Certification of Completion of Closure Plan for Pratt & Letchworth Industrial Property and Oil Spill Area Buffalo, New York

May 25, 1994

CHOPRA·LEE
incorporated

1741 Baseline Road
Grand Island
New York 14072

(716) 773-7625
Fax (716) 773-7624

May 25, 1994

Mr. George Panepinto
189 Tonawanda Street Inc.
51 Perry Street
Buffalo, New York 14203

RE: Pratt & Letchworth Industrial Site

Dear George:

After a review of the attached documentation, all appropriate procedures appear to have been followed to comply with the project specifications.

This is to certify that the Closure Plan, as developed by Ecology and Environment, Inc., and as approved by the New York State Department of Environmental Conservation has been adhered to and complied with and that all work was performed in accordance with the project specifications. This will also serve to certify that all soils, within the project area, containing PCBs with concentrations above one part per million (1 ppm) have been removed in accordance with said specifications.

If you have any questions, please feel free to give me a call.

Sincerely,

Frederick L Brown Jr

Frederick L. Brown, P.E.

STATE OF NEW YORK
FREDERICK L. BROWN, JR.
No. 66001
LICENSED PROFESSIONAL ENGINEER

6-20-94

TABLE OF CONTENTS

Introduction

This certificate of completion is being furnished as required by the "Interim Remedial Measures Work Plan", dated August 1992, for the Pratt and Letchworth Industrial Property, 189 Tonawanda Street, City of Buffalo, County of Erie, State of New York.

Summary

Innovative Services International, Inc. was retained to remove soil from an oil spill area at the north end of Building No. 78. This soil had been previously sampled and found to contain Polychlorinated Biphenyl's (PCB's) in concentrations from less than 0.5 ppm to 2,200 ppm. The specific Aroclor detected was 1260. *(See Figure 1 for Site Map)*

The extent of the removal was to be an area approximately 100' x 100' to a depth of approximately six (6) inches. The area was to be further remediated should any post excavation sampling reveal levels of contamination above 1 ppm. *(See Figure 2)* All site maps are compiled in Section F. Based on NYSDEC supervised sampling, the area was expanded in order to ensure that all material was removed (see Figure #3). Any soil that showed PCB concentrations above 1 ppm was excavated and disposed of off site.

Disposal of the contaminated soil was the responsibility of 189 Tonawanda Street Corporation.

Innovative Services International arranged with several permitted transporters, in order to expedite the work, to transport contaminated soils off site. Contaminated soil was segregated, transported, and disposed of according to PCB content. Material that tested between 1 ppm and 49 ppm was disposed of as non-hazardous material. Material that tested 50 ppm or over was disposed of as hazardous waste.

Description of Work

Upon arrival at the site on September 13, 1993, the necessary equipment, materials, and staging areas were established to provide safe and easy working conditions. The area to be remediated was cordoned off to restrict entry for unauthorized persons. A safety meeting was also conducted for the personnel on site. Records of safety meetings are collected in Section C. Decontamination areas were established.

An excavator was used to remove the contaminated soils. These soils were placed into leak proof, plastic-lined roll-off containers equipped with watertight covers and security device, if the material was to remain on-site for any length of time. Dump trucks were used for material that was taken immediately off site. Plastic sheeting was placed under each truck as it was being loaded to minimize contamination of any area outside the restricted area.

Properly loaded containers had their contents covered with plastic, prior to being tarped. Any material that could not be immediately containerized was staged on plastic sheeting and protected from wind and rain with additional sheets of plastic. When containers arrived on-site, the material was uncovered and properly containerized. Table No. 1 summarizes the total tons of excavated material by date. Table No. 2 summarizes the excavated material by manifest number. Complete copies of all manifests are appended in this report. Non-hazardous material manifests are presented in Section G. Hazardous material manifests are presented in Section H.

