for the BNA Target Compound List must be greater than or equal to 0.05 in both the initial and continuing calibrations. A value less than 0.05 indicates serious detection and quantitation problems. If the mean RRF of the initial calibration or the continuing calibration have a response factor less than 0.05 for any analyte, those analytes detected in environmental samples will be qualified as estimated. All non-detects for those analytes will be rejected.

No observed RRP's were less than 0.05.

Percent Relative Standard Deviation (RSD) and Percent Deviation (%D)

Percent RSD is calculated from the initial calibration and is used to indicate stability of a specific compound over the calibration range. %D compares the response factor of the continuing calibration with the mean response factor of the initial calibration. Therefore %D is a measure of the instruments daily performance.

The following QC criteria has been applied for this project:

% RSD of initial calibration must be <30.0 %

% D for continuing calibrations must be <25.0%

A value outside these limits indicates potential detection and quantitation errors. For these reasons, all positive results are flagged as estimated, and non-detects are flagged with "UJ". In the event the criteria listed above are grossly exceeded, non-detects may be rejected.

All associated initial and continuing calibrations met validation criteria with the exceptions detailed below.

The continuing calibration performed on 10/13/00 had a percent deviation value for Indeno (1,2,3-cd) pyrene (-34.9%) that failed to meet the validation acceptance criteria. EQB-1 was the only sample related to the non-compliant calibration. Therefore, the indeno (1,2,3-cd) pyrene result has been appropriately flagged as J or UJ, estimated.

The percent difference value (35.4%) for indeno (1,2,3-cd) pyrene in the continuing calibration performed on 10/16/00 was observed as outside the established tolerance limit (25%). Sample PXS-19 was associated with the above calibration and has the affected compound qualified as estimated "J" or "UJ".

INTERNAL STANDARDS PERFORMANCE

Internal standard performance criteria is meant to ensure that the GC/MS sensitivity and response are stable during every experimental run.

The internal standard area count must not vary by more than a factor of two from the associated continuing calibration standard. The retention time of the internal standard must not vary by more than +/- 30 seconds from the associated continuing calibration standard. If the area count is outside the (- 50% - 100%) range of the associated standard, all positive results for compounds quantitated using that standard are qualified as estimated, and non detects as UJ, but only if area is < 50%. In the event a severe drop in sensitivity is noted (<25 %), non-detects may be rejected.

All sample results reported by the validator and associated method blanks had internal standard recoveries within QC criteria. No qualification was necessary.

SURROGATES

All samples are spiked with surrogate compounds prior to sample preparation and analyses to evaluate overall laboratory performance and efficiency of the analytical technique.

All sample results reported and associated method blanks had surrogate recoveries within validation tolerance limits. No qualification was necessary. However, several samples had surrogate standards diluted out due to the abundance of target analyte values.

MATRIX SPIKE/MATRIX SPIKE DUPLICATE

The matrix spike and matrix spike duplicate are generated to determine the precision and accuracy of the analytical procedure in a given matrix. This information may be used to qualify data.

The following samples were analyzed as a matrix spike/matrix spike duplicate pair.

| PXS-11 | PXS-19 | PXS-20 | PXS-11A | PXS-SA | PXS-21 |

The matrix spike/matrix spike duplicate analysis for sample PXS-11 was performed at a dilution causing the compounds to be diluted out

The precision and accuracy indicators were within acceptance range for most matrix spike analyses. The following are compounds that were outside the satisfactory guidelines.

PXS-19	
2-4-dinitrotoluene	90%

PXS-20	
2-4-dinitrotoluene	91%/98%
Pentachlorophenol	110%

PXS-11A	
pyrene	21%/20%

PXS-8A	
Pentachlorophenol	117%
Pyrene	197%/237%
2,4-dinitrotoluene	93%

The blank spikes, which were analyzed in association with this delivery group, had percent recoveries within QC criteria.

OTHER QC DATA OUT OF SPECIFICATION

None.

COMPOUND IDENTIFICATION

Semi-Volatile Fractions

TCL compounds are identified on the GC/MS by using the analyte's relative retention time (RRT) and ion spectra. For the results to be a positive hit, the sample peak must be within ± 0.06 RRT units of the standard compound, and have an ion spectra which has a ratio of the primary and secondary m/e intensities within 20% of that in the standard compound. For tentatively identified compounds (TIC), the ion spectra must match accurately. In the cases where there is not an adequate ion spectrum match, the laboratory may have provided false positive identifications. No analytes in the samples shown were qualified for compound identification.

Reporting

This package may contain re-extraction, re-analysis or dilution. Upon reviewing the QA results, the form l(s) have been marked to clearly identify results to be used.

FIELD DUPLICATE

Samples PXS-15A and DUP-5 were identified as a duplicate pair in this delivery group. There were no target compounds detected in either analysis, which indicates satisfactory field precision.

PXS-7 and DUP-4 were comprised as a duplicate pair. Upon evaluation of the positive target analytes, values differed by less than the reporting limit in all cases. Adequate field precision was demonstrated.

SYSTEM PERFORMANCE AND OVERALL ASSESSMENT

All QC criteria appears to be acceptable. The analytical system was in control throughout sample processing activities. However, there were minor data quality issues related to the continuing calibrations.

DATA ASSESSMENT NARRATIVE FOR METALS (TOTAL)

SITE: Horsehead

LABORATORY: STL- Pittsburgh

SAMPLE DELIVERY GROUP: COJ100185, COJ120207, COJ190175, COJ240227, COJ310132

This sample delivery group consists of the following soil and water samples:

PXS-7	PXS-8	PXS-9	PXS-10	PXS-11	II
PXS-12	DUP-4	EQB-1	PXS-19	PXS-20	I
PXS-11A	PXS-12A	PXS-13A	PXS-14A	PXS-15A	U
PXS-16A	PXS-17A	PXS-18A	DUP-5	PXS-8A	H
PXS-9A	PXS-21	PXS-22	PXS-9B		1

Samples were analyzed for total arsenic following USEPA CLP ILMO4.0 procedures and project specific QAPP utilizing Inductively Coupled Plasma Atomic Emission analysis (ICP).

Project specific QA objectives, as well as the USEPA Region II SOP for "Evaluation of Metals Data for the Contract Laboratory Program HW-2 revision XI have been considered during validation of this data and its usability.

All data are valid and acceptable except those analytes, which have been qualified with a "J" (estimated), or "R" (unusable). All action is detailed on the attached sheets.

Major Data Quality Issues

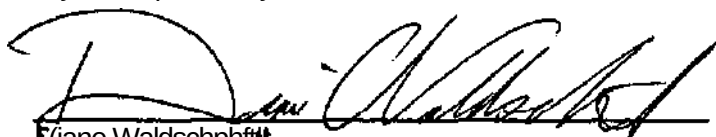
None.

Minor Data Quality Issues

Matrix Spike - One matrix spike percent recovery for arsenic failed to meet QC criteria. The associated solid arsenic sample values have been flagged as "J" estimated.

Laboratory Duplicate Evaluation - The arsenic duplicate determination for one sample was outside the acceptable validation guidance. All related solid samples have the arsenic results qualified "J" estimated.

Two facts should be noted by all data users. First, the "R" flag means that the associated value is unusable. In other words, due to significant QC problems, the analysis is invalid and provides no information as to whether the compound is present or not. "R" values should not appear on data tables even as a last resort. The second fact to keep in mind is that no analyte concentration, even if it has passed all QC tests, is guaranteed to be accurate. Strict QC serves to increase confidence in data but any value potentially contains error.



Jane Waldschmidt

Environmental Scientist/Director

Date:

1/27/2011

HOLDING TIME

The amount of an analyte in a sample can change with time due to chemical instability, degradation, volatilization, etc. If the specified holding time is exceeded the data may not be valid. Those analytes in the samples whose holding time has been exceeded will be qualified as estimated, "J", or unusable, "R", if holding times are grossly exceeded.

All analyses were completed well within acceptable holding times.

BLANK CONTAMINATION

Quality assurance blanks, method, trip, field, or rinse blanks are prepared to identify any contamination which may have been introduced into the samples during sample preparation or field activity. Trip blanks measure cross contamination during shipment. Field and rinse blanks measure cross contamination during field operations.

Method Blank Contamination

Method blanks were evaluated at the proper frequency and no arsenic was found to be present at levels above the sample quantitation limit in any case.

Field or Rinse Blank Contamination

One equipment blank was collected and analyzed in association with this delivery group (EQB-1). No arsenic contamination was found to be present above the sample quantitation limit in the equipment blank.

CALIBRATION

Satisfactory instrument calibration is established to ensure that the instrument is capable of producing acceptable quantitative data. The initial calibration curve and its verification demonstrates that the instrument is capable of giving acceptable performance at the beginning of the analytical sequence. The continuing calibration verification standards provide information as to the continuing stability of the calibration curve.

Correlation Coefficient

All calibrations associated with the data represented here had correlation coefficients that demonstrated satisfactorily that all criteria were met

Initial and Continuing Calibration Verification

All initial and continuing calibration verifications that bracketed sample analyses associated with the sample delivery group were within acceptance limits. (90-110% recovery for all metals except mercury limits 80-120%).

Initial and Continuing Calibration Blanks

All initial and continuing calibration blanks were evaluated and none had observed analyte concentrations greater than the reported detection limits (positive or negative).

MATRIX SPIKE

The matrix spike is generated to determine the long-term accuracy of the analytical method in a given matrix. The matrix spike percent recoveries may be used to qualify data.

The samples listed below were selected for the arsenic matrix effect (matrix spike) evaluation.

PXS-9B PXS-11 PXS-11A PXS-19 PXS-21

Upon evaluation, all accuracy indicators were within acceptance range with one exception.

The arsenic matrix spike percent recovery (72.5%) for sample PXS-11A was below the lower QC limit (75%).

Since the following samples were associated with the aforementioned non-compliant arsenic matrix spike analysis, those arsenic values have been qualified "J" estimated.

PXS-11 A	PXS-12A	PXS-13A	PXS-14A	PXS-15A	DUP-5
PXS-16A	PXS-17A	PXS-18A	PXS-8A	PXS-9A	

DUPLICATE

The duplicate sample analysis is performed to determine long term precision of the analytical method in a given matrix. The relative percent difference between the sample and its duplicate may be used to qualify data.

Matrix duplicate determinations for arsenic were performed on the following selected samples.

I PXS-11 I PXS-11A I PXS-9B I PXS-19 I PXS-21

Nearly all arsenic precision results were within validation guidelines. The duplicate analysis for sample PXS-19 however, failed to meet acceptable validation criteria (i.e. the difference between the sample and duplicate analysis was greater than two times the CRDL).

Samples PXS-19 and PXS-20 were related to the non-compliant duplicate arsenic analysis. Therefore, both samples have arsenic results were assigned a "J" flag, estimated.

LABORATORY CONTROL SAMPLE

The laboratory Control Sample is a quality control sample of known concentration, which is processed along with a batch of samples. The percent recovery of the LCS can be used to assess the accuracy of the analytical procedure performed by a specific individual, during a specific time period, and utilizing the same reagents and equipment as those used for sample analyses. The LCS data is independent of sample matrix and the results may formulate a basis for qualification.

The associated laboratory control samples had an observed percent recoveries well within acceptable limits. No data qualification was required.

FIELD DUPLICATE

Samples PXS-15A and DUP 5 comprise one field duplicate pair for this sample delivery group. Upon evaluation of both total arsenic concentrations, the relative percent difference between positive results for both samples was 5 percent. No significant variation of contamination was apparent for the sample matrix.

Samples PXS-7 and DUP 4 were also identified as a field duplicate pair for this delivery group. Upon evaluation of both total arsenic concentrations, the relative percent difference between positive results for both samples were less than 5 percent. No significant variation of contamination was apparent for the sample matrix.

ICP SERIAL DILUTION

Precision between diluted, and non-diluted analyses during serial dilution determinations were performed for arsenic on the following samples.

<u>I PXS-11</u>	<u>I PXS-11A</u>	<u>I PXS-19</u>	<u>I PXS-21</u>	<u>I</u>

All resulting percent deviation values for arsenic were satisfactory.

CRDL STANDARD

CRDL standards were analyzed as required during the ICP analytical run. The CRDL standard percent recoveries for arsenic were within validation guidelines.

SYSTEM PERFORMANCE AND OVERALL ASSESSMENT

Data quality issues were related to one non-compliant matrix spike percent recovery and one matrix duplicate precision result. All remaining QC criteria appears to be acceptable.

VALIDATED DATA TABLES

Validated Data Table
Horsehead
Volatiles
COJ050142, COJ060150 COJ100187

Sample ID:		PXB-1			PXB-2			PXB-3			PXB-4			PXB-6			PXB-8		
Analyte:	UNITS	COJ050142001	LQ	VQ	COJ050142002	LQ	VQ	COJ080142003	LQ	VQ	COJ080142004	LQ	VQ	COJ050142005	LQ	VQ	COJ050142006	LQ	VQ
Trichloroethene	ug/kg	2.5	J		4.6	J		2.9	J		1.4	J		1.1	J		67		

Sample ID:		PXB-7			PXB-6			PXB-8			PXB-10			PXB-11			PXB-12		
Analyte:	UNITS	COJ050142007	LQ	VQ	COJ090142008	LQ	VQ	COJ050142009	LQ	VQ	COJ060142010	LQ	VQ	COJ050142011	LQ	VQ	COJ050142012	LQ	VQ
TricWoroethene	ug/kg	11			11	U		53			11	U		7.4	J		2.1	J	

Sample ID:		PXB-13			PXB-14			PXB-15			PXB-16			PXB-17			PXB-18		
Analyte:	UNITS	COJ050142013	LQ	VQ	COJ050142014	LQ	VQ	COJ050142015	LQ	VQ	COJ060142016	LQ	VQ	COJ080142017	LQ	VQ	COJ060142018	LQ	VQ
Trichloroethene	ug/kg	28			21			1.8	J		12			7.6	J		34		

Sample ID:		PXB-19			PXB-20		
Analyte:	UNITS	COJ060142019	LQ	VQ	COJ050142020	LQ	VQ
Trichloroethene	ug/kg	34			15	J	

Sample ID:		TB-1		
Analyte:	UNITS	COJ050142021	LQ	VQ
Trichloroethene	ug/L	10	U	

Validat^Ma Table

Voffiles

C0J050142, C0J060150 C0J100187

		PXB-21			PXB-22			PXB-23			PXB-24			PXB-26			PXB-26	
Analyte:	UNITS	COJ060160001	LQ	VQ	COJ060160002	LQ	VQ	COJ060160003	LQ	VQ	COJ060150004	LQ	VQ	COJ060150005	LQ	VQ	COJ0601S0006	
Trictloroethene	ug/kg	62	J		34			52			3.5	J		2.1	J		85	
Sample D:		PXB-27			PXB-28			PXB-29			PXB-30			PXB-31			PXB-32	
Analyte:	UNITS	COJ060180007	LQ	VQ	COJ060160008	LQ	VQ	COJ060150009	LQ	VQ	COJ060150010	LQ	VQ	COJ060150011	LQ	VQ	COJ060150012	
Trichloroethene	ug/kg	23			3.1	J		13			58			18			7.9	
Sample ID:		PXB-33			PXB-34			PXB-35			PXS-1			PXS-2			PXS-3	
Analyte:	UNITS	COJ060150013	LQ	VQ	COJ060150014	LQ	VQ	COJ060150016	LQ	VQ	COJ060150016	LQ	VQ	COJ0601S0017	LQ	VQ	COJ080150018	
Trichloroelnene	ug/kg	7.8	J		22			19			2.7	J		12			18	
Sample ID:		PXS-4			DUP-1			DUP-2										
Analyte:	UNITS	COJ060150019	LQ	VQ	COJ060150020	LQ	VQ	COJO80150021	LQ	VQ								
Trichloroethene	ug/kg	15			6.9	J		28										
Sample ID:		TB-2																
Analyte:	UNITS	COJ080150022	LQ	VQ														
Trlchloroethene	ug/L	10	U															

Validated Data Table
Horsehead
Volatiles
C0J050142, C0J060150 C0J100187

Sample ID:		PXS-8			PXS-6			PXB-36			DUP-3		
Analyte:	UNITS	C0J100187001	LQ	VQ	C0J100187002	LQ	VQ	C0J100187003	LQ	VQ	C0J100187005	LQ	VQ
Trichloroethene	ug/lcg	1.1	J		8.9	J		11	U		8.7	J	

Sample ID:		TB-3		
Analyte:	UNITS	COJ 100187008	LQ	VQ
Trichloroethene	ug/L	10	U	



Validated Data Tables
Horsehead
Semivolatiles
COJ100185, COJ190175, COJ120207,
COJ200201, COJ240227 and COJ310132

Analyte:	UNITS	PXS-7		PX3-8		PXS-9		PXS-10		PXS-11	
		COJ100185001	LQVQ	COJ100186002	LQVQ	COJ100186003	LQVQ	COJ100185004	LQVQ	COJ100185005	LQVQ
Benzo(a)anthracene	mi	43	J	27000	D -	45000		180	J	240000	D
Benzo(b)fluoranthene		47	J	25000	D	38000		250	J	230000	D
Benzo(a)pyrene		42	J	23000	D	40000		180	J	210000	D
Indeno(1,2,3-cd)pyrene		370	U	0400		30000		100	J	170000	D

Analyte:	UNITS	PXS-12		DUP-4	
		COJ100185006	LQVQ	COJ100186007	LQVQ
Benzo(a)anthracene	ug/kg	190000		61	J
Benzo(b)fluoranthene	ug/kg	200000		70	J
Benzo(a)pyrene	ug/kg	170000		62	J
Indeno(1,2,3-cd)pyrene	ug/kg	140000		380	U

Analyte:	UNITS	EQB-1	
		COJ100186008	LQVQ
Benzo(a)anthracene	ug/l	10	U
Benzo(b)fluoranthene	ug/l	10	U
Benzo(a)pyrene	ug/l	10	U
Indeno(1,2,3-cd)pyrene	ug/l	10	UUJ

Validata^toa Tables

Hc^pUd

Semivolatiles

COJ100185, COJ190175, COJ120207,
COJ200201, COJ240227 and COJ310132

Analyte:	UNITS	PXS-11A		PXS-12A		PXS-13A		PXS-14A		PXS-15A	
		COJ190176001	LQVQ	COJ190175002	LQVQ	COJ190175003	LQVQ	COJ190175004	LQVQ	COJ190175005	LQVQ
Benzo(a)anthracene	ug/kg	1700		970		8500		790		370	U
Benzo(b)fluoranthene	ug/kg	2500		1300		13000		1100		370	U
Benzo(a)pyrene	ug/kg	1800		860		9300		910		370	U
Indeno(1,2,3-cd)pyrene	ug/kg	1500		550		5800		940		370	U

Analyte:	UNITS	PX3-16A		PXS-17A		PXS-18A		DUP-5		PXS-19	
		COJ190175006	LQ VQ	COJ190175007	LQVQ	COJ190175008	LQVQ	COJ190176009	LQVQ	COJ120207001	LQ VQ
Benzo(a)anthrac8ne	ug/kg	370	U	94	J	2800		380	U	700	
Benzo(b)fluoranthene	ug/kg	370	U	74	J	3000	D	380	U	630	
Benzo(a)pyrene	ug/kg	370	U	81	J	2600		380	U	270	J
Indeno(1,2,3-cd)pyrene	ug/kg	370	U	51	J	1300		380	U	170	J J

Analyte:	UNITS	PXS-20		PXS-8A		PXS-9A		PXS-21		PXS-22	
		COJ120207002	LQVQ	COJ200201001	LQVQ	COJ200201002	LQVQ	COJ240227001	LQVQ	COJ240227002	LQVQ
Benzo(a)anthracene	ug/kg	150	J	260	J	7300		360	U	98	J
Benzo(b)fluoranthene	ug/kg	210	J	230	J	7300		44	J	140	J
Benzo(a)pyrene	ug/kg	150	J	240	J	6300		360	U	130	J
Indeno(1,2,3-cd)pyrene	ug/kg	120	J	130	J	4800		42	J	130	J

Analyte:	UNITS	PXS-9B	
		COJ310132001	LQVQ
Benzo(a)anthracene	ug/kg	120	J
Benzo(b)fluoranthene	ug/kg	160	J
Benzo(a)pyrene	ug/kg	140	J
Indeno(1,2,3-cd)pyrens	ug/kg	94	J

Validaj^ki Table

Meta (Soil)

COJ100185,COJ120207,COJ190175, C0J240227COJ310312

Analyte	UNITS	PXS-7		PXS-8		PXS-9		PXS-10		PXS-11	
		COJ10018S001	LQ VQ	COJ100185002	LQ VQ	COJ100185003	LQ VQ	COJ10018S004	LQ VQ	COJ100185006	LQ VQ
Arsenic	mg/kg	7.3		7.5		21.0		13.1		41.9	
Analyte:	UNITS	PXS-12		DUP-4		PXS-19		PXS-20			
		COJ100185006	LQ VQ	COJ100185007	LQ VQ	COJ120207001	LQ VQ	COJ120207002	LQ VQ		
Arsenic	mg/kg	80.3		7.B		7.7	* J	8.2*			
Analyte:	UNITS	PXS-11A		PXS-12A		PXS-13A		PXS-14A		PXS-15A	
		COJ190175001	LQ VQ	COJ190175002	LQ VQ	COJ190175003	LQ VQ	COJ190175004	LQ VQ	COJ190175005	LQ VQ
Arsenic	mg/kg	11.0	N J	11.5	N J	6.7	N J	8.5	N J	5.4	N
Analyte:	UNITS	PXS-16A		PXS-17A		PXS-18A		DUP-5		PXS-8A	
		COJ190175006	LQ VQ	COJ190175007	LQ VQ	COJ190175008	LQ VQ	COJ190175009	LQ VQ	COJ200201001	LQ VQ
Arsenic	mg/kg	4.7	N J	5.8	N J	12.2	N J	5.6	N J	7.4	N J

Validated Data Table
Horsehead
Metals (Total)
COJ100185, COJ120207, COJ190175, COJ240227 COJ310312

Analyte:	UNITS	PXS-9A		PX3-21		PXS-22		PXS-9B	
		COJ200201002	LQ VQ	COJ240227001	LQ VQ	COJ240227002	LQ VQ	COJ310132001	LQ VQ
Arsenic	mg/kg	5.8	JN	6.4		6.6		8.6	

Analyte:	UNITS	EQB-1	
		COJ100186008	LQ VQ
Arsenic	ug/l	2.1	U

LABORATORY DATA WITH QUALIFIERS ADDED

CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc. SDQ Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J050142 001

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.6 / g

Date Received: 10/05/00

Work Order: DLK6L102

Date Extracted:10/05/00

Dilution factor: 0.92

Date Analyzed: 10/05/00

Moisture %:4.8

QC Batch: 0279229

Client Sample Id: PXB-1

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg)	ug/kg	Q	Jft^.#--Jf®
79-01-6	Trichloroethene	12J!		J	

FORM I

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 002

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.16 / g

Date Received: 10/05/00

Work Order: DLK6N102

Date Extracted: 10/05/00

Dilution factor: 0.97

Date Analyzed: 10/05/00

Moisture %: 12

QC Batch: 0279229

Client Sample Id: PXB-2

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	{ug/L or ug/kg}	ug/kg	Q
1 79-01-6	Trichloroethene	(4^6.		J

FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc.

SDG Number:

Matrix; (soil/water) SOLID

Lab Sample ID:COJ050142 003

Method: OCLP OLM04.2

Volatile Organic Compounds • CLP (OLM04.2)

Sample WT/Vol: 5.79 / g

Date Received: 10/05/00

Work Order: DLK6Q102

Date Extracted:10/05/00

Dilution factor: 0.86

Date Analyzed: 10/05/00

Moisture %:7.4

QC Batch: 0279229

Client Sample Id: PXB-3

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg)	ug/kg	Q	[^] k&lP */(**%)> >
I 79-01-6	Trichloroethene	(2^9	tf		

FORM I

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

#

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 004
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.7 / g Date Received: 10/05/00
 Work Order: DLK6R102 Date Extracted: 10/05/00
 Dilution factor: 0.88 Date Analyzed: 10/05/00
 Moisture %: 10

QC Batch: 0279229

Client Sample Id: PXB-4

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q
I 79-01-6	Trichloroethene	1-4		J

FORM I

STL Pittsburgh

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: COJ050142 00S
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol; 6.02 / g Date Received: 10/05/00
 Work Order: DLK6VX02 Date Extracted: 10/05/00
 Dilution factor: 0.83 Date Analyzed: 10/05/00
 Moisture %: 10

QC Batch: 0279229

Client Sample Id: PXB-5

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg	
79-01-6	Trichloroethene	ll.l	IJ

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 006
Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: S.35 / g Date Received: 10/05/00
Work Order: DLK6W102 Date Extracted: 10/05/00
Dilution factor: 0.93 Date Analyzed: 10/05/00
Moisture %: 9.6

QC Batch: 0279229

Client Sample Id: PXB-6

	CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg)	ug/kg
I	79-01-6	Trichloroethene		67

FORM I

STL Pittsburgh

CDMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories! Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:COJ050142 007

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 6.27 / g

Date Received: 10/05/00

Work Order: DLK6X102

Date Extracted:10/05/00

Dilution factor: 0.8

Date Analyzed: 10/05/00

Moisture %:10

QC Batch: 0279229

Client Sample Id: PXB-7

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or utr/kcr) ug/kg
I <u>79-01-6</u>	Trichloroethene	11

FORM I

CUMMINGS-RITER CONSULTANTS INC

Name:Severn Trent Laboratories, Inc. SDG Number:

#

Matrix: (soil/water) SOLID Lab Sample ID:C0J050142 008
Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.86 / g Date Received: 10/05/00
Work Order: DLK70102 Date Extracted:10/05/00
Dilution factor: 1.03 Date Analyzed: 10/05/00
Moisture %:10

QC Batch: 0279229

Client Sample Id: PXB-8

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg)	ug/kg
79-01-6	Trichloroethene	I11	

FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 009

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.44 / g

Date Received: 10/05/00

Work Order; DLK71102

Date Extracted: 10/05/00

Dilution factor: 0.92

Date Analyzed: 10/05/00

Moisture %: 11

QC Batch: 0279229

Client Sample Id: PXB-9

		CONCENTRATION UNITS:			
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q	1/s4JL/ (sri)
1 79-01-6	Trichloroethene	153			fpfp^6

FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 010
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.02 / g Date Received: 10/05/00
 Work Order: DLK72102 Date Extracted: 10/05/00
 Dilution factor: 1 Date Analyzed: 10/05/00
 Moisture %: 10

Client Sample Id: PXB-10

QC Batch: 0279393

		CONCENTRATION UNITS:			
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q	-v
I 79-01-6	Trichloroethene	ll			<i>^J^S^ty</i> <i>ftw</i>

FORM I

STL Pittsburgh

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 Oil

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.23 / g Date Received: 10/05/00

Work Order: DLK73102 Date Extracted: 10/05/00

Dilution factor: 0.96 Date Analyzed: 10/05/00

Moisture %: 8.4

QC Batch: 0279229

Client Sample Id: PXB-11

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg
79-01-6	Trichloroethprnw	17 ⁴

g
1.5
11-28-00

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Xnc. SPG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 012
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP {OLM04.2}

Sample WT/Vol: 5.14 / g Date Received: 10/05/00
 Work Order: DLK74102 Date Extracted: 10/05/00
 Dilution factor: 0.97 Date Analyzed: 10/05/00
 Moisture %: 18

QC Batch: 0279393

Client Sample Id: PXB-12

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg
I 79-01-6	Trichloroethene	12 ¹	J

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 014
 Method: OCLP 0LM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol.- 5.4 / g Date Received: 10/05/00
 Work Order: DLK76102 Date Bxtracted: 10/05/00
 Dilution factor: 0.93 Date Analyzed: 10/05/00
 Moisture %: 8.0

QC Batch: 0279393

Client Sample Id: PXB-14

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg	£.
I 79-01-6	Trichloroethene	21	

FORM I

STL Pittsburgh

CDMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J050142 015

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 6.05 / g Date Received: 10/05/00
Work Order: DLK77102 Date Extracted:10/05/00
Dilution factor: 0.83 Date Analyzed: 10/05/00
Moisture %:5.8

QC Batch: 0279393

Client Sample Id: PXB-15

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg
I 79-01-6	Trichloroethene	ji^jB	Q J

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 016
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.22 / g Date Received: 10/05/00
 Work Order: DLK7A102 Date Extracted: 10/05/00
 Dilution factor: 0.96 Date Analyzed: 10/05/00
 Moisture %: 8.4

QC Batch: 0279393

Client Sample Id: PXB-16

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg
j 79-01-6	Trichloroel-hpnff		12

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 11-28

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID: C0J050142 017

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample MT/Vol: 4.86 / g

Date Received: 10/05/00

Work: Order: DLK7C102

Date Extracted: 10/05/00

Dilution factor: 1.03

Date Analyzed: 10/05/00

Moisture %: 8.7

QC Batch: 0279393

Client Sample Id: PXB-17

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(uq/L or uq/kg)	Uq/kg	Q
I 79-01-6	Trichloroethene	7.6		J

FORM I

STL Pittsburgh

CUMMINGS-RITER CONSULTANTS INC

Client Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J050142 018

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.99 / g

Date Received: 10/05/00

Work Order: DLK7K102

Date Bxtracted: 10/05/00

Dilution factor: 1

Date Analyzed: 10/05/00

Moisture %: 10

QC Batch: 0279393

Client Sample Id: PXB-18

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg
79-01-6	Trichloroethene	34

FORM I

STL Pittsburgh

CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J050142 019

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.56 / g Date Received: 10/05/00
Work Order: DLK7F102 Date Extracted:10/05/00
Dilution factor: 1.1 Date Analyzed: 10/05/00
Moisture %:7.3

QC Batch: 0279393

Client Sample Id: PXB-19

CAS NO.		COMPOUND		CONCENTRATION UNITS:		Q	
				(ug/L or ug/kg)	ug/kg		
1	79-01-6	Trichloroethene		34			J V # A & jfi

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FORM I

STL Pittsburgh

CUMMENGs-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: COJ050142 020
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.77 / g Date Received: 10/05/00
 Work Order: DLK7G102 Date Extracted: 10/05/00
 Dilution factor: 1.05 Date Analyzed: 10/05/00
 Moisture %: 7.4

QC Batch: 0279393

Client Sample Id: PXB-20

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg	
I 79-01-6	Trichloroethene	ug/kg	.li
WT*100	ME		

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FORM I

STL Pittsburgh

OTMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) WATER Lab Sample ID:COJ050142 021

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5 / mL

Date Received: 10/05/00

Work Order: DLK7H101

Date Extracted:10/06/00

Dilution factor: 1

Date Analyzed: 10/06/00

Moisture %:NA

QC Batch: 0280159

Client Sample Id: TB-1

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/Kg)	ug/L
1 79-01-6	Trichloroethene	10	Q

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FORM I

CDMMINGS-RITER CONSULTANTS INC

Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:COJ060150 001
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.02 / g Date Received: 10/06/00
 Work Order: DLMRA102 Date Extracted:10/06/00
 Dilution factor: 1 Date Analyzed: 10/06/00
 Moisture %:16

QC Batch: 0280420

Client Sample Id: PXB-21

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q
1 75-35-4	1,1-Dichloroethene	112		n
1 71-43-2	Benzene	112		u
1 108-88-3	Toluene	112		u
I 108-90-7	Chlorobenz ene	112		u
1 79-01-6	Trichloroethene	6.2		J 1

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:COJ060150 002

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.96 / g

Date Received: 10/06/00

Work Order: DLMRH102

Date Extracted:10/06/00

Dilution factor: 1.01

Date Analyzed: 10/06/00

Moisture %:14

.QC Batch: 0280420

Client Sample Id: PXB-22

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg)	ug/kg	£
<u>1 79-01-6</u>	Trichloroethexu		34	

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FORM I

STL Pittsburgh

CUMMINGS-RITER CONSULTANTS INC

J^Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J060150 003
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.85 / g Date Received: 10/06/00
 Work Order: DLMRK102 Date Extracted: 10/06/00
 Dilution factor: 1.03 Date Analyzed: 10/06/00
 Moisture %: 5.2

QC Batch: 0280420

Client Sample Id: PXB-23

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q
I 79-01-6	Trichloroethene	S2		

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KMI*

FORM I

CtJMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID;C0J060150 004

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.76 / g

Date Received: 10/06/00

Work Order: DLMRM102

Date Extracted:10/06/00

Dilution factor: 1.05

Date Analyzed: 10/06/00

Moisture %:8.6

QC Batch; 0280420

Client Sample Id: PXB-24

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(uq/L or uq/kg)	uq/kg
I 79-01-6	Trichloroethene	[3^5	lj_

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FORM I

STL Pittsburgh

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J060150 005
 Method: OCLF OLM04.2
 Volatile Organic Compounds - CLP (OLMQ4.2)

Sample WT/Vol: 4.66 / g Date Received: 10/06/00
 Work Order: DLMRN102 Date Extracted: 10/06/00
 Dilution factor: 1.07 Date Analyzed: 10/06/00
 Moisture %: 9.2

QC Batch: 0280420

Client Sample Id: PXB-25

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg
I 79-01-6	Trichloroethene	12 ¹	

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 .15
 11/29/00

FORM I

COMMTNGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J060150 006

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 2.4 / g

Date Received: 10/06/00

Work Order: DLMRP102

Date Extracted: 10/07/00

Dilution factor: 2.08

Date Analyzed: 10/07/00

Moisture %: 21

QC Batch: 0281146

Client Sample Id: PXB-26

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(uq/L or uq/kg)	uq/kg
I 79-01-6	Trichloroethpne	JSS	

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COMMINGS-RITER CONSULTANTS INC

Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix; (soil/water) SOLID Lab Sample ID:C0J060150 007

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.25 / g

Date Received: 10/06/00

Work Order: DLMRQ102

Date Extracted: 10/06/00

Dilution factor: 0.95

Date Analyzed: 10/06/00

Moisture %:6.6

QC Batch: 0280420

Client Sample Id: PXB-27

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg)	ug/kg
I 79-01-6	Tricfaloethene		23

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CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J060150 008

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: S.6S / g

Date Received: 10/06/00

Work Order: DLMRT102

Date Extracted:10/07/00

Dilution factor: 0.88

Date Analyzed: 10/07/00

Moisture %:15

QC Batch: 0280420

Client Sample Id: PXB-28

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg)	ug/kg	Q
79-01-6	Trichloroethene	3JL	J	L

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FORM I

CDMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J060150 009
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 6.01 / g Date Received: 10/06/00
 Work Order: DLMRV102 Date Extracted: 10/07/00
 Dilution factor: 0.83 Date Analyzed: 10/07/00
 Moisture %: 13

Client Sample Id: PXB-29

QC Batch: 0280420

CAS NO.		COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg
1	79-01-6	Trichloroethene	13

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(Signature)
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FORM. I

COMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID: C0J060150 010

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.2' / g

Date Received: 10/06/00

Work Order: DLMRX102

Date Extracted: 10/07/00

Dilution factor: 0.96

Date Analyzed: 10/07/00

Moisture %: 18

QC Batch: 0281146

Client Sample Id: PXB-30

		CONCENTRATION UNITS:			
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q	v
I 79-01-6	Trichloroethene	58			~f[!*<*>

FORM I

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CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (aoil/water) SOLID Lab Sample ID: C0J060150 Oil
 Method: OCLP OLH04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.66 / g Date Received: 10/06/00
 Work Order: DLMT3102 Date Extracted: 10/07/00
 Dilution factor: 0.88 Date Analyzed: 10/07/00
 Moisture %: 13

QC Batch: 0280420

Client Sample Id: PXB-31

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q
I 79-01-6	Trichloroethene	18		(%)

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Znc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J060150 012

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.44 / g

Date Received: 10/06/00

Work Order: DLMT5102

Date Extracted: 10/07/00

Dilution factor: 0.92

Date Analyzed: 10/07/00

Moisture %: 11

OC Batch: 0280420

Client Sample Id: PXB-32

	CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg
I	79-01-6	Trichloroethene	[7 ⁹

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CUMWINGS-RITER CONSULTANTS INC

• < Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J060150 013
 Method: OCLP OLM0-4.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.15 / g Date Received: 10/06/00
 Work Order: DLMT7102 Date Extracted: 10/06/00
 Dilution factor: 0.97 Date Analyzed: 10/06/00
 Moisture %:JW*r^^ . .
 fcl> ///Zf/ett QC Batch: 0281139
 Client Sample Id: PXB-33

CAS NO.	COMPOUND	CONCENTRATION UNITS: <ug/L or ug/kg)	ug/kg	Q
79-01-6	Trichloroethene	Lfrct 7»&		J

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc. SBG Number:

Matrix: (soil/water) SOLID Lab Sample ID:COJ060150 014

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample MT/Vol: 5.IS / g

Date Received: 10/06/00

Work Order: DLMT8102

Date Extracted:10/07/00

Dilution factor: 0.97

Date Analyzed: 10/07/00

Moisture % = i X t r ^ ^ ^

QC Batch: 0281146

Client Sample Id: PXB-34

CAS NO.
I 79-01-6

COMPOUND
Trichloroethene

CONCENTRATION UNITS:
(ug/L or ucr/k<r) ug/kg Q

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J060150 015
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.88 / g Date Received: 10/06/00
 Work Order: DLMTA102 Date Extracted: 10/06/00
 Dilution factor: 1.02 Date Analyzed: 10/06/00
 Moisture %: 16

QC Batch: 0281139

Client Sample Id: PXB-35

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/xg
I 79-01-6	Trichloroethene	19	

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J060150 016

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 4.94 / g Date Received: 10/06/00
Work Order: DLMTc102 Date Extracted:10/06/00
Dilution factor: 1.01 Date Analyzed: 10/06/00
Moisture %:8.8

QC Batch: 0281139

Client Sample Id: PXS-1

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q
I 79-01-6	Trlchloroethene	2V7	j	ILL^t) I

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CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J060150 017

Method: OCLF OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample MT/Vol: 5.03 / g

Date Received: 10/06/00

Work Order: DLMTF102

Date Extracted: 10/06/00

Dilution factor: 0.99

Date Analyzed: 10/06/00

Moisture %: 16

OC Batch: 0281139

Client Sample Id: PXS-2

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg
I 79-01-6	Trichloroethene	12

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CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:COJ060150 01S

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.08 / g Date Received: 10/06/00
Work Order: DLMTG102 Date Extracted:10/06/00
Dilution factor: 0.98 Date Analyzed: 10/06/00
Moisture %:13

QC Batch: 0281139

Client Sample Id: PXS-3

CAS NO.	COMPOUND	CONCENTRATION UNITS: (U<T/L or ug/kg) ucr/kg
I 79-01-6	Trlchloroethene	16

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CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc. SDO Number:

Matrix: (soil/water) SOLID Lab Sample ID: COJ060150 019
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.16 / g Date Received: 10/06/00
 Work Order: DLMTH102 Date Extracted: 10/06/00
 Dilution factor: 0.97 Date Analyzed: 10/06/00
 Moisture %: 1S

QC Batch: 0281139

Client Sample Id: PXS-4

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg
I 79-01-6	Trdchloroet-hpne	15	

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CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID:COJ060150 020

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.04 / g

Date Received: 10/06/00

Work Order: DLMTM102

Date Extracted:10/06/00

Dilution factor: 0.99

Date Analyzed: 10/06/00

Moisture %:21

QC Batch: 0280420

Client Sample Id: DDP-1

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q
79-01-6	Trichloroethene	16^9		J.