After excavation, all areas were sampled to determine if the clearance criteria of 1 ppm was obtained. Such areas that did not meet clearance criteria were further excavated in the manner described above, until the results met this criteria. Daily activities relating to this excavation were recorded in the Daily Log (Appendix A). Figure #3 shows the extent of removal for this project based on soil sampling results. Figure #4 shows the excavated depths of each of these areas.

After the soil was analyzed to determine PCB levels, permitted transporters were contacted to take the soil to the appropriate landfill. As stated earlier, several transport contractors were utilized to expedite the work. The following permitted transporters were used to transport non-hazardous material:

Rohrer Trucking
Page E.C.T.
Frank's Vacuum Truck Service
Pariso Trucking
Waste Management of N.Y. - Downing
US Bulk Transport

The following transportation company was used exclusively for soils considered as hazardous:

CWM Chemical Services
Permit No. IL015

All material was disposed of at landfills approved for the type of material. Non-hazardous material (i.e. 1 ppm - 49 ppm) was disposed at Lake View Landfill, 851 Robison Road East in Erie, Pennsylvania. Hazardous material (i.e. 50 ppm and over) was disposed of at CWM Chemical Services Inc., 1550 Balmer Road, in Model City, New York. Receipts for these materials are contained in Section G and Section H respectively.

At the completion of excavation activities, equipment which was suspected of being contaminated was placed on plastic and pressure washed. The plastic and the water was then disposed of by placing it into a load of contaminated soil which was being removed from the site. Wipe samples were taken from the equipment and analyzed for PCB content. Results were below the detection limit.

Upon excavation of the last load of soil, the excavation bucket was place over the trailer load of soil and washed down. The water used was absorbed into the soil which was then disposed of when the load was taken to the landfill.

The area was then backfilled with clean fill and graded to meet existing ground contours.

Table No. 1

Material Removed From
Pratt and Letchworth
189 Tonawanda Street

Date	Tons of Hazardous (over 50 ppm)	Tons of Non-Hazardous (Less than 50 ppm)
9/13	28.4	--
11/15	--	--
11/16	--	169.08
11/17	--	218.95
11/18	--	40.52
11/19	--	129.20
11/20	--	96.18
11/22	--	16.07
11/23	--	16.52
11/24	--	--
11/26	--	26.01
11/27	--	--
11/29	--	12.50
11/30	--	15.25
12/16	--	19.96
1/16	20.34	16.92
2/22	--	62.07
2/23	--	94.46
TOTAL	48.74	933.69

Table No. 2

Summary of Non-Hazardous Material Removed from
Pratt and Letchworth
189 Tonawanda Street

Date	Manifest No.	Tons
11/16	39338	26.03
	39339	25.18
	39340	24.03
	39341	22.64
	39342	26.19
	39343	22.33
	39344	22.68
11/17	39359	21.97
	39356	21.84
	39358	20.96
	39357	19.39
	39355	17.03
	39354	23.85
	39353	25.76
	39352	24.59
	39351	20.35
	39350	23.21
11/18	39349	21.64
	39348	18.88
11/19	39347	22.61
	39361	22.76
	39363	19.22
	39362	21.61
	39364	21.70
	39360	21.30
11/20	39365	19.86
	39366	20.53
	39368	26.73
	39367	29.06
11/22	36927	16.07
11/23	36929	16.52
11/26	36930	11.03
	36928	14.98
11/29	36931	12.50
11/30	39155	15.25
12/16	39369	19.96
1/6	39370	16.92
2/22	44843	19.55
	44844	19.69
	44842	22.83
	44845	23.29
	44846	22.33
	44847	23.67
2/23	24556	25.17
TOTAL:		933.69

Table No. 3
Summary of Hazardous Material
Removed from
Pratt and Letchworth
189 Tonawanda Street

Date	Manifest No.	Tons
9/13/93	6480232	8.06
	6401259	10.30
	6401268	10.04
1/6/94	6393168	20.34
Total:		**48.74**

Air Sampling

Air sampling was conducted throughout all intrusive work to determine if any materials from the site were becoming airborne and contaminating adjacent areas. All sample results were well below the requirements of the specifications.

Real time air monitoring was conducted during intrusive work when the possibility existed that contaminants may have migrated off-site. Real time air monitoring results are listed in Section D of the Appendices.

Gravimetric sampling was also conducted to ascertain whether contaminated dusts were migrating off site. Gravimetric analysis results are listed in Section E of the Appendices. Table 4 presents gravimetric results in summary form.

Soil Sampling

Soil sampling was performed at the direction of the on-site New York State Department of Environmental Conservation (DEC) Representatives. As per the specifications, additional soil was removed whenever sample results were reported above one (1) ppm. The soil was then re-sampled after the excavation until results proved satisfactory. Soils were analyzed using EPA Method 8080. A summary of the soil sampling results is contained in Table 5. Soil sampling locations are included with each set of chain of custody documents and analysis sheets for each set of samples taken. Chain of custody documents, sampling locations and results are contained in Section B of the appendices. A map showing the original soil sample locations, as performed by Ecology and Environment, is included in Section F of the appendices.

Table 4

Gravimetric Results Summary

Date	Sample ID#	Results (mg/m^3)
11/15/93	829-1115-01	Void
	829-1115-02	Void
	829-1115-03	Void
11/16/93	829-1116-04	<0.016
	829-1116-05	0.050
11/17/93	829-1117-07	0.021
	829-1117-08	<0.014
11/19/93	829-1119-09	0.131
	829-1119-10	0.089
	829-1119-11	0.078
	829-1119-12	0.056
11/24/93	829-1124-13	0.042
	829-1124-14	0.058
12/16/93	829-1216-01	0.317
	829-1216-02	0.190
	829-1216-03	0.085
1/6/94	0155-0106-01	0.286
	0155-0106-02	0.857
2/22/94	0155-0222-01	0.028
	0155-0222-02	--

Table 5
Pratt and Letchworth
189 Tonawanda Street

Summary of Soil SamplingResults

Date	Location	Sample ID No.	PCB Results in ppm
9/13/93	Area F	13' SW of Mode 1	0.52
	Area F	17'9" SE of Mode 23	<0.5
	Area E	18'8" N of Mode 28	0.90
11/15/93	Area E	A	Not Detected
	Area D	B	Not Detected
	Area D	C	Not Detected
	Area C	D	Not Detected
11/16/93	Area F	E	0.39
	Area B	F	0.86
	Area C	G	0.76
11/17/93	Area B	S1	<1
	Area G	S2	<1
	Area C	S3	16.6
11/20/93	Area D	S4	<1
	Area E	S5	<1
11/22/93	Area E	1A	0.81
	Area G	2A	1650
11/24/93	Area E	Composite 5 and 6	6.41
	Area C	N.E. Corner	0.758
12/7/93	Area B	P123	<1
	Area G	P4-5-6	<1
	Area C	P289	214
	Area C	P7	<1
	Area C	P8	11
	Area C	P9	<1
12/16/93	Area E	Comp D	<1
	Area C	Comp N	14
	Area E	Comp W	<1
	Area C	N1	5.4
	Area C	N2	12.2
	Area C	N3	29.3
2/23/94	Area C	PL #1	<1

Errata

Manifest No. 36930 was inadvertently incorrectly dated. The attached letter in Section I of the appendices provides full explanation of this matter. Also, dump receipts for February 22 and 23 of 1994, for seven truck loads of soil, were inconclusive. The attached letter from Lakeview Landfill documents the correct disposal.

Certification

This is to certify that the Closure Plan, as approved by DEC, has been complied with and that the soil containing PCB's in concentrations in excess of 1 ppm have been removed from the site and that the work has been done in accordance with the specifications set for in the plan.