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CUMMINGS-RITER CONSULTANTS INC

Name:Severn Trent Laboratories, Inc. SDO Number:

Matrix: (soil/water) HATER Lab Sample ID:C0J060150 022
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5 / mL Date Received: 10/06/00
 Work Order: DLMTR101 Date Extracted:10/06/00
 Dilution factor: 1 Date Analyzed: 10/06/00
 Moisture %:NA

QC Batch: 0280159

Client Sample Id: TB-2

CAS NO.	COMPOUND	CONCENTRATION UNITS: (uq/L or ucr/kg) uq/L
79-01-6	Trichloroethene	ilo

FORM I

CUMMINQS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J100187 001

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.24 / g Date Received: 10/10/00

Work Order: DLVAC102 Date Extracted: 10/10/00

Dilution factor: 0.95 Date Analyzed: 10/10/00

Moisture %: 13

QC Batch: 0284424

Client Sample Id: PXS-5

CAS NO.	COMPOUND	CONCENTRATION UNITS:		Q	
		(ug/L or Uq/kg)	ug/kg		
I 75-35-4	1,1-Dichloroethene	111			*
1 71-43-2	Benzene	111			*
1 108-88-3	Toluene	111			*
1 108-90-7	Chlorobenz ene	111			*
1 79-01-6	Trichloroethene	11.1		1J	1

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CUMMINGS-RITER CONSULTANTS INC

b Name:Severn Trent Laboratories, Inc. SDG Number:

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Matrix: (soil/water) SOLID Lab Sample ID:C0J100187 002
 Method: OCLP OLM04.2
 Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.IS / g Date Received: 10/10/00
 Work Order: DLVAD102 Date Extracted:10/10/00
 Dilution factor: 0.97 Date Analyzed: 10/10/00
 Moisture %:14

QC Batch: 0284424

Client Sample Id: PXS-6

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q
79-01-6	Trichloroethene	18^9		J

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CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J100187 003

Method: OCLP OLM04.2

Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.02 / g

work Order: DLVAE102

Dilution factor: 1

Moisture %: 9.9

Date Received: 10/10/00

Date Extracted: 10/10/00

Date Analyzed: 10/10/00

QC Batch: 0284424

Client Sample Id: PXB-36

CAS NO.	COMPOUND	CONCENTRATION UNITS:	
		(ug/L or ug/kcf)	ug/kg
75-35-4	1,1-Dichloroethene	11	
71-43-2	Benzene	11	
108-88-3	Toluene	111.	
108-90-7	Chlorobenzene	111.	
79-01-6	Trichloroethene	111.	

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CUMMINGS-RITER CONSULTANTS INC

Name-.Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J100187 005
Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5.18 / g Date Received: 10/10/00
Work Order: DLVAG102 Date Extracted:10/10/00
Dilution factor: 0.97 Date Analyzed: 10/10/00
Moisture %:17

QC Batch: 0284424

Client Sample Id: DUP-3

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg)	ug/kg	Q
79-01-6	Trichloroethene			

FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) WATER Lab Sample ID: C0J100187 006

Method: OCLP OLM04.2
Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 5 / mL Date Received: 10/10/00

Work Order: DLVAJ101 Date Extracted: 10/13/00

Dilution factor: 1 Date Analyzed: 10/13/00

Moisture %: NA

QC Batch: 0287204

Client Sample Id: TB-3

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/L
I 79-01-6	Trichloroethene	10	u

FORM X

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CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID:C0J100185 001

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/10/00

Work Order: DLV97102

Date Extracted:10/10/00

Dilution factor: 1

Date Analyzed: 10/11/00

Moisture %:12

QC Batch: 0284520

Client Sample Id: PXS-7

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg	
56-55-3	Benzo (a) anfrTwacene	43	IJ
I 205-99-2	Benzo (b) f luoranthene	.141	Ii
I 50-32-8	Benzo (a) pyrene	42	.1*
I 193-39-5	Indeno(1,2,3-cd)pyrene	1370	

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FORM I

STL Pittsburgh

CUKMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID: C0J100185 002

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/10/00

Work Order: DLV9F102

Date Extracted: 10/10/00

Dilution factor: 4

Date Analyzed: 10/11/00

Moisture *: 13

QC Batch: 0284520

Client Sample Id: PXS-8

CAS NO.	COMPOUND	CONCENTRATION UNITS:	
		(ug/L or ug/kg)	ug/kg
56-55-3	Benzo(a) anthracene		
I 205-99-2	Benzo(b) jEluoranthene	1-45000 ZftQO	
I 50-32-8	Benzo(a) pyrene	1-34000-13*00	
193-39-5	r-nrifxnn (i, 2, 3-cd) pyrene	19400	

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FORM I

STL Pittsburgh

CDMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J100185 003

Method: OCLP OLM04.2
Semi-Volatile Organic Coinpounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g Date Received: 10/10/00

Work Order: DLV9H102 Date Extracted: 10/10/00

Dilution factor: 40 Date Analyzed: 10/12/00

Moisture %: 20

QC Batch: 0284S20

Client Sample Id: PXS-9

		CONCENTRATION UNITS:	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg
1 56-SS-3	Benzo (a) anthracene	145000	
1 205-99-2	Benzo (b) fluoranthene	38000	
1 50-32-8	Benzo (a) uyrene •	140000	
1 193-39-5	Tndenn (1,2,3-cd)pyrene	30000	

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: COJ100185 004
 Method: OCLP OLM04.2
 Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g Date Received: 10/10/00
 Work Order: DLV9K102 Date Extracted: 10/10/00
 Dilution factor: 1 Date Analyzed: 10/H/00
 Moisture %: 12

QC Batch: 0284520

Client Sample Id: PXS-10

		CONCENTRATION UNITS:		
CAS NO.	COMPOUND	(ug/L or ug/kcr)	ug/kcr	Q
I S6-55-3	Benzo(a)anthracene	1180		J
j 205-99-2	Benzo (b) fluoranthene	250		J
I S0-32-8	Benzo (a) pyrene	1180		J
j 193-39-5	Indenod, 2.3-cd) pyrene	j 100		J

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FORM I

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CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID: COJ1001B5 005

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/10/00

Work Order: DLV9M104

Date Extracted: 10/10/00

Dilution factor: 20

Date Analyzed: 10/11/00

Moisture %: 13

QC Batch: 0284520

Client Sample Id: PXS-11

CAS NO.	COMPOUND	CONCENTRATION UNITS:		.	\$
		<ug/L or ug/kg->	ugr/k<r		
108-95-2	Phenol	7600			
95-57-8	2-Chlorophenol	7600			
621-64-7	N-Nitrosodi-n-propylamine	17600			
59-50-7	4-Chloro-3-methylphenol	17600			
83-32-9	Acenaphthenf	150000			
100-02-7	4-Nitrophenol	119000			
121-14-2	2,4-Dinitrotoluene	17600			
87-86-5	Pentachloropheno1	19000			
129-00-0	Pyrene	360000			
56-55-3	Benzo(a)anthracene				
205-99-2	Benzo (b) fluoranthene				
50-32-8	Benzo (a)pyrene	120000	1/0006	1sx>	
193-39-5	Indeno (1,2,3-cd) pyrene	110000	17Q0ao	12rP	

FORM I

STL Pittsburgh

COMMINGS-RITER CONSULTANTS INC

Name:Severn Treat Laboratories, lac. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ED:C0J100185 006
Method: OCLP OLM04.2
Semi-volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g Date Received: 10/10/00
Work Order: DLV9P102 Date Extracted: 10/10/00
Dilution factor: 100 Date Analyzed: 10/12/00
Moisture %:10

QC Batch: 0284520

Client Sample Id: PXS-12

		CONCENTRATION UNITS:
CAS NO.	COMPOUND	(ug/L or ug/kg) ug/kg
56-S5-3	Benzo (a) anthracene	1190000
I 205-99-2	Benzo (b) f luoranthene	1200000
I 50-32-8	Benzo(a)pyrene	1170000
193-39-5	Indeno(1,2,3-cd)pyrene	1140000

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CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID: C0J100185 007

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/10/00

Work Order: DLV9R102

Date Extracted: 10/10/00

Dilution factor: 1

Date Analyzed: 10/12/00

Moisture %: 12

QC Batch: 0284520

Client Sample Id: DOP-4

CAS NO.	COMPOUND	CONCENTRATION UNITS:	
		(ug/L or ug/kg)	ug/kg
56-55-3	Benzo (a) anthracene	15L	
205-99-2	Benzo (b) fluoranthene	70	
50-32-8	Benzo (a) pyrene		
193-39-5	Indeno (1,2,3-cd)pyrene	1380	

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CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) WATER

Lab Sample XD: C0J100185 008

Method: OCLP OLM04.2

Send-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 1000 / mL

Date Received: 10/10/00

Work Order: DLV9W102

Date Extracted: 10/11/00

Dilution factor: 1

Date Analyzed: 10/13/00

Moisture %: NA

QC Batch: 0286124

Client Sample Id: EQB-1

CAS NO.	COMPOUND	CONCENTRATION UNITS:	
		(ug/L or ug/kg)	ug/L
I 56-55-3	Benzo(a)anthracene		10
I 205-99-2	Benzo(b)fluoranthene		10
50-32-8	Benzo(a)pyrene		10
I 193-39-5	Indeno(1,2,3-cd)pyrene		10

Handwritten: 11/29/00

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID: C0J190175 001

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/19/00

Work Order: DNE4R1AC

Date Extracted: 10/19/00

Dilution factor: 1

Date Analyzed: 10/24/00

Moisture %: 9.9

QC Batch: 0293489

Client Sample Id: PXS-11A

CAS NO.	COMPOUND	CONCENTRATION UNITS:		Q	
		(ug/L or ug/kg)	ug/kg		
I 108-95-2	Phenol	1370	I	I	UL
1 95-57-8	2-Chlorophenol	1370	-1	I	UL
1 621-64-7	N-Nitrosodi-n-propylamine	1370	I	I	UL
1 59-50-7	4-Chloro-3-methylphenol	1370	I	I	UL
I 83-32-9	Ar>fffl>p>it;>w>nqi	1110	I	I	UL
I 100-02-7	4-Nitrophenol	1920	I	I	UL
I 121-14-2	2,4-Dinitrotoluene	1370	I	I	UL
1 87-86-5	Pentachlorophenol	1920	1	I	UL
1 129-00-0	Pvrene	12800	I	I	
I 56-55-3	Benzo (a) anthracene	11700	I	I	
1 205-99-2	Benzo (b) fluoranthene	12500	I	I	
I 50-32-8	Benzo (a) pyrene	11800	1	I	
1 193-39-5	Indnno(1,2,3-cd)pvrene	11500	1	I	

Handwritten: 11/30/00

FORM I

CUMMINGS-RITER CONSULTANTS INC

^^.aabb Name:Severn Trent Laboratories, Inc. SDG Number:

trix: (soil/water) SOLID Lab Sample ID-.C0J19017S 002
 Method: OCLP OLM04.2
 Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g Date Received: 10/19/00
 Work Order: DNE451AC Date Extracted:10/19/00
 Dilution factor: 1 Date Analyzed: 10/24/00
 Moisture %:11

QC Batch: 0293489

Client Sample Id: PXS-12A

CAS NO.	COMPOUND	CONCENTRATION UNITS: {ug/L or ug/kg) ug/kg	. * &
I 56-55-3	Benzo (a) anthracene	970	
205-99-2	Benzo (b) fluoranthene	11300	
I 50-32-8	Benzo {a) pyrene	860	
I 193-39-5	T-p^**"" (1,2,3-cd) pyrene	1550	

FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J190175 003

Method: OCLP OLM04.2
Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Work Order: DNE481AC

Dilution factor: 5

Moisture %: 9.9

Date Received: 10/19/00

Date Extracted: 10/19/00

Date Analyzed: 10/24/00

QC Batch: 0293489

Client Sample Id: PXS-13A

	CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg	JL
1	<u>S6-5S-3</u>	Benzo (a) anthracene	<u>8500</u>	
	<u>205-99-2</u>	Benzo (b) fluoranthene	<u>113000</u>	
1	<u>50-32-8</u>	Benzo (a) pyrene	<u>9300</u>	
1	<u>193-39-5</u>	Indenot l, 2, 3-cd) pyrene	<u>15800</u>	

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CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J19017S 004
 Method: OCLP OLM04.2
 Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g * Date Received: 10/19/00
 Work Order: DNE5A1AC Date Extracted: 10/19/00
 Dilution factor: 1 Date Analyzed: 10/25/00
 Moisture %: 12

QC Batch: 0293489

Client Sample Id: PXS-14A

		CONCENTRATION UNITS:		
CAS NO,	COMPOUND	(ug/L or ug/kg)	ug/kg	Q
I 56-55-3	Benzo (a) anthracene	1790		
I 205-99-2	Benzo (b) fluoranthene	11100		
I 50-32-8	Benzo (a) pyrene	910		
I 193-39-5	Tnn>rir»(x,2,3-cd)-pyrene	1940		

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID:C0J190175 00S

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/vol: 30 / g

• Date Received: 10/19/00

Work Order: DNE5D2AC

Date Extracted:10/25/00

Dilution factor: 1

Date Analyzed: 10/26/00

Moisture %:11

QC Batch: 0299576

Client Sample Id: PXS-15A -RE 1

CAS NO.	COMPOUND	CONCENTRATION UNITS:		Q		
		(ug/L or ug/kg)	ug/kg			
56-55-3	Benzo (a) anthracene	370			U	n/vyOt)
205-99-2	Benzo (b) f luoranthene	370		J	U	
50-32-a	Benzo(a)pyrene	370		j	uj	
193-39-5	Indeno (1.2, ' 3 -cd) pyr ene	370		j	U	

FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J190175 006

Method: OCLP OLM04.2
Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g Date Received: 10/13/00

Work Order: DNESE1AC Date Extracted: 10/19/00

Dilution factor: 1 Date Analyzed: 10/25/00

Moisture %: 11

QC Batch: 0293489

Client Sample Id: PXS-16A

		CONCENTRATION UNITS:			
		CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg
		56-55-3	Benzo (a) anthracene	1370	I 2
		205-99-2	Benzo (b) f luoranthene	1370	I 5
I		50-32-8	Benzo (a) pyrene	1370	I 2
1		193-39-5	Indeno (1,2,3 -cd) pyrene	1370	I S

FORM I

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CUMMINGS-RITER CONSULTANTS INC

Lab Name;Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J190175 007

Method: OCLP OLM04.2
Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g ' Date Received: 10/19/00
Work Order: DNBSF1AC Date Extracted: 10/19/00
Dilution factor: 1 Date Analyzed: 10/25/00
Moisture %-.14

QC Batch: 0293489

Client Sample Id: PXS-17A

		CONCENTRATION UNITS:			
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg	Q	<i>AauO i</i> <i>*?T fif^M</i>
1 56-55-3	Benzo (a) anthracene	94		J	
1 205-99-2	Benzo (b) f luoranthene	12*		L J	
1 50-32-6	Benzo (a) pyrene	81		JJ.	
1 193-39-5	Indeno (1,2,3-cd) pyrene	151		J	

FORM I

STL Pittsburgh

CUMMINGS-RITER CONSULTANTS INC

ab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J190175 008

Method: OCLF OLM04.2
Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g Date Received: 10/19/00
Work Order: DNE5G1AC Date Extracted: 10/19/00
Dilution factor: 1 Date Analyzed: 10/25/00
Moisture %: 11

QC Batch: 0293489

Client Sample Id: PXS-18A

		CONCENTRATION UNITS:		Q	ChT* ^Λ _{tf} f00 Λ/
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg		
I 56-S5-3	Benzo (a) anthracene	12800			
I 205-99-2	Benzo (b) fluoranthene	te4Qfr	3k>o	%J>	
I 50-32-8	Benzo (a) pyrene	12600			
I 193-39-S	Indenotl. 2.3-cd) pyrene	11300			

FORM I

COMMINGS-RITER CONSULTANTS INC

Lab Name:Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID:C0J190175 009
Method: OCLP 0LM04.2
Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g •. Date Received: 10/19/00
Work Order: DNE5J1AC Date Extracted:10/19/00
Dilution factor: 1 Date Analyzed: 10/25/00
Moisture %:13

QC Batch: 0293469

Client Sample Id: DUP-5

CAS NO.		COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg		Q
I	56-55-3	Benzo (a) anthracene	1380		U
I	205-99-2	Benzo (b) fluoranthene	1380	J	uj
j	50-32-8	Benzo (a) pyrene	1380		
	193-39-5	Indeno (1,2,3 -cd) pyrene	1380	I	

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FORM I

CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: COJ120207 002

Method: OCLP OLM04.2
Semi-Volatile Organic Compounds - CLF (OLM04.2)

Sample WT/Vol: 30 / g Date Received: 10/12/00

Work Order: DM2G32AC Date Extracted: 10/18/00

Dilution factor: 2 Date Analyzed: 10/25/00

Moisture %: 14

QC Batch: 0292466

Client Sample Id: PXS-20 -RE 1

		CONCENTRATION UNITS:		Q	
CAS NO.	COMPOUND	(ug/L or ug/kg)	ug/kg		
1 108-95-2	Phenol	760		i	u
I 95-57-8	2-Chlorophenol	760		1	u
1 621-64-7	N-Nitrosodi-n-propylamine	1760		1	u
1 59-50-7	4-Chloro-3-ethylphenol	760		1	u
! 83-32-9	Acenaphthene	760		1	ul
1 100-02-7	4-Nitrophenol	11900		1	*l
i 121-14-2	2,4-Dinitrotoluene	760		1	ul
1 87-86-5	Pentachlorophenol	11900		1	u
I 129-00-0	Pyrene	230		13	1
I 56-55-3	Benzo(a)anthracene	150		13	1
205-99-2	Benzo(b)fluoranthene	210		la	1
t 50-32-8	Benzo(a)pyrene	150		U	1
1 193*39-5	Tricleno (1,2,3-cd) pyrene	120		1*	1



FORM I

STL Pittsburgh

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID: C0J200201 001

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/20/00

Work Order: DNHW61AC

Date Extracted: 10/22/00

Dilution factor: 1

Date Analyzed: 10/25/00

Moisture %: 11

QC Batch: 0295166

Client Sample Id: PXS-8A

CAS NO.	COMPOUND	CONCENTRATION UNITS:		Q	
		{uq/L or uq/kg}	uq/kg		
I 108-95-2	Phenol	1370	.	*	I
1 95-57-8	2 - Chlorophenol	370		U	I
1 621-64-7	N - Nitrosodi - n-propylamine	1370		U	I
1 59-50-7	4-Chloro-3-methylphenol	1370		U	I
I 83-32-9	Acenaphthene	1370		*	I
1 100-02-7	4-Nitrophenol	1930		ol	I
1 121-14-2	2,4-Dinitrotoluene	370		ul	I
1 87-86-5	Pentachlorophenol	1930		ol	I
I 129-00-0	Pyrene	410		1	I
! 56-55-3	Benzo (a) anthracene	(260	J	1	I
205-99-2	Benzo (b) fluoxanthene	230	J	1	I
1 50-32-8	Benzo (a) pyrene	1240	J	1	I
1 193-39-5	Inrieno (1,2,3 -cd) pyrene	130	J	I	I

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FORM I

COMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample H): COJ200201 002

Method: OCLP OLM04.2
Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g Date Received: 10/20/00

Work Order: DNHW71AC Date Extracted: 10/22/00

Dilution factor: 4 Date Analyzed: 10/25/00

Moisture %: 13

QC Batch: 0295166

Client Sample Id: PXS-9A

		CONCENTRATION UNITS:
CAS NO.	COMPOUND	(ug/L or ug/kcx) ug/kcy
56-55-3	Benzo (a) anthracene	17300
I 205-99-2	Benzo (b) fluoranthene	17300
50-32-8	Benzo (a) pyrene	6300
I 193-39-5	Indeno (1.2.3-cd) pyrene	14800

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11/30/00

CUMMINGS-RITER CONSULTANTS INC

Name: Severn Trent Laboratories, Inc.

SDG Number:

Matrix: (soil/water) SOLID

Lab Sample ID: C0J240227 001

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/24/00

work Order: DNNGDIAC

Date Extracted: 10/25/00

Dilution factor: 1

Date Analyzed: 10/26/00

Moisture %: 9.2

QC Batch: 0299576

Client Sample Id: PXS-21

CAS NO.	COMPOUND	CONCENTRATION UNITS:		Q
		(ug/L or ug/kg)	ug/kg	
108-95-2	Phenol	1360		
95-57-8	2-Chlorophenol	360		
621-64-7	N-Nitrosodi-n-propylamine	1360		
59-50-7	4-Chloro-3-methylphenol	1360		
83-32-9	Acenaphthene	360		
100-02-7	4-Nitrophenol	910		
121-14-2	2,4-Dinitrotoluene	1360		
87-86-5	2,4-Dinitrophenol	910		
129-00-0	2,4-Dinitrophenol	65		
56-55-8	Benzo(a)anthracene	1360		
205-99-2	Benzo(b)fluoranthene	44		
50-32-8	Benzo(a)pyrene	1360		
X93-39-S	Indeno(1,2,3-cd)pyrene	1360		

FORM I

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CUMMINGS-RITBR CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc, SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: C0J240227 002

Method: OCLP OLM04.2

Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/24/00

Work Order: DNNGPIAC

Date Extracted: 10/25/00

Dilution factor: 1

Date Analyzed: 10/26/00

Moisture %: 11

QC Batch: 0299576

Client Sample Id: PXS-22

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/kg) ug/kg
S6-55-3	Benzo (a) anthracene	98
I 205-99-2	Benzo(b)fluoranthene	<u>1140</u>
I 50-32-8	<u>Benzo(a)pyrene</u>	<u>1130</u>
193-39-5	<u>Indfino(1,2,3-cd)iaylene</u>	<u>1130</u>

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CUMMINGS-RITER CONSULTANTS INC

Lab Name: Severn Trent Laboratories, Inc. SDG Number:

Matrix: (soil/water) SOLID Lab Sample ID: COJ310132 001

Method: OCLP OLM04.2
Semi-Volatile Organic Compounds - CLP (OLM04.2)

Sample WT/Vol: 30 / g

Date Received: 10/31/00

Work Order: DN32F1AC

Date Extracted: 11/01/00

Dilution factor: 1

Date Analyzed: 11/03/00

Moisture %: 9.3

QC Batch: 0306129

Client Sample Id: PXS-9B

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ucr/kg) ug/kg		*	&
56-55-3	<u>Benzo (a) anthracene</u>	<u>1120</u>	li		
1 205-99-2	<u>Benzo (b) fluoranthene</u>	<u>160</u>			
f 50-32-8	<u>Benzo (a) pyrene</u>	<u>1140</u>			
193-39-5	<u>Tnrlenn (i, 2,3-cd) pyrene</u>	<u>94</u>			

FORM I

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STL-Pittsburgh
Metals Data Reporting Form

^Jferapie Results

Lab Sample ID: PLV97 Client ED: PXS-7
Matrix: Soil Units: mg/kg Prep Date: 10/12/00 Prep Batch: 0285293
Weight: 1.00 Volume: 200 Percent Moisture: 11.85

Element	WL/ Mass	IDL	Report Lh nit	Cone	<?	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	23	73		1	ICPST	10/13/00	10:27

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omments: Lot#: COJ100185 Sample #: 1 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DLV9F Client DO: PXS-8
Matrix: Soil Units: mg/kg Prep Date: 10/12/00 Prep Batch: 0285293
Weight 1.00 Volume: 200 Percent Moisture: 13.17

Element	WIV Mass	IDL	Report Limit	Cone	P	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	03	7.5		1	ICPST	10/13/00	10:31

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Comments: Lot #: CO J100185 Sample #: 2 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh

Metals Data Reporting Form

A* Sample Results

Lab Sample ID: **DLV9H** Client ID: **PXS-9**
 Matrix: **Soil** Units: **mg/kg** Prep Date: **10/12/00** Prep Batch: **0285293**
 Weight: **1.00** Volume: **200** Percent Moisture: **20.11**

Element	WL/ Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.53	US	21.0		1	ICPST	10/13/00	10:35



• Comments: Lot#:C0J100185 Sample #: 3 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM PQST-MEDUJM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DLV9K Client ID: PXS-10

Matrix: Soil Units: mg/kg Prep Date: 10/12/00 Prep Batch: 0285293

Weight: 1.00 Volume: 200 Percent Moisture: 11.52

Element	WLV Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	23	13.1		1	ICPST	10/13/00	10:39

Comments: Lottf: C0J100185 Sample**:4 COLOR:PRE-BROWN POST-BROWN TEXTURE:PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

Wmpie Results

Lab Sample ID: DLV9M Client H): PXS-11
Matrix: Soil Units: mg/kg Prep Date: 10/12/00 Prep Batch: 0285293
Weight: 1.00 Volume: 200 Percent Moisture: 13.02

Element	WL Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	23	41.9		1	ICPST	10/13/00	10:43

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STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DLV9P Client ID: PXS-12
Matrix: Soil Units: mg/kg Prep Date: 10/12/00 Prep Batch: 0285293
Weight: 1.00 Volume: 200 Percent Moisture: 10.07

Element	WL/ Mass	IDL	Report Limit	Cone	<?	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	2.2	80.3		1	ICPST	10/13/00	11:08

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Comments: Lot#: C0J100185 Sample #: 6 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

w l m pie Results

Lab Sample ID: DLV9R Client ID: DUP-4
Matrix: Soil Units: mg/kg Prep Date: 10/12/00 Prep Batch: 0285293
Weight: 1.00 Volume: 200 Percent Moisture: 12.03

Element	WL/ Mass	IDL	Report Limit	Cone	Q	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	23	7.6		1	icpsrr	10/13/00	11:12

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^Pfcomments: Lot#: C0J100185 Sample #: 7 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDKIM POST-
MEDIUM ARTIFACTS: STONES

Version 4.10.2

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STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DLV9W **Client DO:** EQB-1
Matrix: Water **Units:** ug/L **Prep Date:** 10/11/00 **Prep Batch:** 0285300
Weight: NA **Volume:** 100 **Percent Moisture:** NA

Element	WL/ Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	2.1	10.0	2.1	V	I	[CPST	10/13/00	11:58

Comments: Lot#:C0J10018S Sample**:.8 COLOR:PRE-COLORLESS POST-COLORLESS CLARITY:PRE-CLEAR
POST-CLEAR

STL-Pittsburgh

Metals Data Reporting Form

Sample Results

Lab Sample ID: DM2GW Client ID: PXS-19
Matrix: Soil Units: mg/kg Prep Date: 10/13/00 Prep Batch: 0287201
Weight: 1.00 Volume: 200 Percent Moisture: 12.68

Element	WIV Mass	IDL	Report Limit	Cone	Q *	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	Z3	7.7^	*	1	ICPST	10/16/00	11:17

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Comments: Lot #: COJ 120207 Sample #: 1 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DM2G3 Client ID: PXS-20
Matrix: Soil Units: mg/kg Prep Date: 10/13/00 Prep Batch: 0287201
Weight: 1.00 Volume: 200 Percent Moisture: 13.62

Element	WIV Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.49	[^] 3	8-2 [^]	*	1	ICPST	10/16700	11:33

Comments: Lot#:C0J12Q207 Sample**: 2 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

From pie Results

Lab Sample ID: DNE4R Client ID: PXS-11A
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 9.94

Element	WU Mass	IDL	Report Limit	Cone	<?	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	2.2	11.0^	N	1	ICPST	10/25/00	8:34

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Comments: Lot#: C0J190175 Sample #: 1 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MED1UM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DNE4S Client ID: PXS-12A
Matrix: Soil Units: mg/kg. Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 10.61

Element	WIV Mass	EDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	Z2	11.5/	N	1	ICPST	10/25/00	8:50

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Comments: Lot#:C0J190175 Samplc#:2 COLOR: PRE-BROWN POST-BROWN TEXTURE:PRE-MEPIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

^^Rmpie Results

Lab Sample ID: DNE48 Client ID: PXS-13A
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 9.93

Element	WL/ Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	XI	6.7j-	N	1	ICPST	10/25/00	8:54

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•Comments: Lot #: C0J190175 Sample #: 3 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DNE5A Client ED: PXS-14A
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 11.96

Element	Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	23	*Ss	N	1	ICPST	10/25/00	8:59

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Comments: Lot #:C0J190175 Sample #: 4 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDRJM POST-MEDIUM ARTIFACTS: STONES

Version 4.10.2

U Result is less than (he IDL

Form 1 Equivalent

STL Pittsburgh

2007

STL-Pittsburgh

Metals Data Reporting Form

Sample Results

Lab Sample ID: DNE5D Client ID: PXS-15A
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 10.79

Element	Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	2.2	5.4.7	N	1	ICPST	10/25/00	9:03

Comments: Lot#:C0J190175 Sample #: 5 COLOR: PRB-BROWN POST-BROWN TEXTURE: PRB-MEDIUM POST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DNE5E Client ED: PXS-16A
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 11.09

Element	WIV Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	23	4.7,	N	1	ICPST	10/25/00	9:16

Comments: Lot#: C0J190175 Sample #: 6 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEPKJM POST-MEDIUM ARTIFACTS: STONES

Version 4.10.2

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Form 1 Equivalent

STL-Pittsburgh

Metals Data Reporting Form

^^Bmpie Results

Lab Sample ID; DNE5F Client ID: PXS-17A
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 13.69

Element	WIV Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.49	23	5.8^	N	1	ICPST	10/25/00	9:20

mmments: Lot #: C0J190175 Sample #: 7 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

Version4.10.2

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Form 1 Equivalent

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DNE5G Client ID: PXS-18A
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 10.88

Element	WU Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	2.2	12^j.	N	1	ICPST	10/25/00	9:24

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Comments: Lot#: C0J190175 Sample #: 8 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

Version 4.10.2

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Form 1 Equivalent

STL-Pittsburgh
Metals Data Reporting Form

^Byrne Results

Lab Sample ID: DNE5J Client ID: DUP-5
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 **Prep Batch:** 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 12.83

Element	Mass	IDL	Report Limit	Cone	Q	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	23	5.6 j.	N	1	ICPST	10/25/00	9:28

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• mments: Lot#:C0J190175 Sample #: 9 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM PQST-MEDIUM ARTIFACTS: STONES

STL-Pittsburgh

Metals Data Reporting Form

Sample Results

Lab Sample ID: DNHW6 **Client ID:** PXS-8A
Matrix: Soil **Units:** mg/kg **Prep Date:** 10/20/00 **Prep Batch:** 0294381
Weight: 1.00 **Volume:** 200 **Percent Moisture:** 10.96

Element	WL/ Mass	IDL	Report Unit	Cone	Q	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	23	7.4,	N	1	ICPST	10/25/00	9:33

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Comments: Lot#: C0J200201 Sample #: 1 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

Version 4.102

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Form / Equivalent

STL-Pittsburgh
Metals Data Reporting Form

^Hgnrpie Results

Lab Sample ID: DNHW7 Client ID: PXS-9A
Matrix: Soil Units: mg/kg Prep Date: 10/20/00 Prep Batch: 0294381
Weight: 1.00 Volume: 200 Percent Moisture: 13.23

Element	WL/ Mass	IDL	Report Umit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.48	23	5.8^~	N	1	ICPST	10/25/00	9:37

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omments: Lot #: C0J200201 Sample #: 2 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES

Version4.10.2

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STL Pittsburgh

2014

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DNNGD Client ID: PXS-21
Matrix: Soil Units: mg/kg Prep Date: 10/25/00 Prep Batch: 0299184
Weight: 1.00 Volume: 200 Percent Moisture: 9.24

Element	WL/ Mass	BDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.46	2.2	6.4		1	ICPST	10/27/00	19:45

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Comments: Lot #: C0J24Q227 Sample #: 1 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM PQST-MEDIUM ARTIFACTS: STONES, PLANT MATERIAL

Version 4.10.2

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STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DNNGF Client ID: PXS-22
Matrix: Soil Units: mg/kg Prep Date: 10/25/00 Prep Batch: 0299184
Weight: 1.00 Volume: 200 Percent Moisture: 11.02

Element	WL/ Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anal Time
Arsenic	189.04	0.47	22	6.6		1	ICPST	10/27/00	20:10

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Comments: Lot #: C0J240227 Sample #: 2 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-MEDIUM ARTIFACTS: STONES, PLANT MATERIAL

Version 4.10.2

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STL Pittsburgh

2005

STL-Pittsburgh
Metals Data Reporting Form

Sample Results

Lab Sample ID: DN32F Client ID: PXS-9B
Matrix: Soil Units: mg/kg Prep Date: 11/2/00 Prep Batch: 0307123
Weight: 1.00 Volume: 200 Percent Moisture: 9.32

Element	WL/ Mass	IDL	Report Limit	Cone	9	DF	Instr	Anal Date	Anai Time
Arsenic	189.04	0.46	2.2	8.6	*	1	ICPST	11/6/00	17:42

Comments: Lot #:C0J310132 Sample #: 1 COLOR: PRE-BROWN POST-BROWN TEXTURE: PRE-MEDIUM POST-FINE ARTIFACTS: STONES

APPENDIX F

FIELD DESIGN CHANGE REQUEST FORMS

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ADDENDUM TO FIELD CHANGE REQUEST NO. 001
KENTUCKY AVENUE WELLFIELD SITE, OU3
HORSEHEADS, NEW YORK

Acceptance of the indicated field change is based upon the following addition conditions:

1. The decontamination pad is located immediately adjacent to the excavation area, which has been delineated by temporary construction fencing.
2. The excavator will not leave the excavation area or adjacent decontamination pad during the course of excavation work.
3. **Excavation equipment will be cleaned using mechanical methods until all loose soil materials have been removed from the excavation equipment**
4. The loose soil materials will be collected and consolidated with the excavated soils subject to offsite disposal.
5. Excavation equipment will be cleaned with pressure wash removed from the excavation area or decontamination pad (e.g. far demobilization).

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Signature

Date

APPENDIX G

AIR MONITORING DATA

ORGANIC VAPOR MONITORING RESULTS

Instrument MiniRAE 2000 (PGM7600) Serial Number 001596
 ser ID: 00000001 Site ID: Horsehd9
 Data Points: 1035 Gas Name: Isobutylene Sample Period: 10 sec
 Last Calibration Time: 09/28/2000 16:27

Measurement Type: Avg
 (ppm) Max(ppm)
 High Alarm Levels: 5 5
 Low Alarm Levels: 2.5 2.5

Line*	Date Time	Avg (ppm)	Max Alarm (ppm)	I Alarm	Line*	Date Time	Avg (ppm)	Max Alarm (ppm)	I Alarm
1	10/4/0010:50	0	0		38	10/4/00 10:56	0	0	
2	10/4/00 10:50	0	0		39	10/4/0010:56	0	0	
3	10/4/00 10:50	0	0		40	10/4/0010:56	0	0	
4	10/4/0010:50	0	0		41	10/4/00 10:56	0	0	
5	10/4/00 10:50	0	0		42	10/4/0010:56	0	0	
6	10/4/0010:50	0	0		43	10/4/0010:57	0	0	
7	10/4/00 10:51	0	0		44	10/4/0010:57	0	0	
8	10/4/0010:51	0	0		45	10/4/0010:57	0	0	
9	10/4/0010:51	0	0		46	10/4/0010:57	0	0	
10	10/4/0010:51	0	0		47	10/4/0010:57	0	0	
11	10/4/0010:51	0	0		48	10/4/0010:57	0	0	
12	10/4/00 10:51	0	0		49	10/4/00 10:58	0	0	
13	10/4/00 10:52	0	0		50	10/4/00 10:58	0	0	
14	10/4/0010:52	0	0		51	10/4/00 10:58	0	0	
15	10/4/00 10:52	0	0		52	10/4/0010:58	0	0	
16	10/4/0010:52	0	0		53	10/4/00 10:58	0	0	
17	10/4/00 10:52	0	0		54	10/4/00 10:58	0	0	
18	10/4/0010:52	0	0		55	10/4/0010:59	0	0	
19	10/4/0010:53	0	0		56	10/4/0010:59	0	0	
20	10/4/00 10:53	0	0		57	10/4/0010:59	0	0	
21	10/4/0010:53	0	0		58	10/4/0010:59	0	0	
22	10/4/0010:53	0	0		59	10/4/0010:59	0	0	
23	10/4/0010:53	0	0		60	10/4/0010:59	0	0	
24	10/4/0010:53	0	0		61	10/4/0011:00	0	0	
25	10/4/00 10:54	0	0		62	10/4/00 11:00	0	0	
26	10/4/00 10:54	0	0		63	10/4/0011:00	0	0	
27	10/4/00 10:54	0	0		64	10/4/0011:00	0	0	
28	10/4/00 10:54	0	0		65	10/4/0011:00	0	0	
29	10/4/0010:54	0	0		66	10/4/0011:00	0	0	
30	10/4/0010:54	0	0		67	10/4/00 11:01	0	0	
31	10/4/0010:55	0	0		68	10/4/0011:01	0	0	
32	10/4/00 10:55	0	0		69	10/4/0011:01	0	0	
33	10/4/0010:55	0	0		70	10/4/0011:01	0	0	
34	10/4/0010:55	0	0		71	10/4/0011:01	0	0	
35	10/4/0010:55	0	0		72	10/4/0011:01	0	0	
36	10/4/0010:55	0	0		73	10/4/0011:02	0	0	
37	10/4/0010:56	0	0		74	10/4/0011:02	0	0	

Instrument MiniRAE 2000 (PGM7600)

Serial Number. 001596

ser ID: 00000001 Site ID: Horseh12

Data Points: 117 Gas Name: Isobutylene Sample Period: 10 sec

Last Calibration Time: 09/28/2000 16:27

Measurement Type:	Min(ppm)	Avg(ppm)	Max(ppm)
High Alarm Levels:	5	5	5
Low Alarm Levels:	2.5	2.5	2.5

Line*	Date Time	Min(ppm)	Alarm	Avg(ppm)	Alarm	Max(ppm)	Alarm
1	10/5/00 8:34			0.4		4.6	L
2	10/5/00 8:34			0		0	
3	10/5/00 8:34			0		0	
4	10/5/00 8:34			0		0	
5	10/5/00 8:34			0		0	
6	10/5/00 8:34			0		0	
7	10/5/00 8:35			0		0	
8	10/5/00 8:35			0		0	
9	10/5/00 8:35			0		0	
10	10/5/00 8:35			0		0	
11	10/5/00 8:35			0		0	
12	10/5/00 8:35			0		0	
13	10/5/00 8:36			0		0	
14	10/5/00 8:36			0		0	
15	10/5/00 8:36			0		0	
16	10/5/00 8:36			0		0	
17	10/5/00 8:36			0		0	
18	10/5/00 8:36			0		0	
19	10/5/00 8:37			0		0	
20	10/5/00 8:37			0		0	
21	10/5/00 8:37			0		0	
22	10/5/00 8:37			0		0	
23	10/5/00 8:37			0		0	
24	10/5/00 8:37			0		0	
25	10/5/00 8:38			0		0	
26	10/5/00 8:38			0		0	
27	10/5/00 8:38			0		0	
28	10/5/00 8:38			0		0	
29	10/5/00 8:38			0		0	
30	10/5/00 8:38			0		0	
31	10/5/00 8:39			0		0	
32	10/5/00 8:39			0		0	
33	10/5/00 8:39			0		0	
34	10/5/00 8:39			0		0	
35	10/5/00 8:39			0		0	
36	10/5/00 8:39			0		0	
37	10/5/00 8:40			0		0	
38	10/5/00 8:40			0		0	

Instrument MiniRAE 2000 (PGM7600)

Serial Number 001596

User ID: 00000001 Site ID: Horseh13

Data Points: 60 Gas Name: Isobutylene Sample Period: 10 sec

Last Calibration Time: 09/28/2000 16:27

Measurement Type:	Min(ppm)	Avg(ppm)
High Alarm Levels:	5	5
Low Alarm Levels:	2.5	2.5

Line#	Date Time	Min(ppm)	Alarm	Avg(ppm)	Alarm	Max(ppm)
1	10/5/0010:43			0		0
2	10/5/0010:43			0.1		1.1
3	10/5/0010:43			0		0
4	10/5/00 10:43			0		0
5	10/5/00 10:43			0		0
6	10/5/0010:43			0		0
7	10/5/0010:44			0		0
8	10/5/0010:44			0		0
9	10/5/0010:44			0		0
10	10/5/00 10:44			0		0
11	10/5/0010:44			0		0
12	10/5/0010:44			0		0
13	10/5/00 10:45			0		0
14	10/5/00 10:45			0		0
15	10/5/0010:45			0		0
16	10/5/00 10:45			0		0
17	10/5/0010:45			0		0
18	10/5/0010:45			0		0
19	10/5/00 10:46			0		0
20	10/5/0010:46			0		0
21	10/5/00 10:46			0		0
22	10/5/0010:46			0		0
23	10/5/0010:46			0		0
24	10/5/0010:46			0		0
25	10/5/0010:47			0		0
26	10/5/00 10:47			0		0
27	10/5/0010:47			0		0
28	10/5/0010:47			0		0
29	10/5/0010:47			0		0
30	10/5/00 10:47			0		0
31	10/5/0010:48			0		0
32	10/5/0010:48			0		0
33	10/5/0010:48			0		0
34	10/5/0010:48			0		0
35	10/5/0010:48			0		0
36	10/5/00 10:48			0		0
37	10/5/0010:49			0		0
38	10/5/00 10:49			0		0

Instrument MiniRAE 2000 (PGM7600)

Serial Number 001596

ser ID: 00000001 Site ID: HorsehU

Data Points: 44 Gas Name: Isobutylene Sample Period: 10 sec

Last Calibration Time: 10/09/2000 11:10

Measurement Type:	Min(ppm)	Avg(ppm)	Max(ppm)
High Alarm Levels:	5	5	5
Low Alarm Levels:	2.5	2.5	2.5

Line#	Date Time	Min(ppm)	Alarm	Avg(ppm)	Alarm	Max(ppm)	Alarm
1	10/9/0011:12			0		0.2	
2	10/9/00 11:12			0		0.2	
3	10/9/00 11:12			0		0.1	
4	10/9/0011:12			0		0.2	
5	10/9/0011:12			0		0.1	
6	10/9/0011:12			0		0.2	
7	10/9/00 11:13			0.1		0.2	
8	10/9/0011:13			0		0.1	
9	10/9/0011:13			0		0.2	
10	10/9/0011:13			0		0.1	
11	10/9/00 11:13			0		0.1	
12	10/9/00 11:13			0		0.1	
13	10/9/00 11:14			0		0.1	
14	10/9/00 11:14			0		0.1	
15	10/9/00 11:14			0		0.2	
16	10/9/0011:14			0		0.1	
17	10/9/0011:14			0		0.2	
18	10/9/00 11:14			0		0.1	
19	10/9/0011:15			0.1		0.2	
20	10/9/00 11:15			0.1		0.2	
21	10/9/0011:15			0.1		0.2	
22	10/9/0011:15			0.		0.2	
23	10/9/00 11:15			0.1		0.2	
24	10/9/0011:15			0		0.2	
25	10/9/00 11:16			0		0.1	
26	10/9/0011:16			0		0.1	
27	10/9/0011:16			0		0.1	
28	10/9/0011:16			0		0.2	
29	10/9/00 11:16			0		0.1	
30	10/9/0011:16			0		0.2	
31	10/9/0011:17			0.1		0-2	
32	10/9/0011:17			0		0.1	
33	10/9/0011:17			0		0.2	
34	10/9/0011:17			0		0	
35	10/9/0011:17			0		0	
36	10/9/00 11:17			0		0	
37	10/9/0011:18			0		0	
38	10/9/0011:18			0		0	

Instrument: MiniRAE 2000 (PGM7600)

Serial Number: 001596

Reader ID: 00000001 Site ID: Horseh15

^ Data Points: 255 Gas Name: Isobutylene Sample Period: 10 sec

Last Calibration Time: 10/09/2000 11:10

Measurement Type:	Min(ppm)	Avg(ppm)
High Alarm Levels:	5	5
Low Alarm Levels:	2.5	2.5

Line#	Date Time	Min(ppm)	Alarm	Avg(ppm)	Alarm	Max(ppm)
1	10/9/0011:23			0		0
2	10/9/0011:23			0		0
3	10/9/0011:23			0		0
4	10/9/0011:23			0		0
5	10/9/00 11:23			0		0
6	10/9/0011:23			0		0
7	10/9/0011:24			0		0
8	10/9/0011:24			0		0
9	10/9/0011:24			0		0
10	10/9/0011:24			0		0
11	10/9/0011:24			0		0
12	10/9/00 11:24			0		0
13	10/9/00 11:25			0		0
m	14	10/9/00 11:25		0		0
W	15	10/9/00 11:25		0		0
	16	10/9/0011:25		0		0
	17	10/9/00 11:25		0		0
	18	10/9/00 11:25		0		0
	19	10/9/0011:26		0		0
	20	10/9/0011:26		0		0
	21	10/9/0011:26		0		0
	22	10/9/0011:26		0		0
	23	10/9/0011:26		0		0
	24	10/9/0011:26		0		0
	25	10/9/0011:27		0		0
	26	10/9/0011:27		0		0
	27	10/9/0011:27		0		0
	28	10/9/00 11:27		0		0
	29	10/9/0011:27		0		0
	30	10/9/0011:27		0		0
	31	10/9/0011:28		0		0
	32	10/9/0011:28		0		0
	33	10/9/0011:28		0		0
	34	10/9/0011:28		0		0
	35	10/9/0011:28		0		0
	36	10/9/0011:28		0		0
	37	10/9/0011:29		0		0
	38	10/9/0011:29		0		0

Instrument: MiniRAE 2000 (PGM7600) Serial Number 001596
^B^i ID: 00000001 Site ID: Horseh16
Data Points: 471 Gas Name: Isobutylene Sample Period: 10 sec
Last Calibration Time: 10/09/2000 11:10

Measurement Type:	Min(ppm)	Avg(ppm)	Max(ppm)
High Alarm Levels:	5	5	5
Low Alarm Levels:	2.5	2.5	2.5

Line#	Date Time	Min(ppm)	Alarm	Avg(ppm)	Alarm	Max(ppm)	Alarm

1	10/10/00 7:47			0		0.7	
2	10/10/00 7:47			0		0	
3	10/10/00 7:47			0		0	
4	10/10/00 7:47			0		0	
5	10/10/00 7:47			0		0	
6	10/10/00 7:47			0		0	
7	10/10/00 7:48			0		0	
8	10/10/00 7:48			0		0	
9	10/10/00 7:48			0		0	
10	10/10/00 7:48			0		0	
11	10/10/00 7:48			0		0	
12	10/10/00 7:48			0		0	
13	10/10/00 7:49			0		0	
	10/10/00 7:49			0		0	
15	10/10/00 7:49			0		0	
16	10/10/00 7:49			0		0	
17	10/10/00 7:49			0		0	
18	10/10/00 7:49			0		0	
19	10/10/00 7:50			0		0	
20	10/10/00 7:50			0		0	
21	10/10/00 7:50			0		0	
22	10/10/00 7:50			0		0	
23	10/10/00 7:50			0		0	
24	10/10/00 7:50			0		0	
25	10/10/00 7:51			0		0	
26	10/10/00 7:51			0		0	
27	10/10/00 7:51			0		0	
28	10/10/00 7:51			0		0	
29	10/10/00 7:51			0		0	
30	10/10/00 7:51			0		0	
31	10/10/00 7:52			0		0	
32	10/10/00 7:52			0		0	
33	10/10/00 7:52			0		0	
34	10/10/00 7:52			0		0	
35	10/10/00 7:52			0		0	
36	10/10/00 7:52			0		0	
37	10/10/00 7:53			0		0	
38	10/10/00 7:53			0		0	

DOWNWIND DUST MONITORING RESULTS

- R ID: Downwind Dust Monitor
 g Number 01
 Number of toggled points: 105
 Start time and date: 08:39:19 04-Oct
 Elapsed time: 00:17:30
 Logging period (sec): 10
 Calibration Factor (%): 100
 Max Display Concentration (mg/m3): 0.079
 Max DC time: 08:55:11 Oct 04
 Max STEL Concentration (mg/m3): 0.025
 Max STEL time: 08:56:49 Oct 04
 Overall AvgConc (mg/m3): 0.024

Point	Date	Time	Avg. Conc.(mg/m3)
1	4-Oct	08:39:29	0.012
2	4-Oct	08:39:39	0.03
3	4-Oct	08:39:49	0.019
4	4-Oct	08:39:59	0.015
5	4-Oct	08:40:09	0.015
6	4-Oct	08:40:19	0.017
7	4-Oct	08:40:29	0.016
8	4-Oct	08:40:39	0.016
9	4-Oct	08:40:49	0.016
10	4-Oct	08:40:59	0.017
11	4-Oct	08:41:09	0.02
12	4-Oct	08:41:19	0.019
13	4-Oct	08:41:29	0.017
14	4-Oct	08:41:39	0.017
15	4-Oct	08:41:49	0.02
16	4-Oct	08:41:59	0.025
17	4-Oct	08:42:09	0.019
18	4-Oct	08:42:19	0.017
19	4-Oct	08:42:29	0.02
20	4-Oct	08:42:39	0.023
21	4-Oct	08:42:49	0.016
22	4-Oct	08:42:59	0.016
23	4-Oct	08:43:09	0.019
24	4-Oct	08:43:19	0.016
25	4-Oct	08:43:29	0.018
26	4-Oct	08:43:39	0.017
27	4-Oct	08:43:49	0.022
28	4-Oct	08:43:59	0.019
29	4-Oct	08:44:09	0.021
30	4-Oct	08:44:19	0.019
31	4-Oct	08:44:29	0.022
32	4-Oct	08:44:39	0.022
33	4-Oct	08:44:49	0.021
34	4-Oct	08:44:59	0.02
35	4-Oct	08:45:09	0.02



ID: Downwind Dust Monitor

Number: 01

Number of logged points: 102

Start time and date: 08:16:37 05-Oct

Elapsed time: 00:17:00

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.105

Max DC time: 08:33:46 Oct 05

Max STEL Concentration (mg/m3): 0.023

Max STEL time: 08:31:37 Oct 05

Overall AvgConc (mg/m3): 0.024

Point	Date	Time	Avg. Conc.(mg/m3)
1	5-Oct	08:16:47	0.022
2	5-Oct	08:16:57	0.027
3	5-Oct	08:17:07	0.022
4	5-Oct	08:17:17	0.016
5	5-Oct	08:17:27	0.02
6	5-Oct	08:17:37	0.02
7	5-Oct	08:17:47	0.019
8	5-Oct	08:17:57	0.02
9	5-Oct	08:18:07	0.02
10	5-Oct	08:18:17	0.022
11	5-Oct	08:18:27	0.023
12	5-Oct	08:18:37	0.018
13	5-Oct	08:18:47	0.018
14	5-Oct	08:18:57	0.023
15	5-Oct	08:19:07	0.019
16	5-Oct	08:19:17	0.02
17	5-Oct	08:19:27	0.02
18	5-Oct	08:19:37	0.017
19	5-Oct	08:19:47	0.017
20	5-Oct	08:19:57	0.019
21	5-Oct	08:20:07	0.02
22	5-Oct	08:20:17	0.021
23	5-Oct	08:20:27	0.02
24	5-Oct	08:20:37	0.019
25	5-Oct	08:20:47	0.017
26	5-Oct	08:20:57	0.021
27	5-Oct	08:21:07	0.027
28	5-Oct	08:21:17	0.018
29	5-Oct	08:21:27	0.019
30	5-Oct	08:21:37	0.024
31	5-Oct	08:21:47	0.022
32	5-Oct	08:21:57	0.027
33	5-Oct	08:22:07	0.027
34	5-Oct	08:22:17	0.022
35	5-Oct	08:22:27	0.024

R ID: Downwind Dust Monitor

g Number. 03

Number of logged points: 107

Start time and date: 11:21:25 09-Oct

Elapsed time: 00:17:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.014

Max DC time: 11:21:59 Oct 09

Max STEL Concentration (mg/m3): 0.004

Max STEL time: 11:37:25 Oct 09

Overall AvgConc (mg/m3): 0.003

Point	Date	Time	Avg. Conc.(mg/m3)
1	9-Oct	11:21:35	0.004
2	9-Oct	11:21:45	0.006
3	9-Oct	11:21:55	0.012
4	9-Oct	11:22:05	0.009
5	9-Oct	11:22:15	0.012
6	9-Oct	11:22:25	0.002
7	9-Oct	11:22:35	0.005
8	9-Oct	11:22:45	0.003
9	9-Oct	11:22:55	0.003
10	9-Oct	11:23:05	0.005
11	9-Oct	11:23:15	0.004
12	9-Oct	11:23:25	0.006
13	9-Oct	11:23:35	0.004
14	9-Oct	11:23:45	0.007
15	9-Oct	11:23:55	0.005
16	9-Oct	11:24:05	0.005
17	9-Oct	11:24:15	0.005
18	9-Oct	11:24:25	0.004
19	9-Oct	11:24:35	0.006
20	9-Oct	11:24:45	0.006
21	9-Oct	11:24:55	0.004
22	9-Oct	11:25:05	0.004
23	9-Oct	11:25:15	0.005
24	9-Oct	11:25:25	0.005
25	9-Oct	11:25:35	0.003
26	9-Oct	11:25:45	0.004
27	9-Oct	11:25:55	0.004
28	9-Oct	11:26:05	0.004
29	9-Oct	11:26:15	0.003
30	9-Oct	11:26:25	0.005
31	9-Oct	11:26:35	0.005
32	9-Oct	11:26:45	0.005
33	9-Oct	11:26:55	0.005
34	9-Oct	11:27:05	0.005
35	9-Oct	11:27:15	0.005

- R ID: Downwind Dust Monitor
 g Number 04
 Number of logged points: 175
 Start time and date: 08:01:28 10-Oct
 Elapsed time: 00:29:10
 Logging period (sec): 10
 Calibration Factor (%): 100
 Max Display Concentration (mg/m3): 0.062
 Max DC time: 08:03:59 Oct 10
 Max STEL Concentration (mg/m3): 0.012
 Max STEL time: 08:27:58 Oct 10
 Overall AvgConc (mg/m3): 0.011

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	08:01:38	0.011
2	10-Oct	08:01:48	0.006
3	10-Oct	08:01:58	0.008
4	10-Oct	08:02:08	0.009
5	10-Oct	08:02:18	0.018
6	10-Oct	08:02:28	0.009
7	10-Oct	08:02:38	0.013
8	10-Oct	08:02:48	0.007
9	10-Oct	08:02:58	0.007
10	10-Oct	08:03:08	0.005
11	10-Oct	08:03:18	0.012
12	10-Oct	08:03:28	0.005
13	10-Oct	08:03:38	0.006
14	10-Oct	08:03:48	0.008
15	10-Oct	08:03:58	0.061
16	10-Oct	08:04:08	0.006
17	10-Oct	08:04:18	0.004
18	10-Oct	08:04:28	0.01
19	10-Oct	08:04:38	0.018
20	10-Oct	08:04:48	0.012
21	10-Oct	08:04:58	0.013
22	10-Oct	08:05:08	0.008
23	10-Oct	08:05:18	0.009
24	10-Oct	08:05:28	0.006
25	10-Oct	08:05:38	0.007
26	10-Oct	08:05:48	0.008
27	10-Oct	08:05:58	0.005
28	10-Oct	08:06:08	0.007
29	10-Oct	08:06:18	0.006
30	10-Oct	08:06:28	0.008
31	10-Oct	08:06:38	0.009
32	10-Oct	08:06:48	0.01
33	10-Oct	08:06:58	0.007
34	10-Oct	08:07:08	0.051
35	10-Oct	08:07:18	0.016

R ID: Downwind Dust Monitor

g Number 05

Number of logged points: 140

Start time and date: 08:31:17 10-Oct

Elapsed time: 00:23:20

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration {mg/m3}: 0.050

Max DC time: 08:46:04 Oct 10

Max STEL Concentration (mg/m3): 0.017

Max STEL time: 08:54:17 Oct 10

Overall AvgConc (mg/m3): 0.016

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	08:31:27	0.007
2	10-Oct	08:31:37	0.008
3	10-Oct	08:31:47	0.015
4	10-Oct	08:31:57	0.017
5	10-Oct	08:32:07	0.008
6	10-Oct	08:32:17	0.01
7	10-Oct	08:32:27	0.015
8	10-Oct	08:32:37	0.009
9	10-Oct	08:32:47	0.011
10	10-Oct	08:32:57	0.016
11	10-Oct	08:33:07	0.012
12	10-Oct	08:33:17	0.015
13	10-Oct	08:33:27	0.01
14	10-Oct	08:33:37	0.014
15	10-Oct	08:33:47	0.014
16	10-Oct	08:33:57	0.029
17	10-Oct	08:34:07	0.011
18	10-Oct	08:34:17	0.019
19	10-Oct	08:34:27	0.031
20	10-Oct	08:34:37	0.009
21	10-Oct	08:34:47	0.016
22	10-Oct	08:34:57	0.012
23	10-Oct	08:35:07	0.013
24	10-Oct	08:35:17	0.009
25	10-Oct	08:35:27	0.008
26	10-Oct	08:35:37	0.008
27	10-Oct	08:35:47	0.011
28	10-Oct	08:35:57	0.011
29	10-Oct	08:36:07	0.009
30	10-Oct	08:36:17	0.009
31	10-Oct	08:36:27	0.01
32	10-Oct	08:36:37	0.01
33	10-Oct	08:36:47	0.011
34	10-Oct	08:36:57	0.012
35	10-Oct	08:37:07	0.01



ID: Downwind Dust Monitor

Number. 06

Number of logged points: 497

Start time and date: 08:55:07 10-Oct

Elapsed time: 01:22:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.059

Max DC time: 09:17:26 Oct 10

Max STEL Concentration (mg/m3): 0.016

Max STEL time: 09:25:07 Oct 10

Overall AvgConc (mg/m3): 0.013

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	08:55:17	0.027
2	10-Oct	08:55:27	0.02
3	10-Oct	08:55:37	0.034
4	10-Oct	08:55:47	0.021
5	10-Oct	08:55:57	0.022
6	10-Oct	08:56:07	0.025
7	10-Oct	08:56:17	0.019
8	10-Oct	08:56:27	0.022
9	10-Oct	08:56:37	0.017
10	10-Oct	08:56:47	0.019
11	10-Oct	08:56:57	0.024
12	10-Oct	08:57:07	0.016
13	10-Oct	08:57:17	0.016
14	10-Oct	08:57:27	0.015
15	10-Oct	08:57:37	0.016
16	10-Oct	08:57:47	0.015
17	10-Oct	08:57:57	0.019
18	10-Oct	08:58:07	0.014
19	10-Oct	08:58:17	0.012
20	10-Oct	08:58:27	0.014
21	10-Oct	08:58:37	0.013
22	10-Oct	08:58:47	0.013
23	10-Oct	08:58:57	0.018
24	10-Oct	08:59:07	0.017
25	10-Oct	08:59:17	0.038
26	10-Oct	08:59:27	0.022
27	10-Oct	08:59:37	0.024
28	10-Oct	08:59:47	0.024
29	10-Oct	08:59:57	0.025
30	10-Oct	09:00:07	0.028
31	10-Oct	09:00:17	0.027
32	10-Oct	09:00:27	0.018
33	10-Oct	09:00:37	0.018
34	10-Oct	09:00:47	0.014
35	10-Oct	09:00:57	0.01

R ID: Downwind Dust Monitor

g Number 07

Number of logged points: 270

Start time and date: 12:41:31 10-Oct

Elapsed time: 00:45:00

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.078

Max DC time: 13:19:45 Oct 10

Max STEL Concentration (mg/m3): 0.013

Max STEL time: 13:25:31 Oct 10

Overall AvgConc (mg/m3): 0.011

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	12:41:41	0.009
2	10-Oct	12:41:51	0.009
3	10-Oct	12:42:01	0.009
4	10-Oct	12:42:11	0.007
5	10-Oct	12:42:21	0.008
6	10-Oct	12:42:31	0.012
7	10-Oct	12:42:41	0.012
8	10-Oct	12:42:51	0.009
9	10-Oct	12:43:01	0.012
10	10-Oct	12:43:11	0.015
11	10-Oct	12:43:21	0.012
12	10-Oct	12:43:31	0.016
13	10-Oct	12:43:41	0.009
14	10-Oct	12:43:51	0.008
15	10-Oct	12:44:01	0.009
16	10-Oct	12:44:11	0.008
17	10-Oct	12:44:21	0.009
18	10-Oct	12:44:31	0.009
19	10-Oct	12:44:41	0.01
20	10-Oct	12:44:51	0.01
21	10-Oct	12:45:01	0.011
22	10-Oct	12:45:11	0.011
23	10-Oct	12:45:21	0.01
24	10-Oct	12:45:31	0.009
25	10-Oct	12:45:41	0.009
26	10-Oct	12:45:51	0.009
27	10-Oct	12:46:01	0.009
28	10-Oct	12:46:11	0.008
29	10-Oct	12:46:21	0.01
30	10-Oct	12:46:31	0.012
31	10-Oct	12:46:41	0.009
32	10-Oct	12:46:51	0.009
33	10-Oct	12:47:01	0.009
34	10-Oct	12:47:11	0.009
35	10-Oct	12:47:21	0.009

R ID: Downwind Dust Monitor

g Number 08

Number of logged points: 536

Start time and date: 13:27:04 10-Oct

Elapsed time: 01:29:20

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.261

Max DC time: 13:31:34 Oct 10

Max STEL Concentration (mg/m3): 0.016

Max STEL time: 13:41:04 Oct 10

Overall AvgConc (mg/m3): 0.011

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	13:27:14	0.009
2	10-Oct	13:27:24	0.012
3	10-Oct	13:27:34	0.061
4	10-Oct	13:27:44	0.011
5	10-Oct	13:27:54	0.014
6	10-Oct	13:28:04	0.011
7	10-Oct	13:28:14	0.012
8	10-Oct	13:28:24	0.01
9	10-Oct	13:28:34	0.013
10	10-Oct	13:28:44	0.012
11	10-Oct	13:28:54	0.021
12	10-Oct	13:29:04	0.013
13	10-Oct	13:29:14	0.012
14	10-Oct	13:29:24	0.017
15	10-Oct	13:29:34	0.014
16	10-Oct	13:29:44	0.015
17	10-Oct	13:29:54	0.011
18	10-Oct	13:30:04	0.024
19	10-Oct	13:30:14	0.016
20	10-Oct	13:30:24	0.015
21	10-Oct	13:30:34	0.012
22	10-Oct	13:30:44	0.011
23	10-Oct	13:30:54	0.011
24	10-Oct	13:31:04	0.011
25	10-Oct	13:31:14	0.011
26	10-Oct	13:31:24	0.011
27	10-Oct	13:31:34	0.261
28	10-Oct	13:31:44	0.085
29	10-Oct	13:31:54	0.01
30	10-Oct	13:32:04	0.033
31	10-Oct	13:32:14	0.024
32	10-Oct	13:32:24	0.013
33	10-Oct	13:32:34	0.01
34	10-Oct	13:32:44	0.013
35	10-Oct	13:32:54	0.021

^ ^ K ID: Downwind Dust Monitor
 ^ B R Number 01,
 Number of logged points: 120
 Start time and date: 07:09:22 11 -Oct
 Elapsed time: 00:20:00
 Logging period (sec): 10
 Calibration Factor (%): 100
 Max Display Concentration (mg/m3): 0.154
 Max DC time: 07:29:06 Oct 11
 Max STEL Concentration (mg/m3): 0.028
 Max STEL time: 07:29:22 Oct 11
 Overall AvgConc (mg/m3): 0.028

Point	Date	Time	Avg. Conc.(mg/m3)
1	11-Oct	07:09:32	0.028
2	11-Oct	07:09:42	0.025
3	11-Oct	07:09:52	0.016
4	11-Oct	07:10:02	0.015
5	11-Oct	07:10:12	0.022
6	11-Oct	07:10:22	0.025
7	11-Oct	07:10:32	0.019
8	11-Oct	07:10:42	0.023
9	11-Oct	07:10:52	0.017
10	11-Oct	07:11:02	0.021
11	11-Oct	07:11:12	0.02
12	11-Oct	07:11:22	0.014
13	11-Oct	07:11:32	0.018
14	11-Oct	07:11:42	0.026
15	11-Oct	07:11:52	0.019
16	11-Oct	07:12:02	0.024
17	11-Oct	07:12:12	0.027
18	11-Oct	07:12:22	0.024
19	11-Oct	07:12:32	0.03
20	11-Oct	07:12:42	0.04
21	11-Oct	07:12:52	0.056
22	11-Oct	07:13:02	0.026
23	11-Oct	07:13:12	0.023
24	11-Oct	07:13:22	0.022
25	11-Oct	07:13:32	0.026
26	11-Oct	07:13:42	0.023
27	11-Oct	07:13:52	0.022
28	11-Oct	07:14:02	0.029
29	11-Oct	07:14:12	0.035
30	11-Oct	07:14:22	0.021
31	11-Oct	07:14:32	0.039
32	11-Oct	07:14:42	0.027
33	11-Oct	07:14:52	0.022
34	11-Oct	07:15:02	0.034
35	11-Oct	07:15:12	0.033



R ID: Downwind Dust Monitor

g Number 03

Number of logged points: 215

Start time and date: 07:29:44 11-Oct

Elapsed time: 00:35:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.302

Max DC time: 07:44:10 Oct 11

Max STEL Concentration <mg/m3>: 0.045

Max STEL time: 08:05:14 Oct 11

Overall AvgConc (mg/m3): 0.041

Point	Date	Time	Avg. Conc.(mg/m3)
1	11-Oct	07:29:54	0.016
2	11-Oct	07:30:04	0.011
3	11-Oct	07:30:14	0.029
4	11-Oct	07:30:24	0.028
5	11-Oct	07:30:34	0.108
6	11-Oct	07:30:44	0.05
7	11-Oct	07:30:54	0.041
8	11-Oct	07:31:04	0.023
9	11-Oct	07:31:14	0.024
10	11-Oct	07:31:24	0.03
11	11-Oct	07:31:34	0.03
12	11-Oct	07:31:44	0.034
13	11-Oct	07:31:54	0.047
14	11-Oct	07:32:04	0.033
15	11-Oct	07:32:14	0.03
16	11-Oct	07:32:24	0.035
17	11-Oct	07:32:34	0.03
18	11-Oct	07:32:44	0.032
19	11-Oct	07:32:54	0.058
20	11-Oct	07:33:04	0.032
21	11-Oct	07:33:14	0.045
22	11-Oct	07:33:24	0.028
23	11-Oct	07:33:34	0.03
24	11-Oct	07:33:44	0.047
25	11-Oct	07:33:54	0.027
26	11-Oct	07:34:04	0.028
27	11-Oct	07:34:14	0.033
28	11-Oct	07:34:24	0.047
29	11-Oct	07:34:34	0.032
30	11-Oct	07:34:44	0.043
31	11-Oct	07:34:54	0.037
32	11-Oct	07:35:04	0.033
33	11-Oct	07:35:14	0.03
34	11-Oct	07:35:24	0.03
35	11-Oct	07:35:34	0.03

DR ID: Downwind Dust Monitor

ag Number 04

Number of logged points: 482

Start time and date: 08:05:53 11-Oct

Elapsed time: 01:20:20

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.143

Max DC time: 09:08:47 Oct 11

Max STEL Concentration (mg/m3): 0.060

Max STEL time: 08:21:53 Oct 11

Overall AvgConc (mg/m3): 0.025

Point	Date	Time	Avg. Conc.(mg/m3)
1	11-Oct	08:06:03	0.056
2	11-Oct	08:06:13	0.086
3	11-Oct	08:06:23	0.051
4	11-Oct	08:06:33	0.048
5	11-Oct	08:06:43	0.045
6	11-Oct	08:06:53	0.043
7	11-Oct	08:07:03	0.052
8	11-Oct	08:07:13	0.045
9	11-Oct	08:07:23	0.054
10	11-Oct	08:07:33	0.05
11	11-Oct	08:07:43	0.062
12	11-Oct	08:07:53	0.052
13	11-Oct	08:08:03	0.059
14	11-Oct	08:08:13	0.049
15	11-Oct	08:08:23	0.052
16	11-Oct	08:08:33	0.05
17	11-Oct	08:08:43	0.054
18	11-Oct	08:08:53	0.057
19	11-Oct	08:09:03	0.045
20	11-Oct	08:09:13	0.106
21	11-Oct	08:09:23	0.056
22	11-Oct	08:09:33	0.055
23	11-Oct	08:09:43	0.056
24	11-Oct	08:09:53	0.053
25	11-Oct	08:10:03	0.068
26	11-Oct	08:10:13	0.061
27	11-Oct	08:10:23	0.073
28	11-Oct	08:10:33	0.064
29	11-Oct	08:10:43	0.07
30	11-Oct	08:10:53	0.07
31	11-Oct	08:11:03	0.068
32	11-Oct	08:11:13	0.067
33	11-Oct	08:11:23	0.061
34	11-Oct	08:11:33	0.07
35	11-Oct	08:11:43	0.093

DR ID: Downwind Dust Monitor

Tag Number. 05

Number of logged points: 440

Start time and date: 09:26:36 11-Oct

Elapsed time: 01:13:20

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.252

Max DC time: 10:21:56 Oct 11

Max STEL Concentration (mg/m3): 0.044

Max STEL time: 09:58:36 Oct 11

Overall AvgConc (mg/m3): 0.025

Point	Date	Time	Avg. Conc.(mg/m3)
1	11-Oct	09:26:46	0.025
2	11-Oct	09:26:56	0.039
3	11-Oct	09:27:06	0.07
4	11-Oct	09:27:16	0.021
5	11-Oct	09:27:26	0.046
6	11-Oct	09:27:36	0.018
7	11-Oct	09:27:46	0.035
8	11-Oct	09:27:56	0.018
9	11-Oct	09:28:06	0.028
10	11-Oct	09:28:16	0.036
11	11-Oct	09:28:26	0.069
12	11-Oct	09:28:36	0.069
13	11-Oct	09:28:46	0.04
14	11-Oct	09:28:56	0.017
15	11-Oct	09:29:06	0.06
16	11-Oct	09:29:16	0.009
17	11-Oct	09:29:26	0.025
18	11-Oct	09:29:36	0.026
19	11-Oct	09:29:46	0.032
20	11-Oct	09:29:56	0.016
21	11-Oct	09:30:06	0.024
22	11-Oct	09:30:16	0.021
23	11-Oct	09:30:26	0.019
24	11-Oct	09:30:36	0.009
25	11-Oct	09:30:46	0.024
26	11-Oct	09:30:56	0.014
27	11-Oct	09:31:06	0.06
28	11-Oct	09:31:16	0.027
29	11-Oct	09:31:26	0.011
30	11-Oct	09:31:36	0.022
31	11-Oct	09:31:46	0.012
32	11-Oct	09:31:56	0.008
33	11-Oct	09:32:06	0.007
34	11-Oct	09:32:16	0.059
35	11-Oct	09:32:26	0.019

DR ID: Downwind Dust Monitor

ag Number 06

Number of logged points: 436

Start time and date: 07:13:58 12-Oct

Elapsed time: 01:12:40

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.579

Max DC time: 07:55:58 Oct 12

Max STEL Concentration (mg/m3): 0.027

Max STEL time: 08:26:28 Oct 12

Overall AvgConc (mg/m3): 0.021

Point	Date	Time	Avg. Conc.(mg/m3)
1	12-Oct	07:14:08	0.019
2	12-Oct	07:14:18	0.022
3	12-Oct	07:14:28	0.021
4	12-Oct	07:14:38	0.019
5	12-Oct	07:14:48	0.023
6	12-Oct	07:14:58	0.02
7	12-Oct	07:15:08	0.022
8	12-Oct	07:15:18	0.02
9	12-Oct	07:15:28	0.024
10	12-Oct	07:15:38	0.018
11	12-Oct	07:15:48	0.044
12	12-Oct	07:15:58	0.026
13	12-Oct	07:16:08	0.025
14	12-Oct	07:16:18	0.027
15	12-Oct	07:16:28	0.026
16	12-Oct	07:16:38	0.024
17	12-Oct	07:16:48	0.023
18	12-Oct	07:16:58	0.023
19	12-Oct	07:17:08	0.031
20	12-Oct	07:17:18	0.021
21	12-Oct	07:17:28	0.023
22	12-Oct	07:17:38	0.027
23	12-Oct	07:17:48	0.063
24	12-Oct	07:17:58	0.053
25	12-Oct	07:18:08	0.022
26	12-Oct	07:18:18	0.023
27	12-Oct	07:18:28	0.045
28	12-Oct	07:18:38	0.068
29	12-Oct	07:18:48	0.066
30	12-Oct	07:18:58	0.023
31	12-Oct	07:19:08	0.036
32	12-Oct	07:19:18	0.032
33	12-Oct	07:19:28	0.035
34	12-Oct	07:19:38	0.045
35	12-Oct	07:19:48	0.029

R ID: Downwind Dust Monitor

g Number. 03

Number of logged points: 283

Start time and date: 12:20:37 19-Oct

Elapsed time: 00:47:10

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.209

Max DC time: 12:48:40 Oct 19

Max STEL Concentration (mg/m3): 0.024

Max STEL time: 12:57:07 Oct 19

Overall AvgConc (mg/m3): 0.009

Point	Date	Time	Avg. Conc.(mg/m3)
1	19-Oct	12:20:47	0
2	19-Oct	12:20:57	0.017
3	19-Oct	12:21:07	0
4	19-Oct	12:21:17	0.02
5	19-Oct	12:21:27	0
6	19-Oct	12:21:37	0
7	19-Oct	12:21:47	0
8	19-Oct	12:21:57	0
9	19-Oct	12:22:07	0
10	19-Oct	12:22:17	0.001
11	19-Oct	12:22:27	0
12	19-Oct	12:22:37	0
13	19-Oct	12:22:47	0
14	19-Oct	12:22:57	0
15	19-Oct	12:23:07	0
16	19-Oct	12:23:17	0
17	19-Oct	12:23:27	0.002
18	19-Oct	12:23:37	0
19	19-Oct	12:23:47	0
20	19-Oct	12:23:57	0.003
21	19-Oct	12:24:07	0.009
22	19-Oct	12:24:17	0
23	19-Oct	12:24:27	0.001
24	19-Oct	12:24:37	0
25	19-Oct	12:24:47	0
26	19-Oct	12:24:57	0
27	19-Oct	12:25:07	0.006
28	19-Oct	12:25:17	0.007
29	19-Oct	12:25:27	0.003
30	19-Oct	12:25:37	0
31	19-Oct	12:25:47	0
32	19-Oct	12:25:57	0
33	19-Oct	12:26:07	0
34	19-Oct	12:26:17	0.001
35	19-Oct	12:26:27	0



R ID: Downwind Dust Monitor

g Number: 03

Number of logged points: 112

Start time and date: 08:05:57 20-Oct

Elapsed time: 00:18:40

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.415

Max DC time: 08:18:55 Oct 20

Max STEL Concentration (mg/m3): 0.119

Max STEL time: 08:20:57 Oct 20

Overall AvgConc (mg/m3): 0.108

Point	Date	Time	Avg. Conc.(mg/m3)
1	20-Oct	08:06:07	0.37
2	20-Oct	08:06:17	0.181
3	20-Oct	08:06:27	0.154
4	20-Oct	08:06:37	0.235
5	20-Oct	08:06:47	0.122 *
6	20-Oct	08:06:57	0.084
7	20-Oct	08:07:07	0.135
8	20-Oct	08:07:17	0.174
9	20-Oct	08:07:27	0.035
10	20-Oct	08:07:37	0.022
11	20-Oct	08:07:47	0.047
12	20-Oct	08:07:57	0.121
13	20-Oct	08:08:07	0.014
14	20-Oct	08:08:17	0.015
15	20-Oct	08:08:27	0.296
16	20-Oct	08:08:37	0.371
17	20-Oct	08:08:47	0.279
18	20-Oct	08:08:57	0.228
19	20-Oct	08:09:07	0.063
20	20-Oct	08:09:17	0.135
21	20-Oct	08:09:27	0.214
22	20-Oct	08:09:37	0.065
23	20-Oct	08:09:47	0.058
24	20-Oct	08:09:57	0.062
25	20-Oct	08:10:07	0.019
26	20-Oct	08:10:17	0.095
27	20-Oct	08:10:27	0.042
28	20-Oct	08:10:37	0.01
29	20-Oct	08:10:47	0.013
30	20-Oct	08:10:57	0.015
31	20-Oct	08:11:07	0.02
32	20-Oct	08:11:17	0.032
33	20-Oct	08:11:27	0.015
34	20-Oct	08:11:37	0.013
35	20-Oct	08:11:47	0.014

DR ID: Downwind Dust Monitor

Tag Number: 06

Number of logged points: 119

Start time and date: 07:39:29 23-Oct

Elapsed time: 00:19:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.037

Max DC time: 07:50:45 Oct 23

Max STEL Concentration (mg/m3): 0.001

Max STEL time: 07:58:59 Oct 23

Overall AvgConc (mg/m3): 0.001

Point	Date	Time	Avg. Conc.(mg/m3)
1	23-Oct	07:39:39	0
2	23-Oct	07:39:49	0.001
3	23-Oct	07:39:59	0
4	23-Oct	07:40:09	0
5	23-Oct	07:40:19	0
6	23-Oct	07:40:29	0
7	23-Oct	07:40:39	0
8	23-Oct	07:40:49	0
9	23-Oct	07:40:59	0.013
10	23-Oct	07:41:09	0
11	23-Oct	07:41:19	0
12	23-Oct	07:41:29	0
13	23-Oct	07:41:39	0.001
14	23-Oct	07:41:49	0.001
15	23-Oct	07:41:59	0
16	23-Oct	07:42:09	0
17	23-Oct	07:42:19	0
18	23-Oct	07:42:29	0
19	23-Oct	07:42:39	0.001
20	23-Oct	07:42:49	0.015
21	23-Oct	07:42:59	0
22	23-Oct	07:43:09	0
23	23-Oct	07:43:19	0
24	23-Oct	07:43:29	0.001
25	23-Oct	07:43:39	0
26	23-Oct	07:43:49	0
27	23-Oct	07:43:59	0.01
28	23-Oct	07:44:09	0
29	23-Oct	07:44:19	0
30	23-Oct	07:44:29	0
31	23-Oct	07:44:39	0
32	23-Oct	07:44:49	0
33	23-Oct	07:44:59	0
34	23-Oct	07:45:09	0
35	23-Oct	07:45:19	0

DR ID: Downwind Dust Monitor

ag Number 07

Number of logged points: 251

Start time and date: 07:59:34 23-Oct

Elapsed time: 00:41:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.314

Max DC time: 08:11:58 Oct 23

Max STEL Concentration (mg/m3): 0.014

Max STEL time: 08:25:34 Oct 23

Overall AvgConc (mg/m3): 0.011

Point	Date	Time	Avg. Conc.(mg/m3)
1	23-Oct	07:59:44	0.001
2	23-Oct	07:59:54	0.008
3	23-Oct	08:00:04	0.006
4	23-Oct	08:00:14	0.035
5	23-Oct	08:00:24	0.085
6	23-Oct	08:00:34	0.015
7	23-Oct	08:00:44	0.014
8	23-Oct	08:00:54	0.003
9	23-Oct	08:01:04	0.001
10	23-Oct	08:01:14	0.005
11	23-Oct	08:01:24	0.009
12	23-Oct	08:01:34	0.006
13	23-Oct	08:01:44	0.002
14	23-Oct	08:01:54	0.003
15	23-Oct	08:02:04	0.006
16	23-Oct	08:02:14	0.003
17	23-Oct	08:02:24	0.009
18	23-Oct	08:02:34	0.002
19	23-Oct	08:02:44	0.004
20	23-Oct	08:02:54	0.005
21	23-Oct	08:03:04	0.017
22	23-Oct	08:03:14	0.012
23	23-Oct	08:03:24	0.018
24	23-Oct	08:03:34	0.013
25	23-Oct	08:03:44	0.003
26	23-Oct	08:03:54	0.008
27	23-Oct	08:04:04	0.002
28	23-Oct	08:04:14	0.011
29	23-Oct	08:04:24	0.006
30	23-Oct	08:04:34	0.001
31	23-Oct	08:04:44	0.011
32	23-Oct	08:04:54	0.013
33	23-Oct	08:05:04	0.007
34	23-Oct	08:05:14	0.005
35	23-Oct	08:05:24	0.001

R ID: Downwind Dust Monitor

g Number 08

Number of logged points: 448

Start time and date: 12:07:19 23-Oct

Elapsed time: 01:14:40

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.752

Max DC time: 13:01:19 Oct 23

Max STEL Concentration (mg/m3): 0.026

Max STEL time: 13:04:19 Oct 23

Overall AvgConc (mg/m3): 0.009

Point	Date	Time	Avg. Conc.(mg/m3)
1	23-Oct	12:07:29	0
2	23-Oct	12:07:39	0.001
3	23-Oct	12:07:49	0.004
4	23-Oct	12:07:59	0.002
5	23-Oct	12:08:09	0
6	23-Oct	12:08:19	0.001
7	23-Oct	12:08:29	0
8	23-Oct	12:08:39	0.001
9	23-Oct	12:08:49	0
10	23-Oct	12:08:59	0
11	23-Oct	12:09:09	0
12	23-Oct	12:09:19	0.003
13	23-Oct	12:09:29	0.003
14	23-Oct	12:09:39	0
15	23-Oct	12:09:49	0
16	23-Oct	12:09:59	0
17	23-Oct	12:10:09	0
18	23-Oct	12:10:19	0
19	23-Oct	12:10:29	0
20	23-Oct	12:10:39	0
21	23-Oct	12:10:49	0
22	23-Oct	12:10:59	0
23	23-Oct	12:11:09	0
24	23-Oct	12:11:19	0
25	23-Oct	12:11:29	0
26	23-Oct	12:11:39	0.003
27	23-Oct	12:11:49	0
28	23-Oct	12:11:59	0.001
29	23-Oct	12:12:09	0.008
30	23-Oct	12:12:19	0.001
31	23-Oct	12:12:29	0.006
32	23-Oct	12:12:39	0
33	23-Oct	12:12:49	0.005
34	23-Oct	12:12:59	0.003
35	23-Oct	12:13:09	0.003

R ID: Downwind Dust Monitor

- fag Number. 03
Number of logged points: 204
Start time and date: 09:54:27 24-Oct
Elapsed time: 00:34:00
Logging period (sec): 10
Calibration Factor (%): 100
Max Display Concentration (mg/m3): 0.126
Max DC time: 10:06:34 Oct 24
Max STEL Concentration (mg/m3): 0.060
Max STEL time: 10:16:27 Oct 24
Overall AvgConc <mg/m3): 0.051

Point	Date	Time	Avg. Conc.(mg/m3)
1	24-Oct	09:54:37	0.033
2	24-Oct	09:54:47	0.037
3	24-Oct	09:54:57	0.036
4	24-Oct	09:55:07	0.036
5	24-Oct	09:55:17	0.045
6	24-Oct	09:55:27	0.041
7	24-Oct	09:55:37	0.04
8	24-Oct	09:55:47	0.03
9	24-Oct	09:55:57	0.039
10	24-Oct	09:56:07	0.042
11	24-Oct	09:56:17	0.037
12	24-Oct	09:56:27	0.026
13	24-Oct	09:56:37	0.075
14	24-Oct	09:56:47	0.042
15	24-Oct	09:56:57	0.041
16	24-Oct	09:57:07	0.042
17	24-Oct	09:57:17	0.048
18	24-Oct	09:57:27	0.043
19	24-Oct	09:57:37	0.033
20	24-Oct	09:57:47	0.036
21	24-Oct	09:57:57	0.033
22	24-Oct	09:58:07	0.029
23	24-Oct	09:58:17	0.045
24	24-Oct	09:58:27	0.031
25	24-Oct	09:58:37	0.044
26	24-Oct	09:58:47	0.042
27	24-Oct	09:58:57	0.033
28	24-Oct	09:59:07	0.038
29	24-Oct	09:59:17	0.047
30	24-Oct	09:59:27	0.04
31	24-Oct	09:59:37	0.042
32	24-Oct	09:59:47	0.051
33	24-Oct	09:59:57	0.028
34	24-Oct	10:00:07	0.033
35	24-Oct	10:00:17	0.046

DR ID: Downwind Dust Monitor

Tag Number 05

Number of logged points: 294

Start time and date: 10:28:44 24-Oct

Elapsed time: 00:49:00

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.258

Max DC time: 11:10:11 Oct 24

Max STEL Concentration (mg/m3): 0.039

Max STEL time: 10:43:44 Oct 24

Overall AvgConc (mg/m3): 0.026

Point	Date	Time	Avg. Conc.(mg/m3)
1	24-Oct	10:28:54	0.063
2	24-Oct	10:29:04	0.051
3	24-Oct	10:29:14	0.04
4	24-Oct	10:29:24	0.061
5	24-Oct	10:29:34	0.049
6	24-Oct	10:29:44	0.071
7	24-Oct	10:29:54	0.06
8	24-Oct	10:30:04	0.064
9	24-Oct	10:30:14	0.058
10	24-Oct	10:30:24	0.034
11	24-Oct	10:30:34	0.032
12	24-Oct	10:30:44	0.032
13	24-Oct	10:30:54	0.042
14	24-Oct	10:31:04	0.051
15	24-Oct	10:31:14	0.082
16	24-Oct	10:31:24	0.053
17	24-Oct	10:31:34	0.045
18	24-Oct	10:31:44	0.036
19	24-Oct	10:31:54	0.029
20	24-Oct	10:32:04	0.026
21	24-Oct	10:32:14	0.04
22	24-Oct	10:32:24	0.056
23	24-Oct	10:32:34	0.043
24	24-Oct	10:32:44	0.04
25	24-Oct	10:32:54	0.051
26	24-Oct	10:33:04	0.076
27	24-Oct	10:33:14	0.042
28	24-Oct	10:33:24	0.03
29	24-Oct	10:33:34	0.043
30	24-Oct	10:33:44	0.087
31	24-Oct	10:33:54	0.046
32	24-Oct	10:34:04	0.05
33	24-Oct	10:34:14	0.023
34	24-Oct	10:34:24	0.05
35	24-Oct	10:34:34	0.043

R ID: Downwind Dust Monitor

g Number. 03

Number of logged points: 112

Start time and date: 11:16:53 30-Oct

Elapsed time: 00:18:40

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.088

MaxDCtime: 11:19:01 Oct30

Max STEL Concentration (mg/m3): 0.001

Max STEL time: 11:19:23 Oct 30

Overall AvgConc (mg/m3): 0.000

Point	Date	Time	Avg. Conc.(mg/m3)
1	30-Oct	11:17:03	0
2	30-Oct	11:17:13	0.004
3	30-Oct	11:17:23	0.004
4	30-Oct	11:17:33	0
5	30-Oct	11:17:43	0
6	30-Oct	11:17:53	0
7	30-Oct	11:18:03	0
8	30-Oct	11:18:13	0.004
9	30-Oct	11:18:23	0.012
10	30-Oct	11:18:33	0
11	30-Oct	11:18:43	0.005
12	30-Oct	11:18:53	0.03
13	30-Oct	11:19:03	0.06
14	30-Oct	11:19:13	0.01
15	30-Oct	11:19:23	0
16	30-Oct	11:19:33	0.006
17	30-Oct	11:19:43	0
18	30-Oct	11:19:53	0
19	30-Oct	11:20:03	0
20	30-Oct	11:20:13	0.002
21	30-Oct	11:20:23	0
22	30-Oct	11:20:33	0
23	30-Oct	11:20:43	0
24	30-Oct	11:20:53	0
25	30-Oct	11:21:03	0
26	30-Oct	11:21:13	0
27	30-Oct	11:21:23	0
28	30-Oct	11:21:33	0
29	30-Oct	11:21:43	0
30	30-Oct	11:21:53	0
31	30-Oct	11:22:03	0
32	30-Oct	11:22:13	0
33	30-Oct	11:22:23	0
34	30-Oct	11:22:33	0
35	30-Oct	11:22:43	0

R ID: Downwind Dust Monitor
g Number 05
umber of logged points: 105
Start time and date: 16:13:08 30-Oct
Elapsed time: 00:17:30
Logging period (sec): 10
Calibration Factor (%): 100
Max Display Concentration (mg/m3): 0.298
Max DC time: 16:30:41 Oct 30
Max STEL Concentration (mg/m3): 0.002
Max STEL time: 16:23:08 Oct 30
Overall AvgConc (mg/m3): 0.003

Point	Date	Time	Avg. Conc.(mg/m3)
1	30-Oct	16:13:18	0.002
2	30-Oct	16:13:28	0.041
3	30-Oct	16:13:38	0.031
4	30-Oct	16:13:48	0.01
5	30-Oct	16:13:58	0
6	30-Oct	16:14:08	0.002
7	30-Oct	16:14:18	0
8	30-Oct	16:14:28	0
9	30-Oct	16:14:38	0
10	30-Oct	16:14:48	0
11	30-Oct	16:14:58	0
12	30-Oct	16:15:08	0
13	30-Oct	16:15:18	0
14	30-Oct	16:15:28	0
15	30-Oct	16:15:38	0
16	30-Oct	16:15:48	0.003
17	30-Oct	16:15:58	0
18	30-Oct	16:16:08	0
19	30-Oct	16:16:18	0.015
20	30-Oct	16:16:28	0
21	30-Oct	16:16:38	0
22	30-Oct	16:16:48	0
23	30-Oct	16:16:58	0
24	30-Oct	16:17:08	0
25	30-Oct	16:17:18	0
26	30-Oct	16:17:28	0
27	30-Oct	16:17:38	0.012
28	30-Oct	16:17:48	0
29	30-Oct	16:17:58	0
30	30-Oct	16:18:08	0
31	30-Oct	16:18:18	0
32	30-Oct	16:18:28	0
33	30-Oct	16:18:38	0
34	30-Oct	16:18:48	0
35	30-Oct	16:18:58	0



DR ID: Downwind Dust Monitor

Tag Number 06

Number of logged points: 574

Start time and date: 17:07:08 30-Oct

Elapsed time: 01:35:40

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.497

Max DC time: 17:12:01 Oct 30

Max STEL Concentration (mg/m3): 0.001

Max STEL time: 17:12:08 Oct 30

Overall AvgConc (mg/m3): 0.000

Point	Date	Time	Avg. Conc.(mg/m3)
1	30-Oct	17:07:18	0.002
2	30-Oct	17:07:28	0.009
3	30-Oct	17:07:38	0.005
4	30-Oct	17:07:48	0
5	30-Oct	17:07:58	0
6	30-Oct	17:08:08	0
7	30-Oct	17:08:18	0
8	30-Oct	17:08:28	0
9	30-Oct	17:08:38	0
10	30-Oct	17:08:48	0
11	30-Oct	17:08:58	0
12	30-Oct	17:09:08	0
13	30-Oct	17:09:18	0
14	30-Oct	17:09:28	0
15	30-Oct	17:09:38	0
16	30-Oct	17:09:48	0
17	30-Oct	17:09:58	0
18	30-Oct	17:10:08	0
19	30-Oct	17:10:18	0
20	30-Oct	17:10:28	0
21	30-Oct	17:10:38	0
22	30-Oct	17:10:48	0
23	30-Oct	17:10:58	0
24	30-Oct	17:11:08	0
25	30-Oct	17:11:18	0
26	30-Oct	17:11:28	0
27	30-Oct	17:11:38	0
28	30-Oct	17:11:48	0
29	30-Oct	17:11:58	0.406
30	30-Oct	17:12:08	0.145
31	30-Oct	17:12:18	0.003
32	30-Oct	17:12:28	0.003
33	30-Oct	17:12:38	0.03
34	30-Oct	17:12:48	0.003
35	30-Oct	17:12:58	0

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UPWIND DUST MONITORING RESULTS

QR ID: Upwind Dust Monitor

Log Number. 01

Number of logged points: 117

Start time and date: 08:52:37 04-Oct

Elapsed time: 00:19:30

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.110

Max DC time: 09:12:03 Oct 04

Max STEL Concentration (mg/m3): 0.000

Max STEL time: 08:52:37 Oct 04

Overall AvgConc (mg/m3): 0.000

Point	Date	Time	i^vg. Conc.(mg/m3)
1	4-Oct	08:52:47	0
2	4-Oct	08:52:57	0
3	4-Oct	08:53:07	0
4	4-Oct	08:53:17	0
5	4-Oct	08:53:27	0
6	4-Oct	08:53:37	0
7	4-Oct	08:53:47	0
8	4-Oct	08:53:57	0
9	4-Oct	08:54:07	0
10	4-Oct	08:54:17	0
11	4-Oct	08:54:27	0
12	4-Oct	08:54:37	0
13	4-Oct	08:54:47	0
14	4-Oct	08:54:57	0
15	4-Oct	08:55:07	0
16	4-Oct	08:55:17	0
17	4-Oct	08:55:27	0
18	4-Oct	08:55:37	0
19	4-Oct	08:55:47	0
20	4-Oct	08:55:57	0
21	4-Oct	08:56:07	0
22	4-Oct	08:56:17	0
23	4-Oct	08:56:27	0
24	4-Oct	08:56:37	0
25	4-Oct	08:56:47	0
26	4-Oct	08:56:57	0
27	4-Oct	08:57:07	0
28	4-Oct	08:57:17	0
29	4-Oct	08:57:27	0
30	4-Oct	08:57:37	0
31	4-Oct	08:57:47	0
32	4-Oct	08:57:57	0
33	4-Oct	08:58:07	0
34	4-Oct	08:58:17	0
35	4-Oct	08:58:27	0

DR ID: Upwind Dust Monitor

Tag Number 01

Number of logged points: 102

Start time and date: 08:16:37 05-Oct

Elapsed time: 00:17:00

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.0

Max DC time: 08:33:46 Oct 05

Max STEL Concentration (mg/m3): 0.0

Max STEL time: 08:31:37 Oct 05

Overall AvgConc (mg/m3): 0.0

Point	Date	Time	Avg. Conc.(mg/m3)
1	5-Oct	08:16:47	0
2	5-Oct	08:16:57	0
3	5-Oct	08:17:07	0
4	5-Oct	08:17:17	0
5	5-Oct	08:17:27	0
6	5-Oct	08:17:37	0
7	5-Oct	08:17:47	0
8	5-Oct	08:17:57	0
9	5-Oct	08:18:07	0
10	5-Oct	08:18:17	0
11	5-Oct	08:18:27	0
12	5-Oct	08:18:37	0
13	5-Oct	08:18:47	0
14	5-Oct	08:18:57	0
15	5-Oct	08:19:07	0
16	5-Oct	08:19:17	0
17	5-Oct	08:19:27	0
18	5-Oct	08:19:37	0
19	5-Oct	08:19:47	0
20	5-Oct	08:19:57	0
21	5-Oct	08:20:07	0
22	5-Oct	08:20:17	0
23	5-Oct	08:20:27	0
24	5-Oct	08:20:37	0
25	5-Oct	08:20:47	0
26	5-Oct	08:20:57	0
27	5-Oct	08:21:07	0
28	5-Oct	08:21:17	0
29	5-Oct	08:21:27	0
30	5-Oct	08:21:37	0
31	5-Oct	08:21:47	0
32	5-Oct	08:21:57	0
33	5-Oct	08:22:07	0
34	5-Oct	08:22:17	0
35	5-Oct	08:22:27	0

DR ID: Upwind Dust Monitor

ag Number 03

Number of logged points: 227

Start time and date: 11:05:15 09-Oct

Elapsed time: 00:37:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.135

Max DC time: 11:43:11 Oct 09

Max STEL Concentration (mg/m3): 0.000

Max STEL time: 11:05:15 Oct 09

Overall AvgConc (mg/m3): 0.000

Point	Date	Time	Avg. Conc.(mg/m3)
1	9-Oct	11:05:25	0
2	9-Oct	11:05:35	0
3	9-Oct	11:05:45	0
4	9-Oct	11:05:55	0
5	9-Oct	11:06:05	0
6	9-Oct	11:06:15	0
7	9-Oct	11:06:25	0
8	9-Oct	11:06:35	0
9	9-Oct	11:06:45	0
10	9-Oct	11:06:55	0
11	9-Oct	11:07:05	0
12	9-Oct	11:07:15	0
13	9-Oct	11:07:25	0
14	9-Oct	11:07:35	0
15	9-Oct	11:07:45	0
16	9-Oct	11:07:55	0
17	9-Oct	11:08:05	0
18	9-Oct	11:08:15	0
19	9-Oct	11:08:25	0
20	9-Oct	11:08:35	0
21	9-Oct	11:08:45	0
22	9-Oct	11:08:55	0
23	9-Oct	11:09:05	0
24	9-Oct	11:09:15	0
25	9-Oct	11:09:25	0
26	9-Oct	11:09:35	0
27	9-Oct	11:09:45	0
28	9-Oct	11:09:55	0
29	9-Oct	11:10:05	0
30	9-Oct	11:10:15	0
31	9-Oct	11:10:25	0
32	9-Oct	11:10:35	0
33	9-Oct	11:10:45	0
34	9-Oct	11:10:55	0.001
35	9-Oct	11:11:05	0

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R ID: Upwind Dust Monitor
g Number. 04
umber of logged points: 231
Start time and date: 07:08:12 10-Oct
Elapsed time: 00:38:30
Logging period (sec): 10
Calibration Factor (%): 100
Max Display Concentration <mg/m3): 0.045
Max DC time: 07:28:11 Oct 10
Max STEL Concentration (mg/m3): 0.012
Max STEL time: 07:22:42 Oct 10
Overall AvgConc (mg/m3): 0.009

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	07:08:22	0.014
2	10-Oct	07:08:32	0.033
3	10-Oct	07:08:42	0.012
4	10-Oct	07:08:52	0.011
5	10-Oct	07:09:02	0.016
6	10-Oct	07:09:12	0.016
7	10-Oct	07:09:22	0.009
8	10-Oct	07:09:32	0.016
9	10-Oct	07:09:42	0.014
10	10-Oct	07:09:52	0.008
11	10-Oct	07:10:02	0.009
12	10-Oct	07:10:12	0.009
13	10-Oct	07:10:22	0.013
14	10-Oct	07:10:32	0.01
15	10-Oct	07:10:42	0.01
16	10-Oct	07:10:52	0.009
17	10-Oct	07:11:02	0.009
18	10-Oct	07:11:12	0.008
19	10-Oct	07:11:22	0.014
20	10-Oct	07:11:32	0.01
21	10-Oct	07:11:42	0.009
22	10-Oct	07:11:52	0.013
23	10-Oct	07:12:02	0.008
24	10-Oct	07:12:12	0.011
25	10-Oct	07:12:22	0.008
26	10-Oct	07:12:32	0.011
27	10-Oct	07:12:42	0.008
28	10-Oct	07:12:52	0.01
29	10-Oct	07:13:02	0.011
30	10-Oct	07:13:12	0.011
31	10-Oct	07:13:22	0.018
32	10-Oct	07:13:32	0.009
33	10-Oct	07:13:42	0.01
34	10-Oct	07:13:52	0.009
35	10-Oct	07:14:02	0.008

^maDR ID: Upwind Dust Monitor

^ n Number. 0 5

^^lumber of logged points: 175

Start time and date: 07:47:18 10-Oct

Elapsed time: 00:29:10

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.028

Max DC time: 08:07:04 Oct 10

Max STEL Concentration <mg/m3): 0.007

Max STEL time: 08:01:48 Oct 10

Overall AvgConc (mg/m3): 0.006

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	07:47:28	0.003
2	10-Oct	07:47:38	0.007
3	10-Oct	07:47:48	0.004
4	10-Oct	07:47:58	0.006
5	10-Oct	07:48:08	0.008
6	10-Oct	07:48:18	0.004
7	10-Oct	07:48:28	0.004
8	10-Oct	07:48:38	0.005
9	10-Oct	07:48:48	0.005
10	10-Oct	07:48:58	0.005
11	10-Oct	07:49:08	0.005
12	10-Oct	07:49:18	0.006
13	10-Oct	07:49:28	0.005
14	10-Oct	07:49:38	0.017
15	10-Oct	07:49:48	0.005
16	10-Oct	07:49:58	0.006
17	10-Oct	07:50:08	0.006
18	10-Oct	07:50:18	0.005
19	10-Oct	07:50:28	0.01
20	10-Oct	07:50:38	0.004
21	10-Oct	07:50:48	0.005
22	10-Oct	07:50:58	0.004
23	10-Oct	07:51:08	0.007
24	10-Oct	07:51:18	0.005
25	10-Oct	07:51:28	0.005
26	10-Oct	07:51:38	0.005
27	10-Oct	07:51:48	0.021
28	10-Oct	07:51:58	0.011
29	10-Oct	07:52:08	0.008
30	10-Oct	07:52:18	0.016
31	10-Oct	07:52:28	0.005
32	10-Oct	07:52:38	0.007
33	10-Oct	07:52:48	0.006
34	10-Oct	07:52:58	0.014
35	10-Oct	07:53:08	0.01

ID: Upwind Dust Monitor

Number. 06

Number of logged points: 139

Start time and date: 08:16:57 10-Oct

Elapsed time: 00:23:10

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.047

Max DC time: 08:30:29 Oct 10

Max STEL Concentration (mg/m3): 0.010

Max STEL time: 08:39:27 Oct 10

Overall AvgConc (mg/m3): 0.008

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	08:17:07	0.004
2	10-Oct	08:17:17	0.007
3	10-Oct	08:17:27	0.006
4	10-Oct	08:17:37	0.004
5	10-Oct	08:17:47	0.006
6	10-Oct	08:17:57	0.005
7	10-Oct	08:18:07	0.003
8	10-Oct	08:18:17	0.005
9	10-Oct	08:18:27	0.004
10	10-Oct	08:18:37	0.016
11	10-Oct	08:18:47	0.009
12	10-Oct	08:18:57	0.005
13	10-Oct	08:19:07	0.005
14	10-Oct	08:19:17	0.005
15	10-Oct	08:19:27	0.004
16	10-Oct	08:19:37	0.004
17	10-Oct	08:19:47	0.005
18	10-Oct	08:19:57	0.003
19	10-Oct	08:20:07	0.005
20	10-Oct	08:20:17	0.004
21	10-Oct	08:20:27	0.005
22	10-Oct	08:20:37	0.004
23	10-Oct	08:20:47	0.004
24	10-Oct	08:20:57	0.002
25	10-Oct	08:21:07	0.004
26	10-Oct	08:21:17	0.007
27	10-Oct	08:21:27	0.003
28	10-Oct	08:21:37	0.006
29	10-Oct	08:21:47	0.004
30	10-Oct	08:21:57	0.005
31	10-Oct	08:22:07	0.007
32	10-Oct	08:22:17	0.006
33	10-Oct	08:22:27	0.007
34	10-Oct	08:22:37	0.005
35	10-Oct	08:22:47	0.007

^^DR ID: Upwind Dust Monitor

^^Kg Number. 07

^^u m b e r of logged points: 503

Start time and date: 08:40:24 10-Oct

Elapsed time: 01:23:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.108

Max DC time: 10:04:19 Oct 10

Max STEL Concentration (mg/m3): 0.008

Max STEL time: 09:10:24 Oct 10

Overall AvgConc (mg/m3): 0.005

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	08:40:34	0.016
2	10-Oct	08:40:44	0.012
3	10-Oct	08:40:54	0.01
4	10-Oct	08:41:04	0.028
5	10-Oct	08:41:14	0.01
6	10-Oct	08:41:24	0.01
7	10-Oct	08:41:34	0.009
8	10-Oct	08:41:44	0.01
9	10-Oct	08:41:54	0.007
10	10-Oct	08:42:04	0.008
11	10-Oct	08:42:14	0.008
12	10-Oct	08:42:24	0.007
13	10-Oct	08:42:34	0.006
14	10-Oct	08:42:44	0.008
15	10-Oct	08:42:54	0.007
16	10-Oct	08:43:04	0.006
17	10-Oct	08:43:14	0.008
18	10-Oct	08:43:24	0.009
19	10-Oct	08:43:34	0.006
20	10-Oct	08:43:44	0.006
21	10-Oct	08:43:54	0.007
22	10-Oct	08:44:04	0.008
23	10-Oct	08:44:14	0.008
24	10-Oct	08:44:24	0.005
25	10-Oct	08:44:34	0.006
26	10-Oct	08:44:44	0.008
27	10-Oct	08:44:54	0.007
28	10-Oct	08:45:04	0.006
29	10-Oct	08:45:14	0.006
30	10-Oct	08:45:24	0.01
31	10-Oct	08:45:34	0.006
32	10-Oct	08:45:44	0.005
33	10-Oct	08:45:54	0.006
34	10-Oct	08:46:04	0.006
35	10-Oct	08:46:14	0.007

^pDR ID; Upwind Dust Monitor

^^P~ag Number. 08

Number of logged points: 293

Start time and date: 12:23:54 10-Oct

Elapsed time: 00:48:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.017

Max DC time: 13:04:41 Oct 10

Max STEL Concentration (mg/m3): 0.000

Max STEL time: 12:23:54 Oct 10

Overall AvgConc (mg/m3): 0.000

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	12:24:04	0.004
2	10-Oct	12:24:14	0.001
3	10-Oct	12:24:24	0.008
4	10-Oct	12:24:34	0.002
5	10-Oct	12:24:44	0
6	10-Oct	12:24:54	0
7	10-Oct	12:25:04	0
8	10-Oct	12:25:14	0.001
9	10-Oct	12:25:24	0
10	10-Oct	12:25:34	0.002
11	10-Oct	12:25:44	0
12	10-Oct	12:25:54	0
13	10-Oct	12:26:04	0
14	10-Oct	12:26:14	0.001
15	10-Oct	12:26:24	0
16	10-Oct	12:26:34	0
17	10-Oct	12:26:44	0.001
18	10-Oct	12:26:54	0.001
19	10-Oct	12:27:04	0
20	10-Oct	12:27:14	0
21	10-Oct	12:27:24	0.001
22	10-Oct	12:27:34	0
23	10-Oct	12:27:44	0.001
24	10-Oct	12:27:54	0
25	10-Oct	12:28:04	0
26	10-Oct	12:28:14	0
27	10-Oct	12:28:24	0
28	10-Oct	12:28:34	0.001
29	10-Oct	12:28:44	0
30	10-Oct	12:28:54	0.001
31	10-Oct	12:29:04	0
32	10-Oct	12:29:14	0
33	10-Oct	12:29:24	0
34	10-Oct	12:29:34	0
35	10-Oct	12:29:44	0

^^^ K ID: Upwind Dust Monitor

^ 0 b Number 09

Number of logged points: 530

Start time and date: 13:13:04 10-Oct

Elapsed time: 01:28:20

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.058

Max DC time: 13:30:08 Oct 10

Max STEL Concentration (mg/m3): 0.001

Max STEL time: 13:30:04 Oct 10

Overall AvgConc (mg/m3): 0.000

Point	Date	Time	Avg. Conc.(mg/m3)
1	10-Oct	13:13:14	0
2	10-Oct	13:13:24	0
3	10-Oct	13:13:34	0
4	10-Oct	13:13:44	0
5	10-Oct	13:13:54	0
6	10-Oct	13:14:04	0
7	10-Oct	13:14:14	0.001
8	10-Oct	13:14:24	0
9	10-Oct	13:14:34	0
10	10-Oct	13:14:44	0
11	10-Oct	13:14:54	0
12	10-Oct	13:15:04	0
13	10-Oct	13:15:14	0
14	10-Oct	13:15:24	0
15	10-Oct	13:15:34	0
16	10-Oct	13:15:44	0
17	10-Oct	13:15:54	0.006
18	10-Oct	13:16:04	0.002
19	10-Oct	13:16:14	0.001
20	10-Oct	13:16:24	0
21	10-Oct	13:16:34	0.002
22	10-Oct	13:16:44	0
23	10-Oct	13:16:54	0
24	10-Oct	13:17:04	0.001
25	10-Oct	13:17:14	0.002
26	10-Oct	13:17:24	0
27	10-Oct	13:17:34	0
28	10-Oct	13:17:44	0.002
29	10-Oct	13:17:54	0.001
30	10-Oct	13:18:04	0
31	10-Oct	13:18:14	0
32	10-Oct	13:18:24	0
33	10-Oct	13:18:34	0.003
34	10-Oct	13:18:44	0
35	10-Oct	13:18:54	0

ID: Upwind Dust Monitor

Number 03

Number of logged points: 345

Start time and date: 07:25:43 11-Oct

Elapsed time: 00:57:30

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.082

Max DC time: 08:01:38 Oct 11

Max STEL Concentration (mg/m3): 0.019

Max STEL time: 07:40:43 Oct 11

Overall AvgConc (mg/m3): 0.005

Point	Date	Time	Avg. Conc.(mg/m3)
1	11-Oct	07:25:53	0.029
2	11-Oct	07:26:03	0.028
3	11-Oct	07:26:13	0.027
4	11-Oct	07:26:23	0.043
5	11-Oct	07:26:33	0.02
6	11-Oct	07:26:43	0.02
7	11-Oct	07:26:53	0.018
8	11-Oct	07:27:03	0.032
9	11-Oct	07:27:13	0.023
10	11-Oct	07:27:23	0.037
11	11-Oct	07:27:33	0.045
12	11-Oct	07:27:43	0.025
13	11-Oct	07:27:53	0.022
14	11-Oct	07:28:03	0.027
15	11-Oct	07:28:13	0.024
16	11-Oct	07:28:23	0.036
17	11-Oct	07:28:33	0.047
18	11-Oct	07:28:43	0.035
19	11-Oct	07:28:53	0.056
20	11-Oct	07:29:03	0.026
21	11-Oct	07:29:13	0.021
22	11-Oct	07:29:23	0.027
23	11-Oct	07:29:33	0.018
24	11-Oct	07:29:43	0.032
25	11-Oct	07:29:53	0.025
26	11-Oct	07:30:03	0.025
27	11-Oct	07:30:13	0.028
28	11-Oct	07:30:23	0.025
29	11-Oct	07:30:33	0.017
30	11-Oct	07:30:43	0.033
31	11-Oct	07:30:53	0.017
32	11-Oct	07:31:03	0.012
33	11-Oct	07:31:13	0.01
34	11-Oct	07:31:23	0.026
35	11-Oct	07:31:33	0.03

ID: Upwind Dust Monitor

Number. 04

Number of logged points: 478

Start time and date: 08:23:34 11-Oct

Elapsed time: 01:19:40

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.080

Max DC time: 09:25:25 Oct 11

Max STEL Concentration (mg/m3): 0.026

Max STEL time: 08:45:04 Oct 11

Overall AvgConc (mg/m3): 0.013

Point	Date	Time	Avg. Conc.(mg/m3)
1	11-Oct	08:23:44	0.002
2	11-Oct	08:23:54	0.007
3	11-Oct	08:24:04	0.011
4	11-Oct	08:24:14	0.011
5	11-Oct	08:24:24	0.02
6	11-Oct	08:24:34	0.012
7	11-Oct	08:24:44	0.004
8	11-Oct	08:24:54	0.011
9	11-Oct	08:25:04	0.002
10	11-Oct	08:25:14	0.009
11	11-Oct	08:25:24	0
12	11-Oct	08:25:34	0.002
13	11-Oct	08:25:44	0.014
14	11-Oct	08:25:54	0.005
15	11-Oct	08:26:04	0.002
16	11-Oct	08:26:14	0.023
17	11-Oct	08:26:24	0.025
18	11-Oct	08:26:34	0.024
19	11-Oct	08:26:44	0.013
20	11-Oct	08:26:54	0.004
21	11-Oct	08:27:04	0.008
22	11-Oct	08:27:14	0.004
23	11-Oct	08:27:24	0.008
24	11-Oct	08:27:34	0.024
25	11-Oct	08:27:44	0.018
26	11-Oct	08:27:54	0.014
27	11-Oct	08:28:04	0.01
28	11-Oct	08:28:14	0.011
29	11-Oct	08:28:24	0.003
30	11-Oct	08:28:34	0.007
31	11-Oct	08:28:44	0.003
32	11-Oct	08:28:54	0.002
33	11-Oct	08:29:04	0.008
34	11-Oct	08:29:14	0.008
35	11-Oct	08:29:24	0.004

ID: Upwind Dust Monitor

Number: 04

Number of logged points: 478

Start time and date: 08:23:34 11 -Oct

Elapsed time: 01:19:40

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.080

Max DC time: 09:25:25 Oct 11

Max STEL Concentration (mg/m3): 0.026

Max STEL time: 08:45:04 Oct 11

Overall AvgConc (mg/m3): 0.013

Point	Date	Time	Avg. Conc.(mg/m3)
1	11-Oct	08:23:44	0.002
2	11-Oct	08:23:54	0.007
3	11-Oct	08:24:04	0.011
4	11-Oct	08:24:14	0.011
5	11-Oct	08:24:24	0.02
6	11-Oct	08:24:34	0.012
7	11-Oct	08:24:44	0.004
8	11-Oct	08:24:54	0.011
9	11-Oct	08:25:04	0.002
10	11-Oct	08:25:14	0.009
11	11-Oct	08:25:24	0
12	11-Oct	08:25:34	0.002
13	11-Oct	08:25:44	0.014
14	11-Oct	08:25:54	0.005
15	11-Oct	08:26:04	0.002
16	11-Oct	08:26:14	0.023
17	11-Oct	08:26:24	0.025
18	11-Oct	08:26:34	0.024
19	11-Oct	08:26:44	0.013
20	11-Oct	08:26:54	0.004
21	11-Oct	08:27:04	0.008
22	11-Oct	08:27:14	0.004
23	11-Oct	08:27:24	0.008
24	11-Oct	08:27:34	0.024
25	11-Oct	08:27:44	0.018
26	11-Oct	08:27:54	0.014
27	11-Oct	08:28:04	0.01
28	11-Oct	08:28:14	0.011
29	11-Oct	08:28:24	0.003
30	11-Oct	08:28:34	0.007
31	11-Oct	08:28:44	0.003
32	11-Oct	08:28:54	0.002
33	11-Oct	08:29:04	0.008
34	11-Oct	08:29:14	0.008
35	11-Oct	08:29:24	0.004

^mDR ID: Upwind Dust Monitor
^ ^ A g Number 05
^^u m b e r of logged points: 445
Start time and date: 09:43:35 11-Oct
Elapsed time: 01:14:10
Logging period (sec): 10
Calibration Factor (%): 100
Max Display Concentration (mg/m3): 0.097
Max DC time: 10:50:45 Oct 11
Max STEL Concentration (mg/m3): 0.046
Max STEL time: 10:13:35 Oct 11
Overall AvgConc (mg/m3): 0.031

Point	Date	Time	Avg. Conc.(mg/m3)
1	11-Oct	09:43:45	0.022
2	11-Oct	09:43:55	0.027
3	11-Oct	09:44:05	0.028
4	11-Oct	09:44:15	0.026
5	11-Oct	09:44:25	0.025
6	11-Oct	09:44:35	0.018
7	11-Oct	09:44:45	0.02
8	11-Oct	09:44:55	0.016
9	11-Oct	09:45:05	0.017
10	11-Oct	09:45:15	0.017
11	11-Oct	09:45:25	0.008
12	11-Oct	09:45:35	0.02
13	11-Oct	09:45:45	0.018
14	11-Oct	09:45:55	0.015
15	11-Oct	09:46:05	0.029
16	11-Oct	09:46:15	0.018
17	11-Oct	09:46:25	0.015
18	11-Oct	09:46:35	0.021
19	11-Oct	09:46:45	0.02
20	11-Oct	09:46:55	0.023
21	11-Oct	09:47:05	0.021
22	11-Oct	09:47:15	0.044
23	11-Oct	09:47:25	0.023
24	11-Oct	09:47:35	0.025
25	11-Oct	09:47:45	0.018
26	11-Oct	09:47:55	0.023
27	11-Oct	09:48:05	0.015
28	11-Oct	09:48:15	0.015
29	11-Oct	09:48:25	0.017
30	11-Oct	09:48:35	0.02
31	11-Oct	09:48:45	0.022
32	11-Oct	09:48:55	0.015
33	11-Oct	09:49:05	0.017
34	11-Oct	09:49:15	0.021
35	11-Oct	09:49:25	0.028

ID: Upwind Dust Monitor

• Number 01

Number of logged points: 434

Start time and date: 07:00:11 12-Oct

Elapsed time: 01:12:20

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration <mg/m3>: 0.105

Max DC time: 07:14:53 Oct 12

Max STEL Concentration (mg/m3): 0.016

Max STEL time: 07:17:41 Oct 12

Overall AvgConc (mg/m3): 0.013

Point	Date	Time	Avg. Conc.(mg/m3)
1	12-Oct	07:00:21	0.017
2	12-Oct	07:00:31	0.011
3	12-Oct	07:00:41	0.007
4	12-Oct	07:00:51	0.008
5	12-Oct	07:01:01	0.009
6	12-Oct	07:01:11	0.01
7	12-Oct	07:01:21	0.01
8	12-Oct	07:01:31	0.008
9	12-Oct	07:01:41	0.009
10	12-Oct	07:01:51	0.016
11	12-Oct	07:02:01	0.015
12	12-Oct	07:02:11	0.015
13	12-Oct	07:02:21	0.013
14	12-Oct	07:02:31	0.017
15	12-Oct	07:02:41	0.019
16	12-Oct	07:02:51	0.012
17	12-Oct	07:03:01	0.014
18	12-Oct	07:03:11	0.014
19	12-Oct	07:03:21	0.013
20	12-Oct	07:03:31	0.012
21	12-Oct	07:03:41	0.016
22	12-Oct	07:03:51	0.014
23	12-Oct	07:04:01	0.011
24	12-Oct	07:04:11	0.017
25	12-Oct	07:04:21	0.015
26	12-Oct	07:04:31	0.013
27	12-Oct	07:04:41	0.018
28	12-Oct	07:04:51	0.018
29	12-Oct	07:05:01	0.014
30	12-Oct	07:05:11	0.015
31	12-Oct	07:05:21	0.014
32	12-Oct	07:05:31	0.016
33	12-Oct	07:05:41	0.013
34	12-Oct	07:05:51	0.011
35	12-Oct	07:06:01	0.009

- R ID: Upwind Dust Monitor
 g Number. 03
 Number of logged points: 304
 Start time and date: 12:02:43 19-Oct
 Elapsed time: 00:50:40
 Logging period (sec): 10
 Calibration Factor (%): 100
 Max Display Concentration (mg/m3): 0.027
 Max DC time: 12:05:56 Oct 19
 Max STEL Concentration (mg/m3): 0.011
 Max STEL time: 12:17:43 Oct 19
 Overall AvgConc (mg/m3): 0.010

Point	Date	Time	Avg. Conc.(mg/m3)
1	19-Oct	12:02:53	0.021
2	19-Oct	12:03:03	0.02
3	19-Oct	12:03:13	0.011
4	19-Oct	12:03:23	0.016
5	19-Oct	12:03:33	0.011
6	19-Oct	12:03:43	0.016
7	19-Oct	12:03:53	0.013
8	19-Oct	12:04:03	0.021
9	19-Oct	12:04:13	0.015
10	19-Oct	12:04:23	0.014
11	19-Oct	12:04:33	0.013
12	19-Oct	12:04:43	0.008
13	19-Oct	12:04:53	0.018
14	19-Oct	12:05:03	0.015
15	19-Oct	12:05:13	0.01
16	19-Oct	12:05:23	0.01
17	19-Oct	12:05:33	0.012
18	19-Oct	12:05:43	0.011
19	19-Oct	12:05:53	0.026
20	19-Oct	12:06:03	0.01
21	19-Oct	12:06:13	0.01
22	19-Oct	12:06:23	0.01
23	19-Oct	12:06:33	0.015
24	19-Oct	12:06:43	0.013
25	19-Oct	12:06:53	0.011
26	19-Oct	12:07:03	0.012
27	19-Oct	12:07:13	0.011
28	19-Oct	12:07:23	0.01
29	19-Oct	12:07:33	0.012
30	19-Oct	12:07:43	0.009
31	19-Oct	12:07:53	0.01
32	19-Oct	12:08:03	0.015
33	19-Oct	12:08:13	0.011
34	19-Oct	12:08:23	0.011
35	19-Oct	12:08:33	0.009

ID: Upwind Dust Monitor

- ; Number 04

Number of logged points: 865

Start time and date: 15:40:41 19-Oct

Elapsed time: 02:24:10

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.039

Max DC time: 18:02:11 Oct 19

Max STEL Concentration (mg/m3): 0.010

Max STEL time: 17:52:41 Oct 19

Overall AvgConc (mg/m3): 0.008

Point	Date	Time	Avg. Conc.(mg/m3)
1	19-Oct	15:40:51	0.011
2	19-Oct	15:41:01	0.029
3	19-Oct	15:41:11	0.007
4	19-Oct	15:41:21	0.009
5	19-Oct	15:41:31	0.006
6	19-Oct	15:41:41	0.007
7	19-Oct	15:41:51	0.005
8	19-Oct	15:42:01	0.005
9	19-Oct	15:42:11	0.008
10	19-Oct	15:42:21	0.017
11	19-Oct	15:42:31	0.007
12	19-Oct	15:42:41	0.006
13	19-Oct	15:42:51	0.008
14	19-Oct	15:43:01	0.014
15	19-Oct	15:43:11	0.007
16	19-Oct	15:43:21	0.005
17	19-Oct	15:43:31	0.008
18	19-Oct	15:43:41	0.007
19	19-Oct	15:43:51	0.011
20	19-Oct	15:44:01	0.009
21	19-Oct	15:44:11	0.007
22	19-Oct	15:44:21	0.007
23	19-Oct	15:44:31	0.005
24	19-Oct	15:44:41	0.006
25	19-Oct	15:44:51	0.006
26	19-Oct	15:45:01	0.006
27	19-Oct	15:45:11	0.007
28	19-Oct	15:45:21	0.005
29	19-Oct	15:45:31	0.006
30	19-Oct	15:45:41	0.006
31	19-Oct	15:45:51	0.005
32	19-Oct	15:46:01	0.005
33	19-Oct	15:46:11	0.006
34	19-Oct	15:46:21	0.005
35	19-Oct	15:46:31	0.006

DR ID: Upwind Dust Monitor

g Number 05

umber of logged points: 363

Start time and date: 08:22:14 20-Oct

Elapsed time: 01:00:30

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.630

Max DC time: 08:34:05 Oct 20

Max STEL Concentration (mg/m3): 0.177

Max STEL time: 08:37:15 Oct 20

Overall AvgConc (mg/m3): 0.105

Point	Date	Time	Avg. Conc.(mg/m3)
1	20-Oct	08:22:24	0.083
2	20-Oct	08:22:34	0.118
3	20-Oct	08:22:44	0.084
4	20-Oct	08:22:54	0.128
5	20-Oct	08:23:04	0.248
6	20-Oct	08:23:14	0.09
7	20-Oct	08:23:24	0.25
8	20-Oct	08:23:34	0.167
9	20-Oct	08:23:44	0.22
10	20-Oct	08:23:54	0.235
11	20-Oct	08:24:04	0.173
12	20-Oct	08:24:14	0.116
13	20-Oct	08:24:24	0.118
14	20-Oct	08:24:34	0.093
15	20-Oct	08:24:44	0.13
16	20-Oct	08:24:54	0.075
17	20-Oct	08:25:04	0.138
18	20-Oct	08:25:14	0.166
19	20-Oct	08:25:24	0.551
20	20-Oct	08:25:34	0.572
21	20-Oct	08:25:44	0.48
22	20-Oct	08:25:54	0.136
23	20-Oct	08:26:04	0.085
24	20-Oct	08:26:14	0.103
25	20-Oct	08:26:24	0.02
26	20-Oct	08:26:34	0.183
27	20-Oct	08:26:44	0.175
28	20-Oct	08:26:54	0.055
29	20-Oct	08:27:04	0.405
30	20-Oct	08:27:14	0.378
31	20-Oct	08:27:24	0.57
32	20-Oct	08:27:34	0.491
33	20-Oct	08:27:44	0.412
34	20-Oct	08:27:54	0.222
35	20-Oct	08:28:04	0.155

DR ID: Upwind Dust Monitor
tag Number. 04
Number of logged points: 123
Start time and date: 07:23:38 23-Oct
Elapsed time: 00:20:30
Logging period (sec): 10
Calibration Factor (%): 100
Max Display Concentration (mg/m3): 0.137
Max DC time: 07:44:14 Oct 23
Max STEL Concentration (mg/m3): 0.017
Max STEL time: 07:43:38 Oct 23
Overall AvgConc (mg/m3): 0.016

Point	Date	Time	Avg. Conc.(mg/m3)
1	23-Oct	07:23:48	0.012
2	23-Oct	07:23:58	0.018
3	23-Oct	07:24:08	0.012
4	23-Oct	07:24:18	0.026
5	23-Oct	07:24:28	0.008
6	23-Oct	07:24:38	0.008
7	23-Oct	07:24:48	0.025
8	23-Oct	07:24:58	0.012
9	23-Oct	07:25:08	0.007
10	23-Oct	07:25:18	0.008
11	23-Oct	07:25:28	0.008
12	23-Oct	07:25:38	0.011
13	23-Oct	07:25:48	0.016
14	23-Oct	07:25:58	0.012
15	23-Oct	07:26:08	0.01
16	23-Oct	07:26:18	0.009
17	23-Oct	07:26:28	0.009
18	23-Oct	07:26:38	0.01
19	23-Oct	07:26:48	0.011
20	23-Oct	07:26:58	0.009
21	23-Oct	07:27:08	0.009
22	23-Oct	07:27:18	0.011
23	23-Oct	07:27:28	0.016
24	23-Oct	07:27:38	0.014
25	23-Oct	07:27:48	0.013
26	23-Oct	07:27:58	0.011
27	23-Oct	07:28:08	0.012
28	23-Oct	07:28:18	0.011
29	23-Oct	07:28:28	0.013
30	23-Oct	07:28:38	0.014
31	23-Oct	07:28:48	0.009
32	23-Oct	07:28:58	0.013
33	23-Oct	07:29:08	0.012
34	23-Oct	07:29:18	0.013
35	23-Oct	07:29:28	0.011

R ID: Upwind Dust Monitor
g Number 05
umber of logged points: 249
Start time and date: 07:44:30 23-Oct
Elapsed time: 00:41:30
Logging period (sec): 10
Calibration Factor (%): 100
Max Display Concentration (mg/m3): 0.042
Max DC time: 08:10:45 Oct 23
Max STEL Concentration (mg/m3): 0.012
Max STEL time: 07:59:00 Oct 23
Overall AvgConc (mg/m3): 0.009

Point	Date	Time	Avg. Conc.(mg/m3)
1	23-Oct	07:44:40	0.009
2	23-Oct	07:44:50	0.013
3	23-Oct	07:45:00	0.008
4	23-Oct	07:45:10	0.031
5	23-Oct	07:45:20	0.016
6	23-Oct	07:45:30	0.011
7	23-Oct	07:45:40	0.01
8	23-Oct	07:45:50	0.011
9	23-Oct	07:46:00	0.011
10	23-Oct	07:46:10	0.014
11	23-Oct	07:46:20	0.008
12	23-Oct	07:46:30	0.014
13	23-Oct	07:46:40	0.011
14	23-Oct	07:46:50	0.01
15	23-Oct	07:47:00	0.013
16	23-Oct	07:47:10	0.012
17	23-Oct	07:47:20	0.015
18	23-Oct	07:47:30	0.011
19	23-Oct	07:47:40	0.009
20	23-Oct	07:47:50	0.019
21	23-Oct	07:48:00	0.007
22	23-Oct	07:48:10	0.008
23	23-Oct	07:48:20	0.007
24	23-Oct	07:48:30	0.013
25	23-Oct	07:48:40	0.01
26	23-Oct	07:48:50	0.009
27	23-Oct	07:49:00	0.013
28	23-Oct	07:49:10	0.023
29	23-Oct	07:49:20	0.01
30	23-Oct	07:49:30	0.015
31	23-Oct	07:49:40	0.013
32	23-Oct	07:49:50	0.011
33	23-Oct	07:50:00	0.008
34	23-Oct	07:50:10	0.014
35	23-Oct	07:50:20	0.011

^mDR ID: Upwind Dust Monitor

^^Big Number. 06

^^u m b e r of logged points: 435

Start time and date: 11:52:06 23-Oct

Elapsed time: 01:12:30

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.036

Max DC time: 12:05:58 Oct 23

Max STEL Concentration (mg/m3): 0.003

Max STEL time: 13:04:06 Oct 23

Overall AvgConc (mg/m3): 0.001

Point	Date	Time	Avg. Conc.(mg/m3)
1	23-Oct	11:52:16	0.004
2	23-Oct	11:52:26	0.002
3	23-Oct	11:52:36	0.002
4	23-Oct	11:52:46	0.002
5	23-Oct	11:52:56	0
6	23-Oct	11:53:06	0.003
7	23-Oct	11:53:16	0.001
8	23-Oct	11:53:26	0.004
9	23-Oct	11:53:36	0.002
10	23-Oct	11:53:46	0.005
11	23-Oct	11:53:56	0.001
12	23-Oct	11:54:06	0.001
13	23-Oct	11:54:16	0
14	23-Oct	11:54:26	0.001
15	23-Oct	11:54:36	0
16	23-Oct	11:54:46	0
17	23-Oct	11:54:56	0.008
18	23-Oct	11:55:06	0.001
19	23-Oct	11:55:16	0.005
20	23-Oct	11:55:26	0.001
21	23-Oct	11:55:36	0
22	23-Oct	11:55:46	0.001
23	23-Oct	11:55:56	0.002
24	23-Oct	11:56:06	0
25	23-Oct	11:56:16	0
26	23-Oct	11:56:26	0.001
27	23-Oct	11:56:36	0.003
28	23-Oct	11:56:46	0
29	23-Oct	11:56:56	0
30	23-Oct	11:57:06	0
31	23-Oct	11:57:16	0.002
32	23-Oct	11:57:26	0.001
33	23-Oct	11:57:36	0
34	23-Oct	11:57:46	0.001
35	23-Oct	11:57:56	0

R ID: Upwind Dust Monitor

g Number. 01

Number of logged points: 213

Start time and date: 09:37:52 24-Oct

Elapsed time: 00:35:30

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.243

Max DC time: 09:37:55 Oct 24

Max STEL Concentration (mg/m3): 0.062

Max STEL time: 09:57:22 Oct 24

Overall AvgConc (mg/m3): 0.050

Point	Date	Time	Avg. Conc.(mg/m3)
1	24-Oct	09:38:02	0.115
2	24-Oct	09:38:12	0.04
3	24-Oct	09:38:22	0.062
4	24-Oct	09:38:32	0.057
5	24-Oct	09:38:42	0.048
6	24-Oct	09:38:52	0.047
7	24-Oct	09:39:02	0.047
8	24-Oct	09:39:12	0.037
9	24-Oct	09:39:22	0.042
10	24-Oct	09:39:32	0.036
11	24-Oct	09:39:42	0.039
12	24-Oct	09:39:52	0.031
13	24-Oct	09:40:02	0.04
14	24-Oct	09:40:12	0.049
15	24-Oct	09:40:22	0.031
16	24-Oct	09:40:32	0.047
17	24-Oct	09:40:42	0.044
18	24-Oct	09:40:52	0.049
19	24-Oct	09:41:02	0.029
20	24-Oct	09:41:12	0.033
21	24-Oct	09:41:22	0.026
22	24-Oct	09:41:32	0.039
23	24-Oct	09:41:42	0.054
24	24-Oct	09:41:52	0.027
25	24-Oct	09:42:02	0.038
26	24-Oct	09:42:12	0.033
27	24-Oct	09:42:22	0.048
28	24-Oct	09:42:32	0.042
29	24-Oct	09:42:42	0.04
30	24-Oct	09:42:52	0.072
31	24-Oct	09:43:02	0.05
32	24-Oct	09:43:12	0.035
33	24-Oct	09:43:22	0.055
34	24-Oct	09:43:32	0.055
35	24-Oct	09:43:42	0.053

^mDR ID: Upwind Dust Monitor

^^R>9 Number. 01

^^Number of logged points: 117

Start time and date: 11:00:53 30-Oct

Elapsed time: 00:19:30

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.055

Max DC time: 11:20:16 Oct 30

Max STEL Concentration (mg/m3): 0.002

Max STEL time: 11:16:23 Oct 30

Overall AvgConc <mg/m3>: 0.002

Point	Date	Time	Avg. Conc.(mg/m3)
1	30-Oct	11:01:03	0.031
2	30-Oct	11:01:13	0.005
3	30-Oct	11:01:23	0
4	30-Oct	11:01:33	0.002
5	30-Oct	11:01:43	0.006
6	30-Oct	11:01:53	0.047
7	30-Oct	11:02:03	0
8	30-Oct	11:02:13	0.001
9	30-Oct	11:02:23	0.001
10	30-Oct	11:02:33	0.001
11	30-Oct	11:02:43	0
12	30-Oct	11:02:53	0.001
13	30-Oct	11:03:03	0.001
14	30-Oct	11:03:13	0.001
15	30-Oct	11:03:23	0.001
16	30-Oct	11:03:33	0
17	30-Oct	11:03:43	0.001
18	30-Oct	11:03:53	0.001
19	30-Oct	11:04:03	0.001
20	30-Oct	11:04:13	0.002
21	30-Oct	11:04:23	0
22	30-Oct	11:04:33	0
23	30-Oct	11:04:43	0
24	30-Oct	11:04:53	0
25	30-Oct	11:05:03	0.001
26	30-Oct	11:05:13	0.003
27	30-Oct	11:05:23	0
28	30-Oct	11:05:33	0
29	30-Oct	11:05:43	0
30	30-Oct	11:05:53	0.004
31	30-Oct	11:06:03	0.001
32	30-Oct	11:06:13	0.001
33	30-Oct	11:06:23	0.002
34	30-Oct	11:08:33	0
35	30-Oct	11:06:43	0.008

DR ID: Upwind Dust Monitor

ag Number 03

• number of logged points: 95

Start time and date: 15:57:33 30-Oct

Elapsed time: 00:15:50

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.028

Max DC time: 15:58:13 Oct 30

Max STEL Concentration (mg/m3): 0.001

Max STEL time: 16:13:03 Oct 30

Overall AvgConc (mg/m3): 0.000

Point	Date	Time	Avg. Conc.(mg/m3)
1	30-Oct	15:57:43	0.005
2	30-Oct	15:57:53	0.012
3	30-Oct	15:58:03	0.002
4	30-Oct	15:58:13	0.027
5	30-Oct	15:58:23	0.001
6	30-Oct	15:58:33	0
7	30-Oct	15:58:43	0
8	30-Oct	15:58:53	0
9	30-Oct	15:59:03	0
10	30-Oct	15:59:13	0
11	30-Oct	15:59:23	0
12	30-Oct	15:59:33	0
13	30-Oct	15:59:43	0.009
14	30-Oct	15:59:53	0.001
15	30-Oct	16:00:03	0.001
16	30-Oct	16:00:13	0.006
17	30-Oct	16:00:23	0.002
18	30-Oct	16:00:33	0.001
19	30-Oct	16:00:43	0.001
20	30-Oct	16:00:53	0
21	30-Oct	16:01:03	0
22	30-Oct	16:01:13	0
23	30-Oct	16:01:23	0
24	30-Oct	16:01:33	0
25	30-Oct	16:01:43	0
26	30-Oct	16:01:53	0
27	30-Oct	16:02:03	0
28	30-Oct	16:02:13	0
29	30-Oct	16:02:23	0
30	30-Oct	16:02:33	0.002
31	30-Oct	16:02:43	0
32	30-Oct	16:02:53	0
33	30-Oct	16:03:03	0
34	30-Oct	16:03:13	0
35	30-Oct	16:03:23	0

R ID: Upwind Dust Monitor
g Number 04

^ N Number of logged points: 573

Start time and date: 16:51:32 30-Oct

Elapsed time: 01:35:30

Logging period (sec): 10

Calibration Factor (%): 100

Max Display Concentration (mg/m3): 0.055

Max DC time: 16:51:59 Oct 30

Max STEL Concentration (mg/m3): 0.003

Max STEL time: 17:45:02 Oct 30

Overall AvgConc (mg/m3): 0.003

Point	Date	Time	Avg. Conc.(mg/m3)
1	30-Oct	16:51:42	0.006
2	30-Oct	16:51:52	0.016
3	30-Oct	16:52:02	0.042
4	30-Oct	16:52:12	0.001
5	30-Oct	16:52:22	0
6	30-Oct	16:52:32	0
7	30-Oct	16:52:42	0.006
8	30-Oct	16:52:52	0.002
9	30-Oct	16:53:02	0.001
10	30-Oct	16:53:12	0.001
11	30-Oct	16:53:22	0.002
12	30-Oct	16:53:32	0.001
13	30-Oct	16:53:42	0
14	30-Oct	16:53:52	0.001
15	30-Oct	16:54:02	0.001
16	30-Oct	16:54:12	0
17	30-Oct	16:54:22	0.001
18	30-Oct	16:54:32	0.003
19	30-Oct	16:54:42	0.003
20	30-Oct	16:54:52	0.005
21	30-Oct	16:55:02	0.012
22	30-Oct	16:55:12	0.004
23	30-Oct	16:55:22	0.001
24	30-Oct	16:55:32	0.008
25	30-Oct	16:55:42	0.005
26	30-Oct	16:55:52	0.007
27	30-Oct	16:56:02	0.015
28	30-Oct	16:56:12	0.001
29	30-Oct	16:56:22	0.002
30	30-Oct	16:56:32	0.009
31	30-Oct	16:56:42	0
32	30-Oct	16:56:52	0.008
33	30-Oct	16:57:02	0.003
34	30-Oct	16:57:12	0.002
35	30-Oct	16:57:22	0.003



APPENDIX H

BACKFILL CHEMICAL AND GEOTECHNICAL TESTING RESULTS

Aggregate Specifications_____ /Ap' AfPates //•/1*00Tmw: /3I60Sample* /

	!		!		
OKWC Ska	Weight PorR	Fines	Pass	% Ret.	Dot specs
3	/tfs*		/<#>		
11/2	/£!£>		/OB		
3/4	A«fc-		?tf?		
4	V%#		2? , ^		
Total					

Loader

Stodtpfe

Tectatictan
_ £ ^ _____
Comments

wr. Before WT.Mnn_ Difference: Wash; %
WT. Before: WT.AJten" Crush: %

Aggregate
Specified : S O
Type: - ^

TIMSIJ&40
Samples >

	f		!		
Sew Size	Weight PorR	+ Fines	% Pass	% Ret	Dot Specs
4	<%rt£				
10	tot>#				
40	W?		M/		
200	Vty,				
			I		
Total					

Loader

Stoctete

Technician

Comments

WastiTflft
WT. Before:
WT. After?
OifforenceT

Crush count:
WT. Before:
WT-After

Crush:

Wash: %

cd

AGGREGATE
SPECULATION:

/ \$r

DATEi //i&'QO

Tl«6: Ag/Jg »b» Aim

8AMI>Lttg 7

SIHVB SUE	wmcirr l'urll	l'INKS	1 l'AKS	HOT.	wor snas
' / *	/fc60		JGO		tw
'/v	' , « *		Ma'		tf-/ar
		*			.
'A					/<rz>
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VU					jaa
'/v					O-*r
TOTAL			.		

MJUfll

STOeRHU

TlOMHIM

CONTMUW.

COMMITTS:

irr.B&vw /p@\$ mu&XMK- 9&STS

JWMtt: , 7 ^ %

SEVERN
TRENT
SERVICES

STL PIUabiyi
450 William Pm Way
Pittsburgh, PA 15238-1330

Tel: 412 820 8380
Fax: 412 820 2080
www.stMnc.com

ANALYTICAL REPORT

Porter Sand & Gravel

Lot #: COJ030174

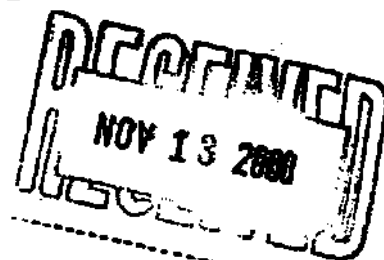
Jeff Sample

Thomas Construction Inc

SEVERN TRENT LABORATORIES, INC.

Veronica Bortot
Veronica Bortot
Project Manager

October 19, 2000



CASE NARRATIVE
Thomas Construction Inc
Porter Sand & Gravel

STLLot#:C0J030174

Sample Receiving:

STL Pittsburgh, PA received samples on October 3,2000. The cooler was at ambient temperature.

A chain of custody was not received with the samples. The sample id's were taken from the sample bottles. The parameters were determined by Jeff Sample via a telephone **call** on September 27,2000.

GC/MS Volatiles:

The method blank had acetone detected. Any sample that had acetone detected had the results flagged with a "**B" qualifier.

GC/MS Semivolatiles:

There were no problems associated with the analysis.

Pesticides:

There were no problems associated with the analysis.

PCB's:

There were no problems associated with the analysis.

Metals:

There were no problems associated with the analysis.

General Chemistry:

There were no problems associated with the analyses.

METHODS SUMMARY

C0J030174

PARAMETER	ANALYTICAL METHOD	PREPARATION METHOD
Cyanide, Total	SW846 9012A	SW846 9012A
Inductively Coupled Plasma (XCP) Metals	SW846 6010B	SW846 3050B
Mercury in Solid Waste (Manual Cold-Vapor)	SW846 7471A	SW846 7471A
Organochlorine Pesticides	SW846 8081A	SW846 3550
PCBs by SW-846 8082	SW846 8082	SW846 3550
Semivolatile Organic Compounds by OC/MS	SW846 8270C	SW846 3550B
Total Residue as Percent Solids	MCAWW 160.3 MOD	MCAWW 160.3 MOD
Trace Inductively Coupled Plasma (XCP) Metals	SW846 6010B	SW846 3050B
Volatile Organics by OC/MS	SW846 8260B	SW846 5030

References:

- MCAWW "Methods for Chemical Analysis of Water and Wastes",
EPA-600/4-79-020, March 1983 and subsequent revisions.
- SW846 •Test Methods for Evaluating Solid Waste, Physical/Chemical
Methods", Third Edition, November 1986 and its updates.

SAMPLE SUMMARY

COJ030174

WO tt SAMPLE# CLIENT SAMPLE ID

DATE TIME

DLFP6 001 VEGETATE BIG FLATS
DLFP6 002 TOP SOILS

10/02/00
10/02/00

HOTB(S)

* The analytkil results of the samples lined above are presented on die following pages.

- AD catculaoons are performed before rounding to avoid found-off errors In calculated results.
- Results noted as "ND" were not detected at or above the sotted Onto.
- This report must not be reproduced, except in ftiH. without die wrhten approval of dw laboratory.
- Results for dw following parameters are never reported on a dry weight basis: color, corrosjvoy, density, flashpoint, ignlbtUiy. layers, odor, paint filter test, pH. porosity pressure, reactivity, redox potential, specific gravity, spot tests, solids, solubility, temperature, viscosity, and weight.

Conversation Record



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tj/p» ei Contort AtamaSymbol/ MW
Vieff U Conference • Tehphon* D AKOmJhif
Location of Visit or Cont^Wo* /
Name of Person(s) Contacted
Subject
Summary

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i(/Ji-3-rt ^
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•rvxr/V ^>i

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IBS' = ff^a ±22⁶⁶¹T&
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Action ftoquirnt

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Cooler Receipt Form

STL Pittsburgh

Client _____ / A(fy*JtjSL~L s™<?r*
Co^fc.ec'd & Opened for Temp. Check on:
CooRrs Opened and Unpacked on: _____

Project: _

Quote: _____

By: [Signature]
(Signature)

STL Pittsburgh Lot Number

fo -m&rw

Yes No

1. Were custody seals on the outside of the cooler?

If YES, how many and where? Quantity_Location

Were signatures and date correct? _____

2. Were custody papers included inside the cooler?

3. Were custody papers properly filled out (ink, signed, match labels)?

4. Did you sign the custody papers in the appropriate place? _____

5. Was shippers packing slip attached to this form? _____

6. Were packing materials used? _____

A.

*YES, what type? _____ c.

7. Were the samples chilled? (Record temperatures on reverse side.) f/ &AAAA.

8. Were the samples appropriately preserved? _____

9. Were all bottles sealed in separate plastic bags?

10. Did all bottles arrive in good condition (unbroken)?

11. Were all bottle labels complete (sample ID, preservatives, etc.)?

12. Did all bottle labels and/or tags agree with custody papers?

13. Were correct bottles used for tests indicated?

14. Were all VOA vials checked for the presence of air bubbles?

15. Was a sufficient amount of sample sent in each bottle? _____

16. Samples received by: **FEDEX** UPS CLIENT DROP-OFF OTHER AIRBORNE

Explain any discrepancies: _____

2 Review

Was contacted on

by

to resolve discrepancies.

P: Preserved
UP: Unpreserved

[illegible]

W-Nirrcoud b r M* sample bottles for ammonia, chemical oxygen demand, niaatefaitritie, TKN, or total phosphorus

Comments: _____

Cooler Number

1

Temperajure

Bottle Type

Lot Number*



* Please use an asterisk if bottle lot number was covered by the label.

$$t$$

1 From This portion can be removed for RacePoint's records. 814554732235
Date 1/30/00 FedEx Tracking Number
Sender's RALPH E. PORTER Phone 607 565-245

REC

City **HAVERLY** State **NY** ZIP **14892**

2 Your Internal Billing Reference _____

3 To Recipient's Name **Anthony Lee** Phone **412 820-2151**

Company **SEVREN TRENT LABORATORIES**

Address **BLDG 6 3rd Floor**

We cannot deliver to: _____ not ZIP codes

Bldg./Floor/Suite/Room _____

waasr

$$-n! \wedge n \cdot \leq 1^g : p''$$

L

8145 5473 2235

Fet&L— ** 2DAV ** TUE
Mp * 148285 38SEP88 Deliver By:

» 8145 5473 2235 «

15238 _pA_us

PIT
AGCA



- dSSSa^ OMSS* OMSK-

S Packaging

- w&ww
- W&Prt*

$$G^0 \sim at^* \text{---} ass^{-*} \text{---}^N$$

7 Payment —————&t a Mift «t. *, «t N «M «i. MM—————1 L-f AeetHa.
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1

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OuMdoatfCal fSOO'Oo-FKBV (WMBUm

THOMAS CONSTRUCTION IMC

Client Sample 3D: VEGETATE BIG FIATS

GC/MS Volatiles

Lot-Sample #...: C0J030174-001 work Order «...: DLFP610X
 Date Sampled...: 10/02/00 Date Received...: 10/03/00
 Analysis Date...: 10/04/00

Prep Batch #...: 0278155
 Dilution Factor: 1

: SW846 8260B

PARAMETER	RESULT	REPORTING LIMIT	UNITS
Acetone	3.6 J,B	22	ug/kg
Benzene	ND	5.5	ug/kg
Bromodichloroethane	ND	5.5	ug/kg
Bromoform	ND	5.5	ug/kg
Bromomethane	ND	11	ug/kg
2-Butanone	ND	22	ug/kg
Carbon disulfide	ND	5.5	ug/kg
Carbon tetrachloride	ND	5.5	ug/kg
Chlorobenzene	ND	5.5	ug/kg
Dibromochloromethane	ND	5.5	ug/kg
Chloroethane	ND	11	ug/kg
Chloroform	ND	5.5	ug/kg
C&I. or ome thane	ND	11	ug/kg
^ ^ ^ ^ - Dichloroethane	ND	5.5	ug/kg
^ ^ Pi - Dichloroethane	ND	5.5	ug/kg
1,1-Dichloroethene	ND	5.5	ug/kg
1,2-Dichloroethene	ND	5.5	ug/kg
(total)			
1,2-Dichloropropane	ND	5.5	ug/kg
els-1,3-Dichloropropene	ND	5.5	ug/kg
trans-1,3-Dichloropropene	ND	5.5	ug/kg
Ethylbenzene	ND	5.5	ug/kg
2-Hexanone	ND	22	ug/kg
Methylene chloride	ND	5.5	ug/kg
4-Methyl-2-pentanone	ND	22	ug/kg
Styrene	ND	5.5	ug/kg
1,1,2,2-Tetrachloroethane	ND	5.5	ug/kg
Tetrachloroethene	ND	5.5	ug/kg
Toluene	ND	5.5	ug/kg
1,1,1-Trichloroethane	ND	5.5	ug/kg
1,1,2-Trichloroethane	ND	5.5	ug/kg
Trichloroethene	ND	5.5	ug/kg
Vinyl chloride	ND	11	ug/kg
Xylenes (total)	ND	5.5	ug/kg
SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS	
1,2-Dichloroethane-d4	85	(61 - 130)	
^MEpluene-d8	82	(60 - 143)	
^ ^ B - Bromofluorobenzene	80	(47 - 158)	
^ ^ ^ ibromofluoromethane	90	(59 - 138)	

(Continued on next page)

THOMAS CONSTRUCTION INC

Client: Sample ID: VEGETATE BIG FLATS

GC/MS Volatiles

Lot-Sample ID: C0J030174-001 Work Order #: DLFP610X Matrix: SOLID

NOTE(S):

] Estimated result. Result based on RL.

Results and reporting limits have been adjusted for dry weight.

B Method blank comparison. The "method blank" contains no target analyte at a reportable level.

TDOHAS CONSTRUCTION XtfC

Client Sample ID: VBGETAXE BIG FIATS

GC/HS semivolatiles

Lot-Sample t C0J030174-001 Work Order #...: DLFP6102
 Date Sampled... 10/02/00 Date Received...: 10/03/00
 10/05/00 Analysis Date...: 10/10/00
 Prep Batch #...: 0279456
 Dilution Factor: 1
 % Moisture 9.4

• SW846 8270C

PARAMETER	RESULT	REPORTING LIMIT	UNITS
Acenaphthene	ND	360	ug/kg
Acenaphthylene	ND	360	ug/kg
Anthracene	ND	360	ug/kg
Benzo (a) anthracene	ND	360	ug/kg
Benzo(a)pyrene	ND	360	ug/kg
Benzo (b) fluoranthene	ND	360	ug/kg
Benzo (k) fluoranthene	ND	360	ug/kg
Benzo(ghi)perylene	ND	360	ug/kg
bis (2-Chloroethoxy) methane	ND	360	ug/kg
bis(2-Chloroethyl)- ether	ND	360	ug/kg
^ ^ k (2 -Ethy lhexy 1)	ND	360	ug/kg
^ ^ H>hthalate			
^ pBromophenyl phenyl ether	ND	360	ug/kg
Butyl benzyl phthalate	ND	360	ug/kg
Carbazole	ND	360	ug/kg
4-Chloroani1ine	ND	360	ug/kg
4 - Chloro - 3 -methy lphenol	ND	360	ug/kg
2 -Chloronaphthalene	ND	360	ug/kg
2-Chlorophenol	ND	360	ug/kg
4-chlorophenyl phenyl ether	ND	360	ug/kg
Chrysene	ND	360	ug/kg
Dibenz (a, h) anthracene	ND	360	ug/kg
Dibenzofuran	ND	360	ug/kg
1,2 -Dichlorobenzene	ND	360	ug/kg
1,3 -Dichlorobenzene	ND	360	ug/kg
1,4 'Dichlorobenzene	ND	360	ug/kg
3,3• -Dichlorobenzidine	ND	1800	ug/kg
2,4"Dichlorophenol	ND	360	ug/kg
Diethyl phthalate	ND	360	ug/kg
2,4 -Dime thy lphenol	ND	360	ug/kg
Dimethyl phthalate	ND	360	ug/kg
Di-n-butyl phthalate	ND	360	ug/kg
Di-n-octyl phthalate	ND	360	ug/kg
^ ^ , 4 -Dinitrophenol	ND	1800	ug/kg

(Continued on next page)

THOMAS CONSTRUCTION XHC

Client Sample ID: VEGETATE BX0 FLATS

GC/MS Semivolatiles

Lot-Sample #...: C0J030174-001 Work Order #...: DLFP6102 Matrix...: SOLID

PARAMETER	RESULT	REPORTING	
		LIMIT	UNITS
4,6-Dinitro- 2-methylphenol	ND	1800	ug/kg
2,4-Dinitrotoluene	ND	360	ug/kg
2,6-Dinitrotoluene	ND	360	ug/kg
Fluoranthene	ND	360	ug/kg
Fluorene	ND	360	ug/kg
Hexachlorobenzene	ND	360	ug/kg
Hexachlorobutadiene	ND	360	ug/kg
Hexachlorocyclopenta- diene	ND	1800	ug/kg
Hexachloroethane	ND	360	ug/kg
Indeno(1,2,3-cd)pyrene	ND	360	ug/kg
Isophorone	ND	360	ug/kg
2-Methylnaphthalene	ND	360	ug/kg
2-Methylphenol	ND	360	ug/kg
3-Methylphenol	ND	360	ug/kg
4-Methylphenol	ND	360	ug/kg
1-Methylphenol	ND	360	ug/kg
2-Nitroaniline	ND	1800	ug/kg
4-Nitroaniline	ND	1800	ug/kg
4-Nitroaniline	ND	1800	ug/kg
Nitrobenzene	ND	360	ug/kg
2-Nitrophenol	ND	360	ug/kg
4-Nitrophenol	ND	1800	ug/kg
N-Nitrosodimethylamine	ND	360	ug/kg
N-Nitrosodiphenylamine	ND	360	ug/kg
2,2'-oxybis(1-Chloropropane)	ND	360	ug/kg
Pentachlorophenol	ND	1800	ug/kg
Phenanthrene	ND	360	ug/kg
Phenol	ND	360	ug/kg
Pyrene	ND	360	ug/kg
1,2,4-Trichloro- benzene	ND	360	ug/kg
2,4,5-Trichloro- phenol	ND	360	ug/kg
2,4,6-Trichloro- phenol	ND	360	ug/kg

(Continued on next page)

THOMAS CONSTRUCTION INC

Client Sample ID: **VHGETAXB BIG FEATS**

GC/MS Semivolatiles

Lot-Sample #...-. COJ030174-001 **Work Order ft...: DLFP6102** **Matrix.** **SOLID**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Phenol-d5	57	(25 - 115)
2-Fluorobiphenyl	68	(43 - 110)
Nitrobenzene-d5	66	(42 - 110)
Terphenyl-d14	60	(37 - 137)
2-Fluorophenol	50	(11 - 116)
2,4,6 -Tribromophenol	55	(35 - 116)

NOTE(S):

Remits md reporting Bmia hive been tdjuited for dry weight.

THOMAS CONSTRUCTION INC

Client: Sample ID: VEGETATE BIG FIATS

GC Semivolatiles

Lot-Sample #...: C0J030174-001 Work Order #...: DLFP6103
 Date Sampled...: 10/02/00 Date Received...: 10/03/00
 Prep Date...: 10/09/00 Analysis Date...: 10/10/00
 Prep Batch #...: 0283616
 Dilution Factor: 1

, - SW846 8081A

PARAMETER	RESULT	REPORTING LIMIT	UNITS
Aldrin	ND	1.9	ug/kg
alpha-BHC	ND	1.9	ug/kg
beta-BHC	ND	1.9	ug/kg
delta-BHC	ND	1.9	ug/kg
gamma-BHC (Lindane)	ND	1.9	ug/kg
alpha-Chlordane	ND	1.9	ug/kg
gamma-Chlordane	ND	1.9	ug/kg
4,4'-DDD	ND	1.9	ug/kg
4,4'-DDE	ND	1.9	ug/kg
4,4'-DDT	ND	1.9	ug/kg
Dieldrin	ND	1.9	ug/kg
Endosulfan I	ND	1.9	ug/kg
Endosulfan II	ND	1.9	ug/kg
Endrin ketone	ND	1.9	ug/kg
Endosulfan sulfate	ND	1.9	ug/kg
Endrin	ND	1.9	ug/kg
Endrin aldehyde	ND	1.9	ug/kg
Heptachlor	ND	1.9	ug/kg
Heptachlor epoxide	ND	1.9	ug/kg
Toxaphene	ND	74	ug/kg
Methoxychlor	ND	19	ug/kg
	PERCENT RECOVERY	RECOVERY LIMITS	
Tetrachloro-m-xylene	73	(31 - 131)	
Decachlorobiphenyl	97	(18 - 145)	

HOTB(S):

Remit* and reporting UmUs have been adjusted for dry weight.

THOMAS CONSTRUCTION INC

Client Sample XD: VEGETATE BIO FIATS

GC Semivolatiles

Lot-Sample #...: C0J030174-001 Work Order ft...: DLFP6104 Matrix... : SOLID
Date Sampled...: 10/02/00 Date Received. 10/03/00 MS Run ft. : 0283310
Prep Date.....: 10/09/00 Analysis Date. 10/10/00
Prep Batch ft...: 0283623
Dilution Factor: 1
% Moisture: 9.4 Method.....: SW846 8082

PARAMETER	RESULT	REPORTING LIMIT	UNITS
Aroclor 1016	ND	36	ug/kg
Aroclor 1221	ND	36	ug/kg
Aroclor 1232	ND	36	ug/kg
Aroclor 1242	ND	36	ug/kg
Aroclor 1248	ND	36	ug/kg
Aroclor 1254	ND	36	ug/kg
Aroclor 1260	ND	36	ug/kg

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetrachloro-m- xylene	73	(31 - 127)
Decachlorobiphenyl	78	(23 - 141)

(S):

Ea and repotting limits hive been adjusted for dry weight.

THOMAS CONSTRUCTION XNC

Client Sample ID: VEGETATE BIG FIATS

TOTAL Metals

lot-Sample #...: C0J030174-001

Matrix.....*.SOLID

Date Sampled...: 10/02/00

Date Received...: 10/03/00

% Moisture...: 9.4

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
Prep Batch #.. : 0284145						
Antimony	0.43 B	6.6	mg/kg	SH846 6010B	10/10-10/12/00	DLFP6105
		Dilution Factor: 1		MS Run #.....: 0284046		
Silver	ND	1.1	mg/kg	SW846 6010B	10/10-10/12/00	DLFP610A
		Dilution Factor: 1		MS Run ft.....: 0284046		
Aluminum	10600	22.1	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610B
		Dilution Factor: 1		MS Run ft.....: 0284046		
Arsenic	9.9	1.1	mg/kg	SW846 6010B	10/10-10/12/00	DLFP6106
		Dilution Factor: 1		MS Run ft.....: 0284046		
Barium	51.0	22.1	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610F
		Dilution Factor: 1		MS Run #.....: 0284046		
Boron	0.50 B	0.55	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610G
		Dilution Factor: 1		MS Run ft.....: 0284046		
Calcium	689	552	mg/kg	SW846 6010B	10/10-10/11/00	DLPP610H
		Dilution Factor: 1		MS Run ft.....: 0284046		
Cadmium	ND	0.55	mg/kg	SW846 6010B	10/10-10/12/00	DLFP6107
		Dilution Factor: 1		MS Run t.....: 0264046		
Cobalt	10.5	5.5	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610J
		Dilution Factor: 1		MS Run ft.....: 0284046		
Chromium	11.4	1.1	mg/kg	SW846 6010B	10/10-10/12/00	DLFP610D
		Dilution Factor: 1		MS Run ft.....: 0284046		
Copper	14.7	2.8	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610K
		Dilution Factor: 1		MS Run ft.....: 0284046		
Iron	22600	11.0	mg/kg	SW846 6010B	10/10-10/11/00	DLPP610L
		Dilution Factor: 1		MS Run ft.....: 0284046		
Potassium	866	552	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610Q
		Dilution Factor: 1		MS Run ft.....: 0284046		
Magnesium	2750	552	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610M
		Dilution Factor: 1		MS Run ft.....: 0284046		

{Continued on next page}

THOMAS CONSTRUCTION INC

Client: Sample ID: VEGETATE BIG FIATS

TOTAL Metals

Lot-Sample #...: COJ030174-001

Matrix.

SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
Manganese	443	1.7	rag/kg	SW846 6010B	10/10-10/H/OO	DLFP610N
		Dilution Factort 1		MS Run #.	.0284046	
Sodium	41.4 B	552	mg/kg	SW846 6010B	10/10-10/11/OO	DLFP610R
		Dilution Pactor i l		MS Run ft.....:	0284046	
Nickel	17.S	4.4	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610P
		Dilution Factort 1		MS Run ft.....:	0284046	
Lead	11.2	0.33	mg/kg	SW846 6010B	10/10-10/12/00	DLFP6108
		Dilution Factori 1		MS Run ft.....:	0284046	
Selenium	ND	0.55	mg/kg	SW846 6010B	10/10-10/12/00	DLFP6109
		Dilution Factort 1		MS Run ft.....:	0284046	
Thallium	0.99 B	1.1	mg/kg	SW846 6010B	10/10-10/12/00	DLFP610C
		Dilution Factor: 1		MS Run ft.....:	0284046	
# » .um	13.9	5.5	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610T
		Dilution Factori 1		MS Run ft.....:	0284046	
Zinc	49.1	2.2	mg/kg	SW846 6010B	10/10-10/11/00	DLFP610U
		Dilution Factort 1		MS.Run ft.....:	0284046	
Prep Batch ft...:	0284338					
Mercury	ND	0.11	mg/kg	SW846 7471A	10/11/00	DLFP610V
		Dilution Factort 1		MS Run ft.....:	0284184	

NOTB(S):

B Estimated result Result is tea dun RL.

Resun* and repotting ttnrits have been adjused tor diy weight.

THOMAS CONSTRUCTION INC

Client Sample ID: VEGETATE BIG FIATS

General Chemistry

Lot-Sample ft...: C0J030174-001

Work order #...: DLFP6

Matrix.

SOLID

Date Sampled...: 10/02/00

Date Received...: 10/03/00

% Moisture: 9.4

PARAMETER	RESULT	RL	UNITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
Cyanide, Total	ND	0.55	mg/kg	SW846 9012A	10/10-10/11/00	0284173
		Dilution Factor: 1		MS Run #. i	0284066	
Percent Solids	90.6			MAHW 160.3 MOD	10/04-10/05/00	0279115
		Dilution Factor: 1		MS Run fl.....:	0279019	

NOTE(S)

RL Repotting Limit

Results and repotting If plants have been natural for dry weight.

THOMAS CONSTRUCTION TJ9C

Client: Sample ID: TOP SOILS

GC/MS Volatiles

Lot-Sample ft... : C0J030174-002	Work Order ft... : DLFPG10X	MS Run ft... : 0278058
Date Sampled... : 10/02/00	Date Received... : 10/03/00	
	Analysis Date... : 10/04/00	
Prep Batch ft... : 0278155		
Dilution Factor : 1		
• 11	.T SW846 8260B	

PARAMETER	RESULT	REPORTING LIMIT	UNITS
Acetone	3.1 J,B	22	ug/kg
Benzene	ND	5.6	ug/kg
Bromodichlorome thane	ND	5.6	ug/kg
Bromoform	ND	5.6	ug/kg
Bromomethane	ND	11	ug/kg
2-Butanone	ND	22	ug/kg
Carbon disulfide	ND	5.6	ug/kg
Carbon tetrachloride	ND	5.6	ug/kg
Chlorobenzene	ND	5.6	ug/kg
Dibromochloromethane	ND	5.6	ug/kg
Chloroethane	ND	11	ug/kg
Chloroform	ND	5.6	ug/kg
QLloromethane	ND	11	ug/kg
^^A-Dichloroethane	ND	5.6	ug/kg
^^P-Dichloroethane	ND	5.6	ug/kg
1,1-Dichloroethene	ND	5.6	ug/kg
1,2-Dichloroethene (total)	ND	5.6	ug/kg
1,2-Dichloropropane	ND	5.6	ug/kg
cis-1,3-Dichloropropene	ND	5.6	ug/kg
trans-1,3-Dichloropropene	ND	5.6	ug/kg
Ethylbenzene	ND	5.6	ug/kg
2-Hexanone	ND	22	ug/kg
Methylene chloride	ND	5.6	ug/kg
4-Methyl-2-pentanone	ND	22	ug/kg
Styrene	ND	5.6	ug/kg
1,1,2,2-Tetrachloroethane	ND	5.6	ug/kg
Tetrachloroethene	ND	5.6	ug/kg
Toluene	ND	5.6	ug/kg
1,1,1-Trichloroethane	ND	5.6	ug/kg
1,1,2-Trichloroethane	ND	5.6	ug/kg
Trichloroethene	ND	5.6	ug/kg
Vinyl chloride	ND	11	ug/kg
Xylenes (total)	ND	5.6	ug/kg

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
1,2-Dichloroethane-d4	82	(61 - 130)
^flKpluene - d8	79	(60 - 143)
^^B-Bromofluorobenzene	73	(47 - 158)
^•Wibromofluoromethane	87	(59 - 138)

(Continued on next page)

THOMAS CONSTRUCTION IHC

Client Sample ID: TOP SOILS

GC/MS Volatiles

Lot-Sample #...: C0J030174-002 Work Order #...: DLFPG10X Matrix.....s SOLID

NOTE(S):

I Ennttttd itmlL Routt b len (ban RL.

Results and reporting lindu hive been adjusted (or diy weight.

B Mahod blank containfaiittai. The associated mahod blmlc contain ihe target tnalyte at • reportable level.

THOMAS GQHSTSDCTION IHC

Client Sample ID: TOP SOILS

GC/MS Semivolatiles

Lot-Sample #...: C0J030174-002 Work order # - : DLFPG102: SOLID
 Date Sampled...: 10/02/00 Date Received...: 10/03/00
 Prep Date.....: 10/05/00 Analysis Date...: 10/10/00
 Prep Batch #...: 0279456
 Dilution Factor: 1
 % Moisture: 11 • SW846 8270C

PARAMETER	RESULT	REPORTING LIMIT	UNITS
Acenaphthene	ND	370	ug/kg
Acenaphthylene	ND	370	ug/kg
Anthracene	MD	370	ug/kg
Benzo (a) anthracene	ND	370	ug/kg
Benzo {a} pyrene	ND	370	ug/kg
Benzo (b) f luoranthene	ND	370	ug/kg
Benzo (k) f luoranthene	ND	370	ug/kg
Benzo (ghi) perylene	ND	370	ug/kg
bis (2-Chloroethoxy) methane	ND	370	ug/kg
bis(2-Chloroethyl)- ether	ND	370	ug/kg
^^Bphtaalate	ND	370	ug/kg
^^Sromophenyl phenyl ether	ND	370	ug/kg
Butyl benzyl phthalate	ND	370	ug/kg
Carbazole	ND	370	ug/kg
4 -Chloroani 1 ine	ND	370	ug/kg
4 - Chloro - 3 -methy lphenol	ND	370	ug/kg
2 - Chloronaphthalene	ND	370	ug/kg
2-Chlorophenol	ND	370	ug/kg
4-Chlorophenyl phenyl ether	ND	370	ug/kg
Chrysene	ND	370	ug/kg
Dibenz (a, h) anthracene	ND	370	ug/kg
Dibenzofuran	ND	370	ug/kg
1,2-Dichlorobenzene	ND	370	ug/kg
l, 3 -Dichlorobenzene	ND	370	ug/kg
1,4 -Dichlorobenzene	ND	370	ug/kg
3,3' -Dichlorobenzidine	ND	1800	ug/kg
2,4 -Di chlorophenol	ND	370	ug/kg
Diethyl phthalate	ND	370	ug/kg
2,4 -Ditrte thy lphenol	ND	370	ug/kg
Dimethyl phthalate	ND	370	ug/kg
Di-n-butyl phthalate	ND	370	ug/kg
Di-n-octyl phthalate	ND	370	ug/kg
2,4-Dinitrophenol	ND	1800	ug/kg

(Continued on next page)

THOMAS CONSTRUCTION INC

Client Sample ID: TOP SOILS

GC/KS Semivolatiles

Lot-Sample ft...: C0J030174-002

Work Order ft...: DLFPG102

Matrix: SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS
4,6-Dinitro- 2-methylphenol	ND	1800	ug/kg
2,4-Dinitrotoluene	ND	370	ug/kg
2,6-Dinitrotoluene	ND	370	ug/kg
Fluoranthene	ND	370	ug/kg
Fluorene	ND	370	ug/kg
Hexachlorobenzene	ND	370	ug/kg
Hexachlorobutadiene	ND	370	ug/kg
Hexachlorocyclopenta- diene	ND	1800	ug/kg
Hexachloroethane	ND	370	ug/kg
Indeno(1,2,3-cd)pyrene	ND	370	ug/kg
Isophorone	ND	370	ug/kg
2-Methylnaphthalene	ND	370	ug/kg
2-Methylphenol	ND	370	ug/kg
3-Methylphenol & 4-Methylphenol	ND	370	ug/kg
1-Methyl-2-naphthalene	ND	370	ug/kg
1-Nitroaniline	ND	1800	ug/kg
2-Nitroaniline	ND	1800	ug/kg
4-Nitroaniline	ND	1800	ug/kg
Nitrobenzene	ND	370	ug/kg
2-Nitrophenol	ND	370	ug/kg
4-Nitrophenol	ND	1800	ug/kg
N-Nitrosodi-n-propyl- amine	ND	370	ug/kg
N-Nitrosodiphenylamine	ND	370	ug/kg
2,2'-oxybis(1-Chloropropane)	ND	370	ug/kg
Pentachlorophenol	ND	1800	ug/kg
Phonaw*-Vn*ene	ND	370	ug/kg
Phenol	ND	370	ug/kg
Pyrene	ND	370	ug/kg
1,2,4-Trichloro- benzene	ND	370	ug/kg
2,4,5-Trichloro- phenol	ND	370	ug/kg
2,4,6-Trichloro- phenol	ND	370	ug/kg

(Continued on next page)

THOMAS CONSTRUCTION INC

Client: Saimale XDs TOP SOILS

GC/MS Semivolatiles

Lot-Sample ft...: C0J030174-002 Work Order ft...: DLFPG102 Matrix.....: SOLID

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Phenol-d5	61	(25 - 115)
2-Fluorobiphenyl	71	(43 - 110)
Nitrobenzene-d5	71	(42 - 110)
Terphenyl-d14	55	(37 - 137)
2-Fluorophenol	54	(11 - 116)
2,4,6 -Tribromophenol	55	(35 - 116)

HOTB(S);

Results ud reporting limits hive been ftdjusted for dry weight.

THOMAS CONSTRUCTION INC

Client: Sample ID: TOP SOILS

GC Semivolatiles

Lot-Sample #...: COJ030174-002 Work Order #. DLFPG103 Matrix... : SOLID
 Date Sampled...: 10/02/00 Date Received. 10/03/00 MS Sun #: 0283308
 Prep Date. s 10/09/00 Analysis Date. 10/10/00
 Prep Batch #-...: 0283616
 Dilution Factor: 1
 % Moisture: 11 Method.....: SW846 8081A

PARAMETER	RESULT	REPORTING LIMIT	UNITS
Aldrin	ND	1.9	ug/kg
alpha-BHC	ND	1.9	ug/kg
beta-BHC	ND	1.9	ug/kg
delta-BHC	ND	1.9	ug/kg
gamma-BHC (Lindane)	ND	1.9	ug/kg
alpha-Chlordane	ND	1.9	ug/kg
gamma-chlordane	ND	1.9	ug/kg
4,4'-DDD	ND	1.9	ug/kg
4,4'-DDE	0.43	1.9	ug/kg
4,4'-EOT	0.39	1.9	ug/kg
Dieldrin	ND	1.9	ug/kg
Endosulfan I	ND	1.9	ug/kg
sulfan II	ND	1.9	ug/kg
in ketone	ND	1.9	ug/kg
• sulfan sulfate	ND	1.9	ug/kg
Endrin	ND	1.9	ug/kg
Endrin aldehyde	ND	1.9	ug/kg
Heptachlor	ND	1.9	ug/kg
Heptachlor. epoxide	ND	1.9	ug/kg
Toxaphene	ND	75	ug/kg
Methoxychlor	ND	19	ug/kg
PERCENT RECOVERY		RECOVERY LIMITS	
SURROGATE			
Tetrachloro-m-xylene	88	(31 - 131)	
Decachlorobiphenyl	100	(18 - 145)	

ROTB(S)i

Results and reporting must be based on the weight.

J Kahrated relate. Rente b ten mm RL.

THOMAS CONSTRUCTION INC

Client Sample XD: TOP SOILS

GC Semivolatiles

Lot-Sample ft...: C0J030174-002 Work Order ft...: DLFPG104
 Date Sampled...: 10/02/00 Date Received...: 10/03/00
 10/09/00 Analysis Date...: 10/10/00
 Prep Batch #...: 0283623
 Dilution Factor: 1
 : 11

PARAMETER	RESULT	REPORTING LIMIT	UNITS
Aroclor 1016	ND	37	ug/kg
Aroclor 1221	ND	37	ug/kg
Aroclor 1232	ND	37	ug/kg
Aroclor 1242	ND	37	ug/kg
Aroclor 1248	ND	37	ug/kg
Aroclor 1254	ND	37	ug/kg
Aroclor 1260	ND	37	ug/kg
SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS	
Tetrachloro-m-xylene	77	(31 - 127)	
Decachlorobipht*nyl	81	(23 - 141)	

^B?(S):

i aod reporting limbs hive been atfynud for dry weighi.

THOMAS CONSTRUCTION INC

Client Sample ID: TOP SOILS

TOTAL Metals

Lot-Sample #.. C0J030174-002
Date Sampled.. 10/02/00
% Moisture.... 11

Date Received..: 10/03/00

Matrix:. SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
Prep Batch #.. : 0284145						
Antimony	0.28 B	6.7	mg/kg	SW846 6010B HS Run ft.....: 0284046	10/10-10/12/00	DLFP6105
		Dilution Factor: 1				
Silver	ND	1.1	mg/kg	SW846 6010B HS Run ft.....i 0284046	10/10-10/12/00	DLFPG10A
		Dilution Factor: 1				
Aluminum	11100	22.5	mg/kg	SW846 6010B HS Run ft.....: 0284046	10/10-10/11/00	DLPPG10E
		Dilution Factor: 1				
Arsenic	7.5	1.1	mg/kg	SW846 6010B HS Run ft.....: 0284046	10/10-10/12/00	DLFPG106
		Dilution Factor: 1				
Barium	125	22.5	mg/kg	SW846 6010B MS Run #.: 0284046	10/10-10/11/00	DLFPG10F
		Dilution Factor: 1				
Hum	0.59	0.56	mg/kg	SW846 6010B MS Run ft.....: 0284046	10/10-10/11/00	DLFPG10G
		Dilution Factor: 1				
n » i - <™	1060	562	mg/kg	SW846 6010B HS Run ft.....i 0284046	10/10-10/11/00	DLFPG10H
		Dilution Factor: 1				
Cadmium	ND	0.56	mg/kg	SW846 6010B HS Run ft.....: 0284046	10/10-10/12/00	DLFPO107
		Dilution Factor: 1				
Cobalt	10.7	5.6	mg/kg	SW846 6010B HS Run ft.....: 0284046	10/10-10/11/00	DLPPO10J
		Dilution Factor: 1				
fΔiTvupTΔnm	12.5	1.1	mg/kg	SN846 6010B HS Run ft.....: 0284046	10/10-10/12/00	DLPPG10D
		Dilution Factor: 1				
Copper	11.4	2.8	mg/kg	EW846 6010B HS Run ft.....i 0284046	10/10-10/11/00	DLFPG10K
		Dilution Factor: 1				
Iron	20900	11.2	mg/kg	SW846 6010B HS Run ft.....: 0284046	10/10-10/11/00	DLFPG10L
		Dilution Factor: 1				
Potassium	1000	562	mg/kg	SW846 6010B MS Run ft.....i 0284046	10/10-10/11/00	DLFP610Q
		Dilution Factor: 1				
Magnesium	2590	562	mg/kg	SW846 6010B MS Run ft.....: 0284046	10/10-10/11/00	DLFPGIOM
		Dilution Factor: 1				

(Continued on next page)

THOMAS CONSTRUCTION INC

Client Sample ID: TOP SOILS

TOTAL Metals

Lot-Sample #.: C0J030174-002

Matrix.

SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
Manganese	717	1.7	mg/kg	~ SW846 6010B MS Run #. i 0284046	10/10-10/11/00	DLFPG10H
		Dilution Factor: 1				
Sodium	35.0 B	562	mg/kg	SW846 6010B MS Run #. t 0284046	10/10-10/11/00	DLFPG10R
		Dilution Factor: 1				
Nickel	15.9	4.5	mg/kg	SH846 6010B MS Run #. i 0284046	10/10-10/11/00	DLPPG10P
		Dilution Factor: 1				
Lead	18.1	0.34	mg/kg	SW846 6010B MS Run #. 0284046	10/10-10/12/00	DLFPG108
		Dilution Factor: 1				
Selenium	ND	0.56	mg/kg	SW846 6010B MS Run #. i 0284046	10/10-10/12/00	DLFPG109
		Dilution Factor: 1				
Thallium	1.6	1.1	mg/kg	SN846 6010B MS Run #. : 0284046	10/10-10/12/00	DLPPG10C
		Dilution Factor: 1				
Vanadium	14.4	5.6	ng/kg	SW846 6010B MS Run #. i 0284046	10/10-10/11/00	DLFPG10T
		Dilution Factor: 1				
Silver	60.9	2.2	mg/kg	SW846 6010B MS Run #. : 0284046	10/10-10/11/00	DLPPG10U
		Dilution Factor: 1				
Prep Batch #.: 0284338						
Mercury	0.035 B	0.11	mg/kg	SH846 7471A MS Run #. : 0284184	10/11/00	DLFPG10V
		Dilution Factor: 1				

NOTES:

B Eschmed reatfL Remit is kn thm RL.

Results nd repotting Undo) hve been attuned for dry weight.

THOMAS CONSTRUCTION IHC

Client Sample ID: TOP SOILS

General Chemistry

Lot-Sample #...: C0J030174-002

Work Order #...: DLFPQ

Matrix.....: SOLID

Date Sampled...: 10/02/00

Date Received..: 10/03/00

% Moisture.....: 11

PARAMETER	RESULT	RL	UNITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
Cyanide, Total	ND	0.56	mg/kg	SW846 9012A	10/10-10/H/OO	0284173
		Dilution Factor: 1		MS Run fl.....:	0284066	
Percent Solids	89.0			MCAWW 160.3 MOD	10/04-10/05/00	0279115
		Dilution Factor: 1		MS Run #.	.0279019	

NOTE(S):

RL Reporting lit***

Resatu tnd reporting tinritshm beat *4]used for dry weight.

METHOD BLANK RBPOHT

GC/MS volatiles

Client Lot #...: C0J030174
HB Lot-Sample t: C0J040000-155

Work Order ft...: DLGXJ101

Matrix.....: SOLID

Analysis Date...: 10/04/00
Dilution Factor: 1

Prep Date.....: 10/04/00

Prep Batch #...: 0278155

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD
Acetone	3.3 J	20	ug/kg	SN846 8260B
Benzene	ND	5.0	ug/kg	SW846 8260B
Bromodichloromethane	ND	5.0	ug/kg	SW846 8260B
Bromoforran	ND	5.0	ug/kg	SW846 8260B
Bromomethane	ND	10	ug/kg	SW846 8260B
2-Butanone	ND	20	ug/kg	SW846 8260B
Carbon disulfide	ND	5.0	ug/kg	SW846 8260B
Carbon tetrachloride	ND	5.0	ug/kg	SW846 8260B
Chlorobenzene	ND	5.0	ug/kg	SW846 8260B
Dibromochloromethane	ND	5.0	ug/kg	SW846 8260B
Chloroethane	ND	10	ug/kg	SW846 8260B
Chloroform	ND	5.0	ug/kg	SW846 8260B
Chlorotetraethane	ND	10	ug/kg	SW846 8260B
1,1-Dichloroethane	ND	5.0	ug/kg	SW846 8260B
1,2-Dichloroethane	ND	5.0	ug/kg	SW846 8260B
(total)				
1,2-Dichloropropane	ND	5.0	ug/kg	SW846 8260B
cis-1,3-Dichloropropene	ND	5.0	ug/kg	SW846 8260B
trans-1,3-Dichloropropene	ND	5.0	ug/kg	SW846 8260B
Ethylbenzene	ND	5.0	ug/kg	SW846 8260B
2-Hexanone	ND	20	ug/kg	SW846 8260B
Methylene chloride	ND	5.0	ug/kg	SW846 8260B
4-Methyl-2-pentanone	ND	20	ug/kg	SW846 8260B
Styrene	ND	5.0	ug/kg	SW846 8260B
1,1,2,2-Tetrachloroethane	ND	5.0	ug/kg	SW846 8260B
Tetrachloroethene	ND	5.0	ug/kg	SW846 8260B
Toluene	ND	5.0	ug/kg	SW846 8260B
1,1,1-Trichloroethane	ND	5.0	ug/kg	SW846 8260B
1,1,2-Trichloroethane	ND	5.0	ug/kg	SW846 8260B
Trichloroethene	ND	5.0	ug/kg	SW846 8260B
Vinyl chloride	ND	10	ug/kg	SW846 8260B
Xylenes (total)	ND	5.0	ug/kg	SW846 8260B

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
1,2-Dichloroethane-d4	91	(61 - 130)
^toluene-d8	90	(60 - 143)
^^Bromofluorobenzene	91	(47 - 158)
^^P&orraofluoromethane	96	(59 - 138)

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GC/MS Volatiles

Client Lot #...: C0J030174

Work Order #...: DLGXJ101

Matrix: SOLID

NOTE(S) :

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GC/MS Semivolatiles

Client Lot ft...: C0J030174
 MB Lot-Sample #: C0J050000-456

Work Order #...: DT.T.T.F101

Matrix.

SOLID

Analysis Date...: 10/10/00
 Dilution Factor: 1

Prep Date.....: 10/05/00

Prep Batch ft....: 0279456

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD
Acenaphthene	ND	330	ug/kg	SW846 8270C
Acenaphthylene	ND	330	ug/kg	SW846 8270C
Anthracene	ND	330	ug/kg	SW846 8270C
Benzo(a)anthracene	ND	330	ug/kg	SW846 8270C
Benzo(a)pyrene	ND	330	ug/kg	SW846 8270C
Benzo(b)fluoranthene	ND	330	ug/kg	SW846 8270C
Benzo(k)fluoranthene	ND	330	ug/kg	SW846 8270C
Benzo(ghi)perylene	ND	330	ug/kg	SW846 8270C
bis(2-Chloroethoxy) methane	ND	330	ug/kg	SW846 8270C
bis(2-Chloroethyl)- ether	ND	330	ug/kg	SW846 8270C
bis(2-Ethylhexyl) thallate	ND	330	ug/kg	SW846 8270C
MMsmophenyl phenyl ether	ND	330	ug/kg	SW846 8270C
Butyl benzyl phthalate	ND	330	ug/kg	SW846 8270C
Carbazole	ND	330	ug/kg	SW846 8270C
4-Chloroaniline	ND	330	ug/kg	SW846 8270C
4-Chloro-3-methylphenol	ND	330	ug/kg	SW846 8270C
2-Chloronaphthalene	ND	330	ug/kg	SW846 8270C
2-Chlorophenol	ND	330	ug/kg	SW846 8270C
4-Chlorophenyl phenyl ether	ND	330	ug/kg	SW846 8270C
Chrysene	ND	330	ug/kg	SW846 8270C
Dibenz(a,h)anthracene	ND	330	ug/kg	SMS46 8270C
Dibenzofuran	ND	330	ug/kg	SW846 8270C
1,2-Dichlorobenzene	ND	330	ug/kg	SW846 8270C
1,3-Dichlorobenzene	ND	330	ug/kg	SW846 8270C
1,4-Dichlorobenzene	ND	330	ug/kg	SW846 8270C
3,3'-Dichlorobenzidine	ND	1600	ug/kg	SW846 8270C
2,4-Dichlorophenol	ND	330	ug/kg	SW846 8270C
Diethyl phthalate	ND	330	ug/kg	SW846 8270C
2,4-Dimethylphenol	ND	330	ug/kg	SW846 8270C
Dimethyl phthalate	ND	330	ug/kg	SW846 8270C
Di-n-butyl phthalate	ND	330	ug/kg	SW846 8270C
Di-n-octyl phthalate	ND	330	ug/kg	SW846 8270C
2,4-Dinitrophenol	ND	1600	ug/kg	SW846 8270C
6,6-Dinitro- 2-methylphenol	ND	1600	ug/kg	SW846 8270C
4,4-Dinitrotoluene	ND	330	ug/kg	SW846 8270C

(Continued on next page)

METHOD BLANK REPORT

GC/MS Semivolatiles

Client Lot #...: COJ030174

work Order #... DLLLLF101

Matrix.....: SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD
2,6-Dinitrotoluene	ND	330	ug/kg	SW846 8270C
Fluoranthene	ND	330	ug/kg	SW846 8270C
Fluorene	ND	330	ug/kg	SW846 8270C
Kexachlorobenzene	ND	330	ug/kg	SW846 8270C
Hexachlorobutadiene	ND	330	ug/kg	SW846 8270C
Hexachlorocyclopenta- diene	ND	1600	ug/kg	SW846 8270C
Hexachloroethane	ND	330	ug/kg	SW846 8270C
Xndeno (1,2,3 - cd) pyrene	ND	330	ug/kg	SW846 8270C
Isophorone	ND	330	ug/kg	SW846 8270C
2-Methylnaphthalene	ND	330	ug/kg	SW846 8270C
2-Methylphenol	ND	330	ug/kg	SW846 8270C
3-Methylphenol & 4-Methylphenol	ND	330	ug/kg	SW846 8270C
Naphthalene	ND	330	ug/kg	SW846 8270C
2-Nitroaniline	ND	1600	ug/kg	SW846 8270C
3-Nitroaniline	ND	1600	ug/kg	SW846 8270C
4-Nitroaniline	ND	1600	ug/kg	SW846 8270C
1,2,4-Trichlorobenzene	ND	330	ug/kg	SW846 8270C
4-Nitrophenol	ND	330	ug/kg	SW846 8270C
4-Nitrophenol	ND	1600	ug/kg	SW846 8270C
N-Nitrosodimethylamine	ND	330	ug/kg	SW846 8270C
N-Nitrosodiphenylamine	ND	330	ug/kg	SW846 8270C
2,2'-oxybis(1-Chloropropyl)	ND	330	ug/kg	SW846 8270C
Pentachlorophenol	ND	1600	ug/kg	SW846 8270C
Phenanthrene	ND	330	ug/kg	SW846 8270C
Phenol	ND	330	ug/kg	SW846 8270C
Pyrene	ND	330	ug/kg	SW846 8270C
1,2,4-Trichlorobenzene	ND	330	ug/kg	SW846 8270C
2,4,5-Trichlorophenol	ND	330	ug/kg	SW846 8270C
2,4,6-Trichlorophenol	ND	330	ug/kg	SW846 8270C
SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS		
Phenol-d5	59	(25 - 115)		
2-Fluorobiphenyl	57	(43 - 110)		
Nitrobenzene-d5	60	(42 - 110)		
Terphenyl-d14	72	(37 - 137)		
2-Fluorophenol	52	(11 - 116)		
1,6-Dibromonaphthalene	52	(35 - 116)		

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METHOD HLfthK REPOKT

GC/MS Semivolatiles

Client Lot t...: C0J030174

Work Order #... : DLLLLF101

Matrix.....: SOLID

KOTE(S) :

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METHOD BLANK REPORT

GC Semivolatiles

Client Lot #...: C0J030174
MB Lot-Sample #: C0J090000-616

work Order #...: DLT8X101

Matrix: SOLID

Analysis Date...: 10/10/00

Prep Date.....: 10/09/00

Prep Batch #...: 0283616

Dilution Factor: 1

PARAMETER	RESULT	REPORTING			METHOD
		LIMIT	UNITS		
Aldrin	ND	1.7	ug/kg	SW846	8081A
alpha-BHC	ND	1.7	ug/kg	SW846	8081A
beta-BHC	ND	1.7	ug/kg	SW846	8081A
delta-BHC	ND	1.7	ug/kg	SW846	8081A
gamma-BHC (Lindane)	ND	1.7	ug/kg	SW846	8081A
alpha-Chlordane	ND	1.7	ug/kg	SW846	8081A
gamma-Chlordane	ND	1.7	ug/kg	SW846	8081A
4,4'-DDD	ND	1.7	ug/kg	SW846	8081A
4,4'-DDE	ND	1.7	ug/kg	SW846	8081A
4,4'-DDT	ND	1.7	ug/kg	SW846	8081A
Dieldrin	ND	1.7	ug/kg	SW846	8081A
Endosulfan I	ND	1.7	ug/kg	SW846	8081A
Endosulfan II	ND	1.7	ug/kg	SW846	8081A
in ketone	ND	1.7	ug/kg	SW846	8081A
Endosulfan sulfate	ND	1.7	ug/kg	SW846	8081A
in	ND	1.7	ug/kg	SW846	8081A
Endrin aldehyde	ND	1.7	ug/kg	SW846	8081A
Heptachlor	ND	1.7	ug/kg	SW846	8081A
Heptachlor epoxide	ND	1.7	ug/kg	SM846	8081A
Toxaphene	ND	67	ug/kg	SH846	8081A
Methoxychlor	ND	17	ug/kg	SW846	8081A
		PERCENT	RECOVERY		
		RECOVERY	LIMITS		
SURROGATE					
Tetrachloro-m-xylene	89		(31 - 131)		
Decachlorobiphenyl	96		(18 - 145)		

HOTB(S):

Calculated values are pertained before rounding to avoid roundoff error.

METHOD BLANK REPORT

GC Semivolatiles

Client Lot #...: COJ030174
MB Lot-Sanrple #: C0J090000-623

Work Order ft...: DLT92101

Matrix.

SOLID

Analysis Date...: 10/10/00

Prep Date...: 10/09/00

Prep Batch #...: 0283623

Dilution Factor: 1

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD
Aroclor 1016	ND	33	ug/kg	SW846 8082
Axoclor 1221	ND	33	ug/kg	SW846 8082
Aroclor 1232	ND	33	ug/kg	SW846 8082
Aroclor 1242	ND	33	ug/kg	SW846 8082
Aroclor 1248	ND	33	ug/kg	SW846 8082
Aroclor 1254	ND	33	ug/kg	SW846 8082
Aroclor 1260	ND	33	ug/kg	SW846 8082

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetrachloro -m- xylene	76	(31 - 127)
Decacnlorobiphenyl	73	(23 - 141)

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METHOD BLANK REPORT

TOTAL Metals

Client Lot #...: C0J030174

Matrix.

SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
MB Lot-Sample : COJ100000 145 Antimony ND		6.0	mg/kg	SW846 6010B	10/10-10/12/00	DLTJQ10M
		Dilution Factor: 1				
Aluminum	3.3 B	20.0	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ106
		Dilution Factor: 1				
Arsenic	ND	1.0	mg/kg	SW846 6010B	10/10-10/12/00	DLTJQ10N
		Dilution Factor: 1				
Barium	ND	20.0	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ107
		Dilution Factor: 1				
Beryllium	ND	0.50	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ108
		Dilution Factor: 1				
Cadmium	ND	0.50	mg/kg	SW846 6010B	10/10-10/12/00	DLTJQ10P
		Dilution Factor: 1				
^^^ium	4.5 B	500	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ109
		Dilution Factor: 1				
Chromium	0.26 B	1.0	rag/kg	SW846 6010B	10/10-10/12/00	DLTJQ105
		Dilution Factor: 1				
Cobalt	ND	5.0	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10A
		Dilution Factor: 1				
Copper	ND	2.5	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10C
		Dilution Factor: 1				
Iron	1.8 B	10.0	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10D
		Dilution Factor: 1				
Lead	ND	0.30	mg/kg	SW846 6010B	10/10-10/12/00	DLTJQ101
		Dilution Factor: 1				
Magnesium	2.1 B	500	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10B
		Dilution Factor: 1				
Manganese	ND	1.5	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10F
		Dilution Factor: 1				
ickel	ND	4.0	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10G
		Dilution Factor: 1				

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METHOD BLANK REPORT

TOTAL Metals

Lot #: COJ030174

Matrix : SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
Potassium	ND	500	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10H
		Dilution Factor: 1				
Selenium	ND	0.50	mg/kg	SW846 6010B	10/10-10/12/00	DLTJQ102
		Dilution Factor: 1				
Silver	ND	1.0	mg/kg	SW846 6010B	10/10-10/12/00	DLTJQ103
		Dilution Factor: 1				
Sodium	1.6 B	500	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10J
		Dilution Factor: 1				
Thallium	ND	1.0	mg/kg	SW846 6010B	10/10-10/12/00	DLTJQ104
		Dilution Factor: 1				
Vanadium	ND	5.0	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10K
		Dilution Factor: 1				
Zinc	0.93 B	2.0	mg/kg	SW846 6010B	10/10-10/11/00	DLTJQ10L
		Dilution Factor: 1				

MB Lot-Sample #: COJ100000-338 Prep Batch #.: 0284338
 Mercury ND 0.10 mg/kg SW846 7471A 10/11/00 DLVE6101
 Dilution Factor: 1

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METHOD BLANK REPORT

General Chemistry

Client Lot #...: C0J030174

Matrix.....: SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH tt
Cyanide, Total	ND	Work Order #: DLTLT101		MB Lot-Sample #:	COJ100000-173	
		0.50	mg/kg	SW846 9012A	10/10-10/H/OO	0284173
		Dilution Factort 1				

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LABORATORY CONTROL SAMPLE EVALUATION REPORT

GC/MS Volatiles

Client Lot #...: C0J030174 Work Order #...: DLGXJ102 Matrix.....: SOLID
 LCS Lot-Sample: C0J040000-155
 Prep Date.....: 10/04/00 Analysis Date...: 10/04/00
 Prep Batch #...: 0278155
 Dilution Factor: 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	METHOD
Benzene	102	(75 - 129)	SW846 8260B
Chlorobenzene	101	(75 - 127)	SW846 8260B
1,1-Dichloroethene	116	(55 - 142)	SW846 8260B
Toluene	102	(71 - 130)	SW846 8260B
Trichloroethene	111	(70 - 131)	SW846 8260B

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
1,2-Dichloroethane-d4	94	(61 - 130)
Toluene-d8	92	(60 - 143)
4-Bromofluorobenzene	91	(47 - 158)
Dibromofluoromethane	99	(59 - 138)

NOTE(S):

re performed before rounding to avoid round-off error in calculated data,

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LABORATORY CONTROL SAMPLE EVALUATION REPORT

GC/MS semivolatiles

Client Lot #... C0JO30X74 Work Order #...: DLLLLF102 Matrix: SOLID
 LCS Lot-Sample# C0JO50000-456
 prep Date..... 10/05/00 Analysis Date...: 10/10/00
 Prep Batch t... 0279456
 Dilution Factor 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	METHOD
fcrownapM-fionie	69	(44 - 108)	SW846 8270C
4-Chloro-3-methylphenol	63	(43 - 110)	SW846 8270C
2-Chlorophenol	62	(43 - 110)	SW846 8270C
1,4-THr>>ilrkTY4w>Ti9:oTM>	65	(38 - 100)	SW846 8270C
2,4-Dinitzotoluene	63	(48 - 111)	SW846 8270C
4-Nitrophenol	50	(22 - 128)	SW846 8270C
N-Nitrosodi-n-propyl- amine	58	(38 - 110)	SW846 8270C
Pentachlcxophenol	58	(10 - 123)	SW846 8270C
Phenol	60	(35 - 110)	SW846 8270C
Pyrene	83	(42 - 122)	SN846 8270C
1,2,4-Trichloro- benzene	65	(45 - 110)	SW846 8270C

# ^H&OGATE	PERCENT RECOVERY	RECOVERY LIMITS
Phenol-d5	66	(25 - 115)
2-Fluorobiphenyl	67	(43 - 110)
Nitrobenzene-d5	69	(42 - 110)
Terphenyl-dl4	86	(37 - 137)
2-Fluorophenol	58	(11 - 116)
2,4,6-Tribromophenol	58	(35 - 116)

NOTB(S):

Calulation is performed before rounding to avoid round-off error* based on calculated results.

Bold print denotes control parameters

LABORATORY CONTROL SAMPLE EVALUATION REPORT

GC Seraivolatiles

Client Lot #...: C0J030174 Work Order ft...: DLT8X102 Matrix: SOLID
 LCS Lot-Sampllet: C0J090000-616
 Prep Date.....: 10/09/00 Analysis Date...: 10/10/00
 Prep Batch #...: 0283616
 Dilution Factor: 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	METHOD
Aldrin	90	(39 - 122)	SW846 8081A
gamma-BHC (Lindane)	89	(47 - 130)	SW846 8081A
4,4'-DDT	93	(35 - 144)	SW846 8081A
Dieldrin	92	(45 - 128)	SW846 8081A
Endrin	97	(47 - 133)	SW846 8081A
Heptachlor	91	(39 - 126)	SW846 8081A
SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS	
Tetrachloro-m--xylene	91	(31 - 131)	
Decachlorobiphenyl	98	(18 - 145)	

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

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LABORATORY CONTROL SAMPLE EVALUATION SBPOBT

GC Semivolatiles

Client Lot ft... C0J030174 Work Order #...: DLT92102 Matrix: SOLID
 LCS Lot-Sample C0JO90000-623
 Prep Date 10/09/00 Analysis Date...: 10/10/00
 Prep Batch ft... 0283623
 Dilution Factor 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	METHOD
Aroclor 1016	69	(49 - 122)	SH846 8082
Aroclor 1260	74	(51 - 127)	SW846 8082

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetrachloro-m-xylene	83	(31 - 127)
Decachlorobiphenyl	76	(23 - 141)

NOTE(S)s

Calculation* arc performed before rounding to avoid round-off errors in calculated results,
 Bold print denotes control parameter

LABORATORY CONTROL SAMPLE EVALUATION REPORT

TOTAL Metals

Client Lot #...: C0J030174

Matrix: SOLID

<u>PARAMETER</u>	PERCENT RECOVERY	RECOVERY LIMITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
LCS Lot-Sample«: C0J100000-145 Prep Batch #...: 0284145					
Antimony	107	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/12/00	DLTJQ11D
Lead	105	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/12/00	DLTJQ10Q
Selenium	112	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/12/00	DLTJQ10R
Silver	106	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/12/00	DLTJQ10T
Thallium	111	(80 - 120)	SW846 6010B Dilution Factor:.1	10/10-10/12/00	DLTJQ10U
^^Hiiium	107	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/12/00	DLTJQ10V
Aluminum	109	(80 - 120)	SW846 6010B Dilution Factori 1	10/10-10/11/00	DLTJQ10W
Barium	99	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/11/00	DLTJQ10X
Vanadium	100	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/11/00	DLTJQ11A
Zinc	104	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/11/00	DLTJQ11C
Arsenic	108	(80 - 120)	SW846 6010B Dilution Factor t. 1	10/10-10/12/00	DLTJQ11E
cadmium	102	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/12/00	DLTJQ11P
Beryllium	99	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/11/00	DLTJQ110
Calcium	108	(80 - 120)	SW846 6010B Dilution Factor: 1	10/10-10/11/00	DLTJQ111

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IJABOSATQRY CONTROL SAMPLE EVALUATION REPORT

TOTAL Metals

Client Lot §...: C0J030174

Matrix- SOLID

<u>PARAMETER</u>	<u>PERCENT RECOVERY</u>	<u>RECOVERY LIMITS</u>	<u>METHOD</u>	<u>PREPARATION- ANALYSIS DATE</u>	<u>WORK ORDER #</u>
Cobalt	102	(80 - 120) Dilution Factort 1	SW846 6010B	10/10-10/11/00	DLTJQ112
Copper	100	(80 - 120) Dilution Factort 1	SW846 6010B	10/10-10/11/00	DLTJQ113
Iron	109	(80 - 120) Dilution Factori 1	SW846 6010B	10/10-10/11/00	DLTJQ114
Magnesium	106	(80 - 120) Dilution Factor: 1	SW846 6010B	10/10-10/11/00	DLTJQ115
Manganese	102	(80 - 120) Dilution Factor: 1	SW846 6010B	10/10-10/11/00	DLTJQ116
Nickel	101	(80 - 120) Dilution Factor; 1	SW846 6010B	10/10-10/11/00	DLTJQ117
slum	104	(80 - 120) Dilution Factort 1	SW846 6010B	10/10-10/11/00	DLTJQ118
Sodium	105	(80 - 120) Dilution Factori 1	SMS46 6010B	10/10-10/11/00	DLTJQ119
LCS Lot-Sample*: COJ00000-338 Prep Batch §...: 0284338					
Mercury	102	(80 - 120) Dilution Factort 1	SW846 7471A	10/11/00	DLVE6102

BOTB(S) :

CikailitioM ire perfonned before rounding to avoid round-off error* in CifV"Mirr results.

LABORATORY CONTROL SAMPLE EVALDATXOH REPORT

General Chemistry

Client Lot #...: C0J030174

Matrtac.: SOLID

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
Cyanide, Total	125	Work Order #: DLTLT102 (62 - 179} Dilution Factort 1	LCS Lot-Saraple#: C0J100000-173 SW846 9012A	10/10-10/11/00	0284173

MOTEtS):_____.

Qfculation ire performed before rounding to avoid round-off enott in tateuhled reada.

MATRIX SPXKE SAMPLE EVALUATION REPORT

GC/MS Volatiles

Client Lot #...: C0J030174 Work Order #...: DLF9V103-MS Matrix... SOLID
 MS Lot-Sample #: C0J030135-004 DLF9V104-MSD
 Date Sampled...: 10/02/00 Date Received...: 10/03/00 MS Run « 0278058
 Prep Date.....: 10/04/00 Analysis Date.. 10/04/00
 Prep Batch #...: 0278155
 Dilution Factor: 1 % Moisture: 18

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Benzene	99	(55 - 138)			SW846 8260B
	91	(55 - 138)	7.8	(0-20)	SH846 8260B
Chlorobenzene	100	(49 - 139)			811846 8260B
	92	(49 - 139)	8.3	(0-22)	SN846 8260B
1,1-Dichloroethene	99	(43 - 147)			SW846 8260B
	93	(43 - 147)	6.3	(0-27)	SW846 8260B
Toluene	99	(46 - 147)			SH846 8260B
	92	(46 - 147)	7.4	(0-24)	SW846 8260B
Trichloroetnene	107	(46 - 143)			SW846 8260B
	99	(46 - 143)	7.6	(0-23)	SW846 8260B

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS
<u>^ ^ f c O G A T E</u>		
<u>^ ^ B D i c h l o r o e t h a n e - d 4</u>	91	(61 - 130)
	92	(61 - 130)
Toluene-d8	89	(60 - 143)
	91	(60 - 143)
4 -Bromof luorobenzene	90	(47 - 158)
	90	(47 - 158)
Dibromofluoromethane	95	(59 - 138)
	97	(59 - 138)

NOTE(S):

Bold print denote i contiol ptntncten

Results and repot dug limits btve beeo •dju&ed fbf dt? weight.

MATRIX SPIKE SAMPLE EVALUATION REPORT

GC/MS Semivolatiles

Client Lot ft-...: C0J030174 Work Order ft....: DLF9V106--MS Mat _____
 MS Lot-Sample ft: C0J03013E.-004 DLF9V107--MSD
 Date Sampled....: 10/02/00 Date Received...: 10/03/00 MS _____
 Analysis Date...: 10/10/00
 Prep Batch ft....: 0279456
 Dilution Factor: 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Acenaphthene	75	(13 - 133)			SH846 8270C
	73	(13 - 133)	3.2	(0-44)	SW846 8270C
4-Chloro-3-nethylphenol	68	(17 - 128)			SW846 8270C
	65	(17 - 128)	4.8	(0-55)	SW846 8270C
2-Chlorophenol	66	(17 - 116)			SW846 8270C
	63	(17 - 116)	5.0	(0-54)	SW846 8270C
1,4-Dichlorobenzene	66	(18 - 110)			SW846 8270C
	65	(18 - 110)	1.8	(0-59)	SW846 8270C
2,4-Dinitxotoluene	71	(10 - 171)			SW846 8270C
	69	(10 - 171)	2.6	(0-45)	SW846 8270C
4-Hitrophenol	63	(10 - 148)			SW846 8270C
	64	(10 - 148)	1.3	(0-64)	SW846 8270C
^•fcitrosodi -n-propyl -	68	(12 - 128)			SW846 8270C
^•^•^•une	66	(12 - 128)	2.7	(0-50)	SW846 8270C
Pentachloropnenol	78	(10 - 144)			SW846 8270C
	80	(10 - 144)	1.5	(0-87)	SW846 8270C
Phenol	62	(10 - 148)			SW846 8270C
	60	(10 - 148)	3.9	(0-50)	SW846 8270C
Pyrexia	72	(10 - 218)			SW846 8270C
	63	(10 - 218)	12	(0-66)	SW846 8270C
1,2,4-Tricnloro- benzene	69	(16 - 121)			SW846 8270C
	68	(16 - 121)	2.6	(0-54)	SW846 8270C

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Phenol-d5	68	(25 - 115)
	64	(25 - 115)
2 - Fluorobiphenyl	77	(43 - 110)
	75	(43 - 110)
Nitrobenzene-d5	74	(42 - 110)
	72	(42 - 110)
Terphenyl-d14	73	(37 - 137)
	65	(37 - 137)
2-Fluorophenol	62	(11 - 116)
	60	(11 - 116)

(Continued on next page)

MATRXX SPIKE & AMPXJS EVALUATION REPORT

GC/MS Semivolatiles

Client lot #...= C0J030174 Work Order #...: DLF9V106-MS Matrix.....: SOLID
MS Lot-Sample #: C0J030135-004 DLF9V107-MSD

<u>SURROGATE</u>	<u>PERCENT RECOVERY</u>	<u>RECOVERY LIMITS</u>
2,4,6-Tribromophenol	81	(35 - 116)
	78	(35 - 116)

HOTB(S) : _____

Cifcukiiora ire performed before rounding to tvoid round-off errors in nlcuntted results

BoU print denotes couuol pmnetert

Rcsihs and reporting limits nave been adjusted for dry weight

MATRIX SPIKE SAMPLE EVALUATION REPORT

GC Semivolatiles

Client Lot #...: C0J030174 Work Order #...: DLFP6110-MS Matrix... : SOLID
 MS Lot-Sample #: C0J030174-001 DLFP6111-MSD
 Date Sampled...: 10/02/00 Date Received., : 10/03/00 MS Sun #: : 0283308
 Prep Date.: 10/09/00 Analysis Date.. 10/10/00
 Prep Batch #...: 0283616
 Dilution Factor: 1 % Moisture: 9.4

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Aldrin	88	(33 - 122)			SW846 8081A
	94	(33 - 122)	6.9	(0-40)	SW846 8081A
gamma-BHC (Lindane)	82	(33 - 130)			SW846 8081A
	86	(33 - 130)	4.5	(0-36)	SW846 8081A
4,4'-DDT	89	(23 - 144)			SK846 8081A
	95	(23 - 144)	6.3	(0-42)	SW846 8081A
Dieldrin	91	(33 - 133)			SW846 8081A
	97	(33 - 133)	6.8	(0-33)	SW846 8081A
	96	(33 - 138)			SH846 8081A
	101	(33 - 138)	4.4	(0-38)	SW846 8081A
Heptachlor	88	(32 - 128)			SW846 8081A
	94	(32 - 128)	6.1	(0-44)	SW846 8081A

WKO GATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetrachloro-m-xylene	88	(31 - 131)
	91	(31 - 131)
Decachlorobiphenyl	99	(18 - 145)
	107	(18 - 145)

HOTB(S) :

dleatortons are pertained before rounding to IYOtd round-off enon to nfcnhitted rendu.

Bold print denotes control parameters

Results and repordrtg limbs have been adjusted for dry weight.

MATRIX SPXKE SAMPLE EVALUATION REPORT

GC Semivolatiles

Client lot f...: C0J030174 **Work Order #___:** DLFP6112-MS **Matrix.** : SOLID
MS Lot-Sample #: C0J030174-001 DLFP6113-MSD
Bate Sampled...: 10/02/00 **Date Received...i** 10/03/00 **MS Run «.** : 0283310
Prep Date. : 10/09/00 **Analysis Date...:** 10/10/00
Prep Batch #...: 0283623
Dilution Factor: 1 **% Moisture :** 9.4

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Aroclor 1016	75	(26 - 144)			SW846 8082
	72	(26 - 144)	3.5	(0-39)	SW846 8082
Aroclor 1260	83	(37 - 138)			SW846 8082
	81	(37 - 138)	2.6	(0-33)	SW846 8082

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetrachloro -m-xylene	85	(31 - 127)
	83	(31 - 127)
Decachlorobiphenyl	84	(23 - 141)
	82	(23 - 141)

^^^Loos are performed before rounding to avoid round-off errors in calculated results.

^VHsprint denotes control parameters

Results and reporting limits have been adjusted for dry weight

MATRIX SPXKE SAHFUB EVALUATION REPORT

TOTAL Metals

Client Lot t...: C0J030174

Date Sampled...: 10/03/00

Date Received...: 10/06/00

Matrix s SOLID

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD LIMITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
MS Lot-Sample #:	C0J090135-002					
Prep Batch *...:	0284338					
Mercury	NC	(75 - 125)		SW846 7471A	10/11/00	DLRF3113
	NC	(75 - 125)	(0-20)	SW846 7471A	10/11/00	DLRF3114

Dilution Factort 1

MS Sun #.: 0284184

NOTE(S)s

Calculation* are performed before rounding to avoU round-off cnois in r^httrt route.

NC The recovery and/or RPD were not calculated.

MATRIX SPXKE SAMPLE EVALUATION REPORT

TOTAL Metals

Client Lot #...: C0J030174

Date Sampled...: 09/26/00

Date Received...: 09/28/00

Matrix.

SOLID

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
MS Lot-Sample #: C0I290143-001 prep Batch #...: 0284145							
Antimony	71 N	{75 - 125)			SW846 6010B	10/10-10/12/00	DL90212D
	63 N	(75 - 125)	11	(0-20)	SW846 6010B	10/10-10/12/00	DL90212E
Dilution Factor: 1							
MS Run #. : 0284046							
Aluminum	NC	(75 - 125)			SW846 6010B	10/10-10/11/00	DL90211P
	NC	(75 - 125)		(0-20)	SW846 6010B	10/10-10/11/00	DL90211G
Dilution Factor: 1							
MS Run ft.....: 0284046							
Arsenic	95	(75 - 125)			SW846 6010B	10/10-10/12/00	DL90212F
	100	(75 - 125)	6.0	(0-20)	SW846 6010B	10/10-10/12/00	DL90212G
Dilution Factor: 1							
MS Run ft.....: 0284046							
Barium	94	(75 - 125)			SW846 6010B	10/10-10/11/00	DL90211H
	100	(75 - 125)	4.5	(0-20)	SW846 6010B	10/10-10/11/00	DL90211J
Dilution Factor: 1							
MS Run #. : 0284046							
Beryllium	94	(75 - 125)			SW846 6010B	10/10-10/11/00	DL90211K
	97	(75 - 125)	3.3	(0-20)	SW846 6010B	10/10-10/11/00	DL90211L
Dilution Factor: 1							
MS Run #. : 0284046							
Cadmium	90	(75 - 125)			SW846 6010B	10/10-10/12/00	DL90212K
	96	(75 - 125)	6.2	(0-20)	SW846 6010B	10/10-10/12/00	DL90212J
Dilution Factor: 1							
MS Run ft.....: 0284046							
Calcium	96	(75 - 125)			SW846 6010B	10/10-10/11/00	DL90211M
	99	(75 - 125)	3.2	(0-20)	SW846 6010B	10/10-10/11/00	DL90211N
Dilution Factor: 1							
MS Run ft.....: 0284046							
Chromium	103	(75 - 125)			SW846 6010B	10/10-10/12/00	DL90211D
	107	(75 - 125)	2.8	(0-20)	SW846 6010B	10/10-10/12/00	DL90211E
Dilution Factor: 1							
MS Run #. : 0284046							
Cobalt	90	(75 - 125)			SW846 6010B	10/10-10/11/00	DL90211P
	93	(75 - 125)	2.4	(0-20)	SW846 6010B	10/10-10/11/00	DL90211Q
Dilution Factor: 1							
MS Run ft.....: 0284046							

(Continued on next page)

MATRIX SPIKE SAMPLE EVALUATION REPORT

TOTAL Metals

Client Lot «...: C0J030174

Matrix: SOLID

Date Sampled...: 09/26/00

Date Received...: 09/28/00

<u>PARAMETER</u>	PERCENT RECOVERY	RECOVERY LIMITS	RPD RPD	RPD LIMITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
Copper	93	(75 - 125)			SW846 6010B	10/10-10/11/00	DL90211R
	96	(75 - 125)	2.8	(0-20)	SW846 6010B	10/10-10/11/00	DL90211T
		Dilution Factor: 1					
		MS Run #.: 0284046					
Iron	NC	(75 - 125)			SH846 6010B	10/10-10/11/00	DL902110
	NC	(75 - 125)		(0-20)	SW846 6010B	10/10-10/11/00	DL90211V
		Dilution Factor: 1					
		MS Run #.: 0284046					
Lead	92	(75 - 125)			SH846 6010B	10/10-10/12/00	DL902114
	103	(75 - 125)	9.8	(0-20)	SW846 6010B	10/10-10/12/00	DL902115
		Dilution Factor: 1					
		MS Run #.: 0284046					
Magnesium	99	(75 - 125)			SW846 6010B	10/10-10/11/00	DL90211W
	100	(75 - 125)	1.1	(0-20)	SW846 6010B	10/10-10/11/00	DL90211X
		Dilution Factor: 1					
		MS Run #.: 0284046					
Manganese	59 N	(75 - 125)			SH846 6010B	10/10-10/11/00	DL902120
	207 N, *	(75 - 125)	30	(0-20)	SW846 6010B	10/10-10/11/00	DL902121
		Dilution Factor: 1					
		MS Run «.: 0284046					
Nickel	92	(75 - 125)			SW846 6010B	10/10-10/11/00	DL902122
	93	(75 - 125)	0.53	(0-20)	SW846 6010B	10/10-10/11/00	DL902123
		Dilution Factor: 1					
		MS Run #.: 0284046					
Potassium	101	(75 - 125)			SW846 6010B	10/10-10/11/00	DL902124
	97	(75 - 125)	4.0	(0-20)	SW846 6010B	10/10-10/11/00	DL902125
		Dilution Factor: 1					
		MS Run ft.....: 0284046					
Selenium	93	(75 - 125)			SW846 6010B	10/10-10/12/00	DL902116
	98	(75 - 125)	5.1	(0-20)	SW846 6010B	10/10-10/12/00	DL902117
		Dilution Factor: 1					
		MS Run *.: 0284046					
Silver	95	(75 - 125)			SW846 6010B	10/10-10/12/00	DL902118
	100	(75 - 125)	5.9	(0-20)	SW846 6010B	10/10-10/12/00	DL902119
		Dilution Factor: 1					
		MS Run *.: 0284046					

(Continued on next page)

MATRIX SPIKE SAMPLE EVALUATION REPORT

TOTAL Metals

Sat Lot #. : C0J030174
Date Sampled. : 09/26/00

Date Received..: 09/28/00

Matrix. **SOLID**

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD LIMITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
Sodium	99	(75 - 125)		SW846 6010B	10/10-10/11/00	DL902126
	102	(75 - 125)	3.2 (0-20)	SW846 6010B	10/10-10/11/00	DL902127
		Dilution Factor: 1				
		MS Run #.: 0264046				
Thallium	99	(75 - 125)		SW846 6010B	10/10-10/12/00	DL90211A
	105	(75 - 125)	5.5 (0-20)	SW846 6010B	10/10-10/12/00	DL90211C
		Dilution Factor: 1				
		MS Run #.: 0284046				
Vanadium	100	(75 - 125)		SW846 6010B	10/10-10/11/00	DL902128
	97	(75 - 125)	2.8 (0-20)	SW846 6010B	10/10-10/11/00	DL902129
		Dilution Factor: 1				
		MS Run #.: 0284046				
Zinc	94	<75 - 125)		SW846 601QB	10/10-10/11/00	DL90212A
	99	(75 - 125)	3.0 (0-20)	SW846 6010B	10/10-10/11/00	DL90212C
		Dilution Factor: 1				
		MS Run #.: 0284046				



Ofcuhttiom ire performed before rounding to avoid round-off error* ta crieohtted rente.

Results tnd repotting ttmttt have been Adjusted (or dry weight,

NC The recovery and/or RPD were not calculated.

N Spflced iinlytt recovery a wuddc tilted control urnla.

• Retatm percent difference (RPD) it outside stated control (hubs.

MATRIX SPIKE SAMPLE EVALUATION REPORT

General Chemistry

Client Lot «...: COJ030174

Matrix.: SOLID

Date Sampled...: 10/03/00

Date Received...: 10/06/00

PARAMETER	PERCENT RECOVERY RECOVERY LIMITS	RPD RPD LIMITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
Cyanide, Total		W0#:	DLRF3111-MS/DLRF3112-MSD MS	Lot-Sample #:	COJ09013S-002
	113 (75 - 125)		SW846 9012A	10/10-10/11/00	0284173
	113 (75 - 125)	0.47 (0-20)	SW846 9012A	10/10-10/11/00	0284173
		Dilution Factort 1			
		MS Run	ft.....0284066		

HOTB(S) ;

Calculnioia ire performed before rounding to avoid round-off error* in cataloged remit*.

Resuhi and reporting tbnas have been adjusted for dry weight.

General Chemistry

Matrix.: SOLID

Date Received.. : 10/03/00

DUPLICATE

RESULT

UNITS

RPD

RPD

LIMIT

METHOD

PREPARATION-

ANALYSIS DATE

PREP

BATCH #

81.8

%

0.28

(0-20)

SD Lot-Sample #:

COJ030135-004

MCAWW 160.3 MOD

10/04-10/05/00 0279115

Dilution Factor 1

Prep Date. i 0279019

Analysis Date.. t

Prep Batch #... t



APPENDIX I

TOPSOIL AGRONOMIC TESTING RESULTS

PENNSTATE



(814) 863-0841

Fax (814) 863-4540

 Agricultural Analytical Services Laboratory
 The Pennsylvania State University
 University Park PA 16802

 THOMAS CONSTRUCTION
 561N LIBERTY RD
 GROVE CITY PA 16127

11/27/2000	S00-19184	10102	Mercer			

			Below Optimum	Optimum	Above Optimum
Soft pH	7.3				
Phosphorus	198	ppm			
Potassium	61	ppm			

••fW^PHWWS^wWyt¹ v^KtrP'P'^^S^F'RWsnfWs^***!

iPrior to planting, incorporate the Mowing into the top 4 to 6 inches of soil."

Limestone: NONE

^ ^ n i c Matter: 2 cu yard/1000 square feet

Phosphate (P^J: NONE

Potash (I^O): 4 lb/1000 square feet

[Apply a starter fertilizer just prior to seeding and work lightly into the soil

Apply a starter fertilitier at approximate rate of 1 lb ofnitiogen per 1000 square lbet, 0.5 to L0lbofPAperlOOOsquare feet, and 0.5 to 1.0 lb of K,0 pec 1000 square feet using a fenilizex with auiuiAimato 1:1:1 or 2:1:1 ratio of N J\0,:K,0.

m^m^mm^mmm^mmmtm^'^wm^mui

The above recommndationi are for a new establishment flat will be tilled 4 to 6 inches in depth prior to planting. In some cases, turfgrass seed is planted ton soils that have not been failed fo such cases, mcorporatmglaro

f qg w pater mpo soil 4 to 6 inchci in depth is not possible. When planting into soils mat have not bec^ tilled, do iwt exceed 100

incnofen^anic matter tothe turf/soil surface andictake Km 10passes w& theaerrtoi:

pH	pH/A	Exchangeable Cations (meq/100g)					% Saturation of the CEC			Organic Matter %	Nitrate-N ppm	Soluble salts mg/lb/cu
		Acidity	K	Mg	Ca	CEC	K	Mg	Ca			
7.3	397	0.0	0.2	1.1	12.9	14.1	1.1	7.6	91.3	2.2		

COMMENTS

1. [^] H t a d y & l l lime recommendation and thoroughly mix into the soil four to six inches deep. Use a high [^] quality agricultural ground limestone product to meet the lime recommendation on this report. Manufacturers of agricultural ground limestone products provide a number called the calcium carbonate equivalent, or CCE, on the label. CCEs with high numerical values (close to 100 or above) indicate a pure lime source (greater ability to neutralize soil acidity). The amount of lime recommended on this report is based on an agricultural ground limestone with a CCE of 100. If your lime source is close to or equal to 100, you don't need to adjust the recommended amount. In the event that you use a lime source with a CCE well below or above 100, use the following formula to adjust the required amount:

$$\text{Actual liming material required} = \frac{\text{Soil test recommendation in lbs} \times \text{1000 square feet}}{\text{CCE of liming material}} \times 100$$

Example Only?

Soil Test Recommendation: Apply 75 lbs lime/1000 square feet

CCE on label: 80 percent

$$\begin{aligned} \text{Actual liming material required} &= \frac{(75 \text{ lb of lime}/1000 \text{ square feet}) \times 100}{80} \\ &= 94 \text{ lb liming material}/1000 \text{ square feet} \end{aligned}$$

2. Thoroughly mix organic matter into a four to six inch soil depth.

phagnum peat and peat humus typically contain high amounts of organic matter (> 80 %) and will usually meet organic matter requirements when incorporated at the rate recommended on the soil test report. With the exception of putting greens and tees, a good quality compost can also be used as an organic amendment; however, most composts contain lower amounts of organic matter ^{th*} peats. Therefore, you may need to add greater amounts of compost to meet soil test organic matter recommendations. For more information on using composts as organic amendments in new turf plantings, refer to the publication, "Using Composts to Improve Turf Performance". This publication is available from Penn State Cooperative Extension offices or the Publication Distribution Center, The Pennsylvania State University, 112 Agricultural Administration Bldg, University Park, PA 16802.

4. Thoroughly mix phosphate and/or potash into a four to six inch soil depth.
5. Grade and finish rake for seeding. Apply starter fertilizer just prior to seeding.
6. Fertilizers that can be used to meet recommendations for phosphate (P₂O₅) include ordinary superphosphate (0-20-0) or triple (treble) super phosphate (0-46-0). Fertilizers that can be used to meet recommendations for potash (K₂O) include muriate of potash (0-0-60) or sulfate of potash (0-0-50).

$\begin{matrix} > \\ -a \\ m \\ z \\ o \\ x \\ c_ \end{matrix}$

APPENDIX J

PERMANENT SEED MIX DOCUMENTATION

JMD COMPANY
Since 1902

THOMAS SEED MIX

<u>% Pure</u>	<u>Seed Kind/Variety</u>	<u>Origin</u>	<u>Germ.</u>	<u>Hard</u>
13.91%	Headstart Perennial Ryegrass	OR,	90%	
25.78%	Birdsfoot Trefoil ...	CA	81.%	05%
59.23%	.Kentucky 31 Tali Fescue	MO	91%	
00.40%	Inert Matter			
00.64%	Other Crop Seed			
00.04%	Weed Seed			

Lot No. 103000-TSM Test Date: September 2000 .



APPENDIX K

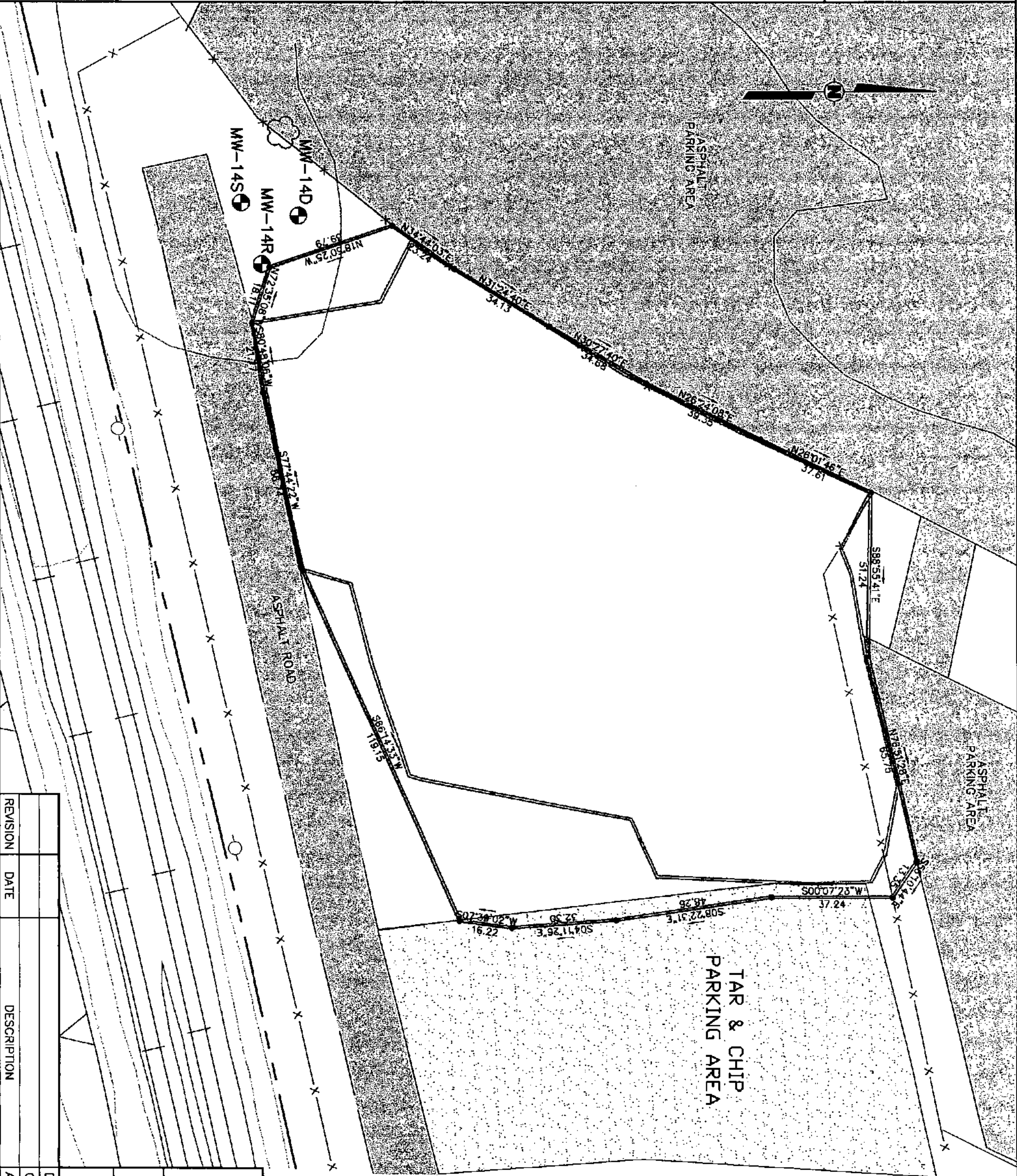
METES AND BOUNDS DESCRIPTION OF DISPOSAL AREA F

Metes-and-Bounds Description
Traverse Encompassing Removal Area at Disposal Area F

Point	Northing	Easting	Line	Length	Bearing				
					Deg	Min	Sec		
1	786,148.32	429,108.88	A	119.15	S	66	14	33	W
2	786,100.32	428,999.83		56.74	S	77	44	22	W
3	786,088.27	428,944.38	C	21.77	S	80	48	6	W
4	786,084.79	428,922.89		18.11	N	72	35	8	W
5	786,090.21	428,905.61	E	39.79	N	18	50	25	W
6	786,127.87	428,892.76		23.22	N	34	45	27	E
7	786,146.95	428,906.00	G	34.14	N	31	24	15	E
8	786,176.09	428,923.79		34.69	N	30	27	14	E
9	786,205.99	428,941.37	I	39.35	N	26	24	8	E
10	786,241.24	428,958.87		37.62	N	26	2	1	E
11	786,275.04	428,975.38	K	51.24	S	88	55	35	E
12	786,274.08	429,026.61		65.75	N	76	51	28	E
13	786,289.03	429,090.64	M	13.35	S	56	10	44	E
14	786,281.60	429,101.73		37.24	S	0	7	23	W
15	786,244.36	429,101.65	O	48.26	S	8	22	31	E
16	786,196.61	429,108.68		32.30	S	4	11	26	E
17	786,164.40	429,111.04	Q	16.22	S	7	39	2	W
1	786,148.32	429,108.88							

Total Perimeter of Traverse
Area Enclosed in Traverse

688.95 feet
0.678 acres



LEGEND:

- TRAVERSE ENCLOSING EXCAVATION AREA
- APPROXIMATE LIMITS OF EXCAVATION



METES & BOUNDS DESCRIPTION
EXCAVATION AREA
DISPOSAL AREA F

KENTUCKY AVENUE WELLFIELD SITE - 0U3
HORSEHEADS, NEW YORK

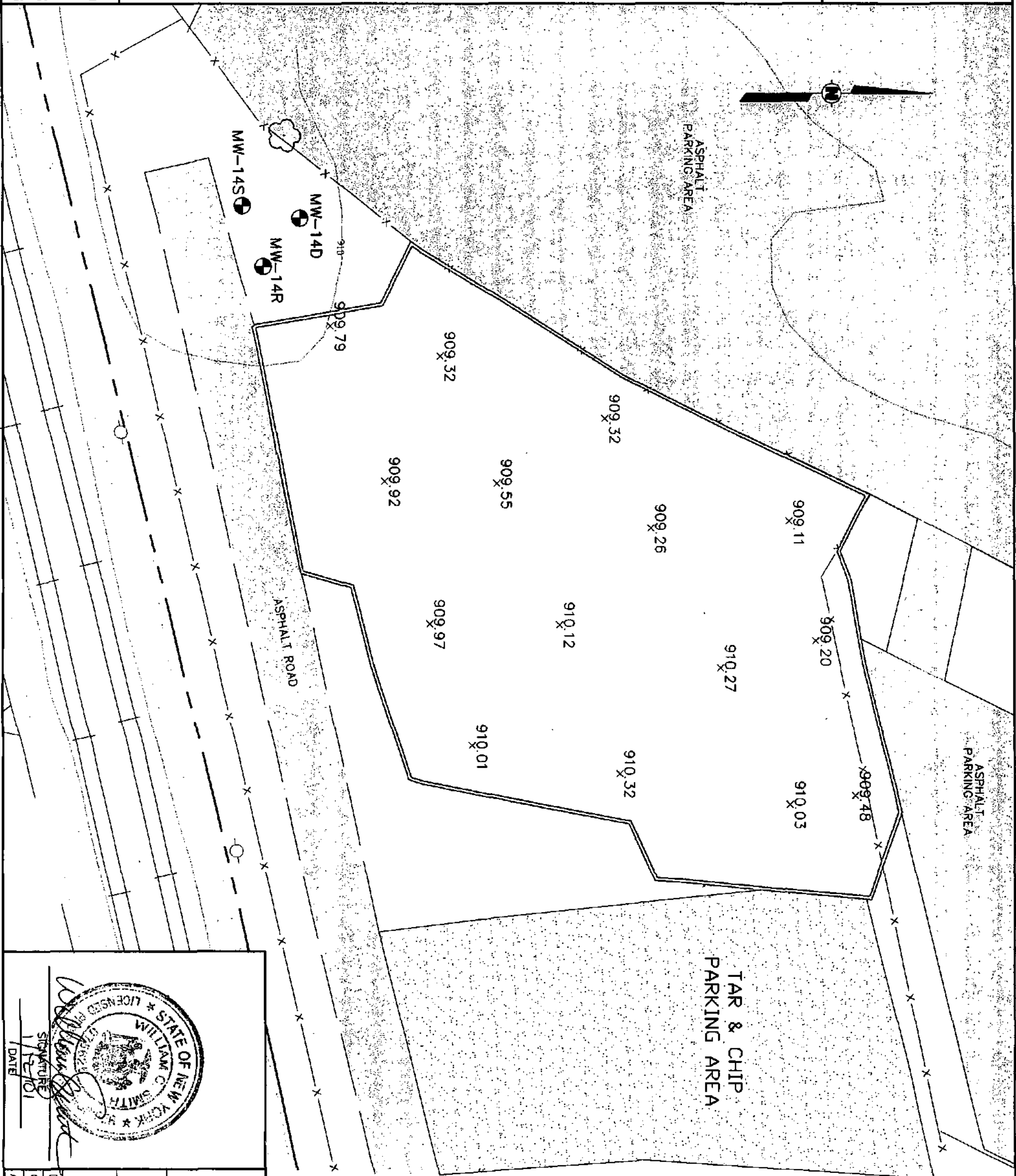
PREPARED FOR
VIACOM INC.

PITTSBURGH, PENNSYLVANIA

CUMMINGS
PETER
CONSULTANTS, INC.

DRAWING NUMBER
98245B43

DRAWN BY: T.E. McKee	DATE: 11-10-00
CHECKED BY: B. Geno	DATE: 12-29-00
APPROVED BY: W.C. Smith	DATE: 12-29-00



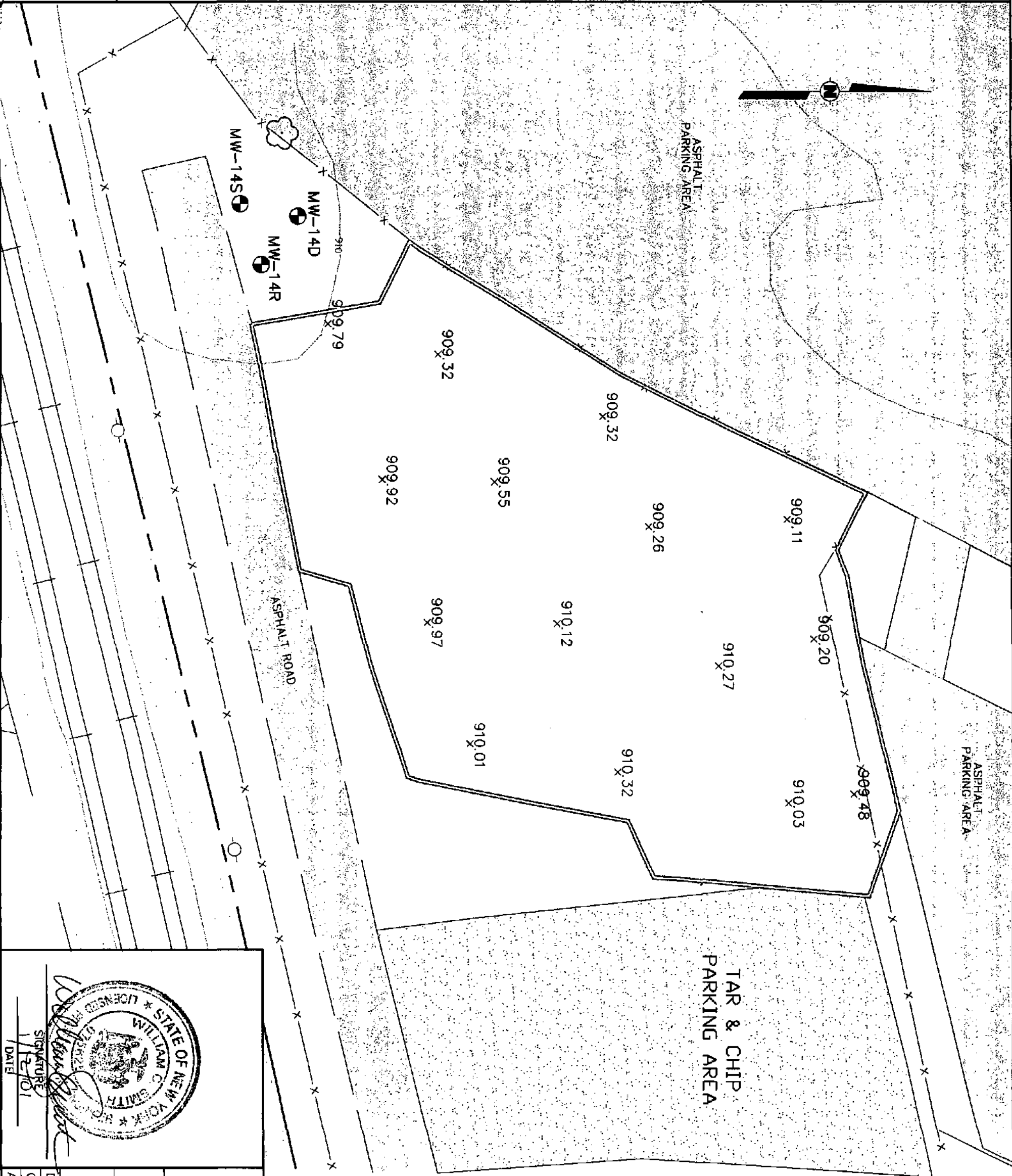
LEGEND:

— LIMITS SOIL EXCAVATION
910.27
FINAL GROUND SURFACE SPOT ELEVATIONS
(PROVIDED BY FAGAN ENGINEERS, 11-2-00)



STATE OF NEW YORK
WILLIAM C. SMITH
LICENSED PROFESSIONAL ENGINEER
No. 112701
12/01

RECORD DRAWING 2 OF 2 RESTORATION DISPOSAL AREA F	
KENTUCKY AVENUE WELLFIELD SITE - 0U3 HORSEHEADS, NEW YORK	
PREPARED FOR VIACOM INC. PITTSBURGH, PENNSYLVANIA	
CUMMINGS PETER CONSULTANTS, INC.	DRAWING NUMBER 98245B44
DRAWN BY: T.E. McKee	DATE: 12-21-00
CHECKED BY: B. Geno	DATE: 12-29-00
APPROVED BY: W.C. Smith	DATE: 12-29-00



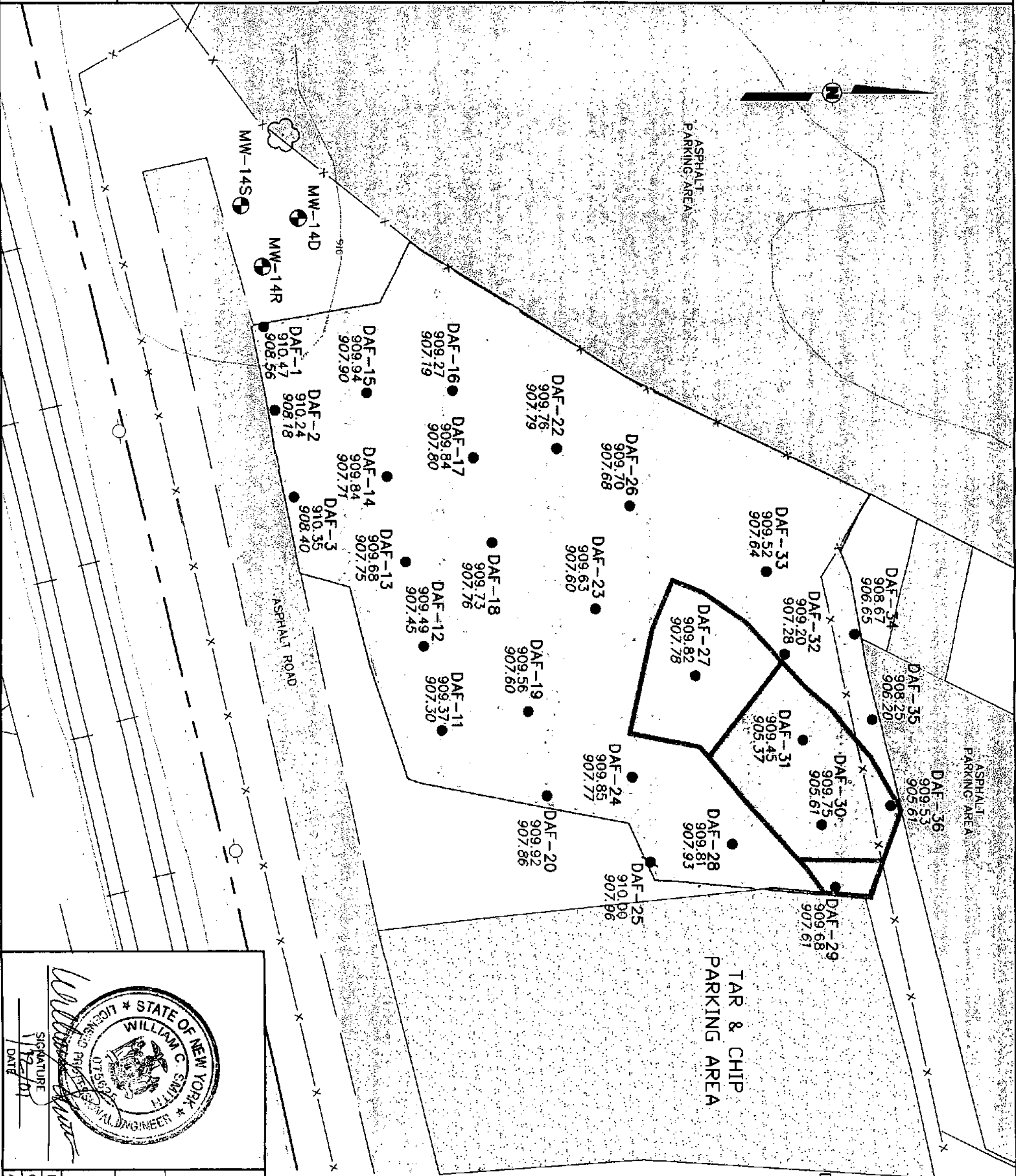
LEGEND:

— LIMITS SOIL EXCAVATION
910.27
X
FINAL GROUND SURFACE SPOT ELEVATIONS
(PROVIDED BY FAGAN ENGINEERS, 11-2-00)



STATE OF NEW YORK
WILLIAM C. SMITH
LICENSED PROFESSIONAL ENGINEER
No. 023612
12/2/01
DATE

RECORD DRAWING 2 OF 2 RESTORATION DISPOSAL AREA F	
KENTUCKY AVENUE WELLFIELD SITE - 003 HORSEHEADS, NEW YORK	
PREPARED FOR VIACOM INC. PITTSBURGH, PENNSYLVANIA	CUMMINGS ENGINEER CONSULTANTS, INC.
DRAWN BY: T.E. McKee	DATE: 12-21-00
CHECKED BY: B. Geno	DATE: 12-29-00
APPROVED BY: W.C. Smith	DATE: 12-29-00
DRAWING NUMBER 98245B44	



LEGEND:

- DAF-28 • PREDESIGN SAMPLE LOCATION (CUMMINGS RITER, REMEDIAL DESIGN INTERIM DATA SUBMITTAL, SEPTEMBER 2, 1999).
- LIMITS OF TCE SOIL EXCAVATION
- LIMITS OF PAH/As SURFACE SOIL EXCAVATION
- 2-FOOT EXCAVATION DEPTH
- 4-FOOT EXCAVATION DEPTH
- 909.92 GROUND SURFACE ELEVATION PRIOR TO EXCAVATION
- 907.86 BOTTOM OF EXCAVATION ELEVATION



RECORD DRAWING 1 OF 2
EXCAVATION DISPOSAL AREA F

KENTUCKY AVENUE WELLFIELD SITE - OUS
HORSEHEADS, NEW YORK

PREPARED FOR
VIACOM INC.

PITTSBURGH, PENNSYLVANIA

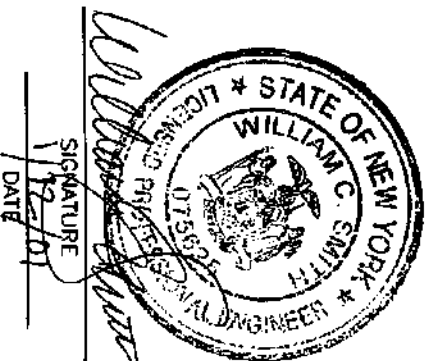
CUMMINGS
PETER
CONSULTANTS INC.

DRAWING NUMBER
98245B45

DRAWN BY: T.E. McKee DATE: 12-17-00

CHECKED BY: B. Geno DATE: 12-29-00

APPROVED BY: W.C. Smith DATE: 12-29-00



SIGNATURE
1/12/01
DATE