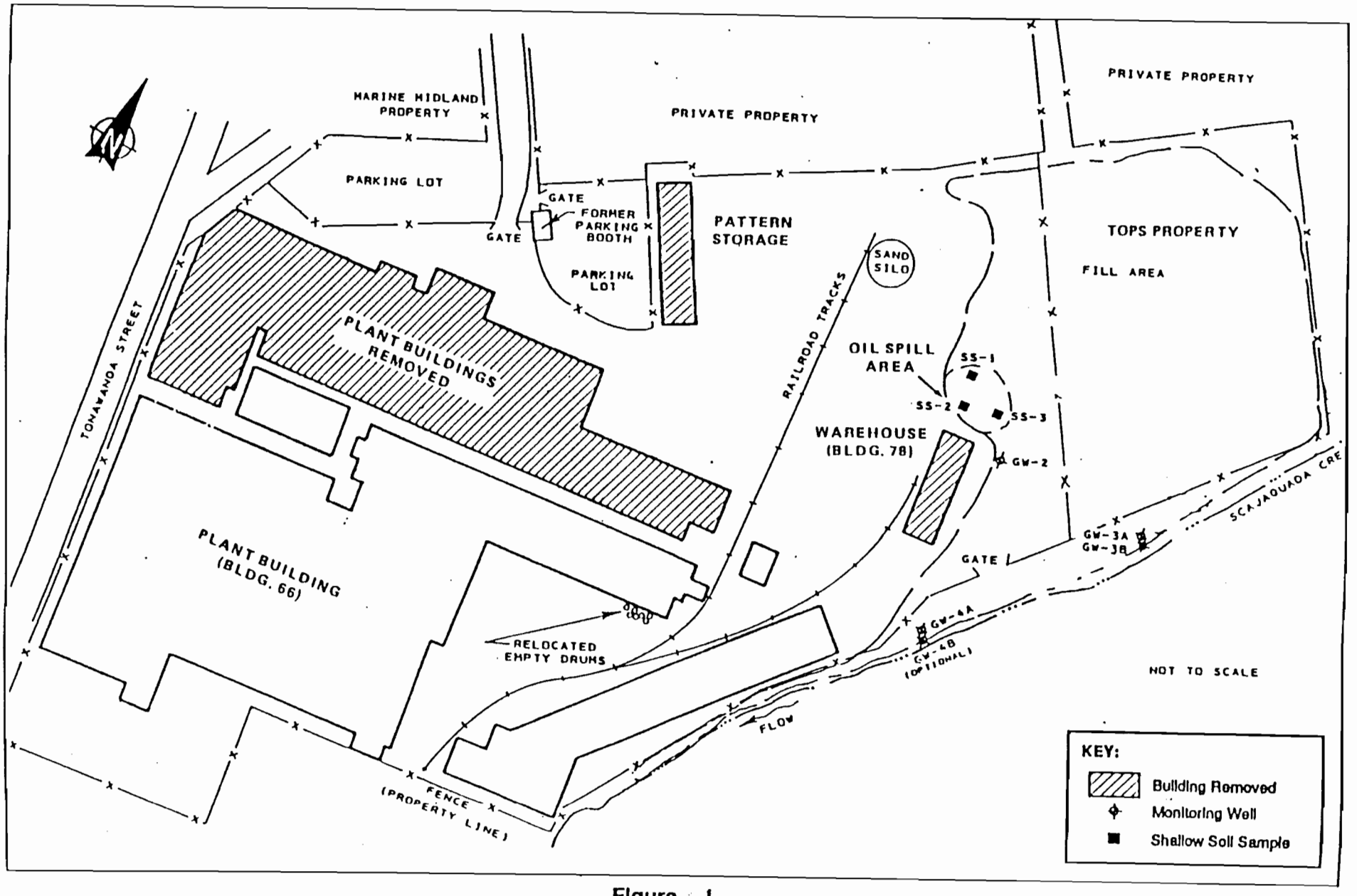


Figure 1
SITE PLAN OF PRATT & LETCHWORTH

Pratt and Letchworth
189 Tonawanda Street

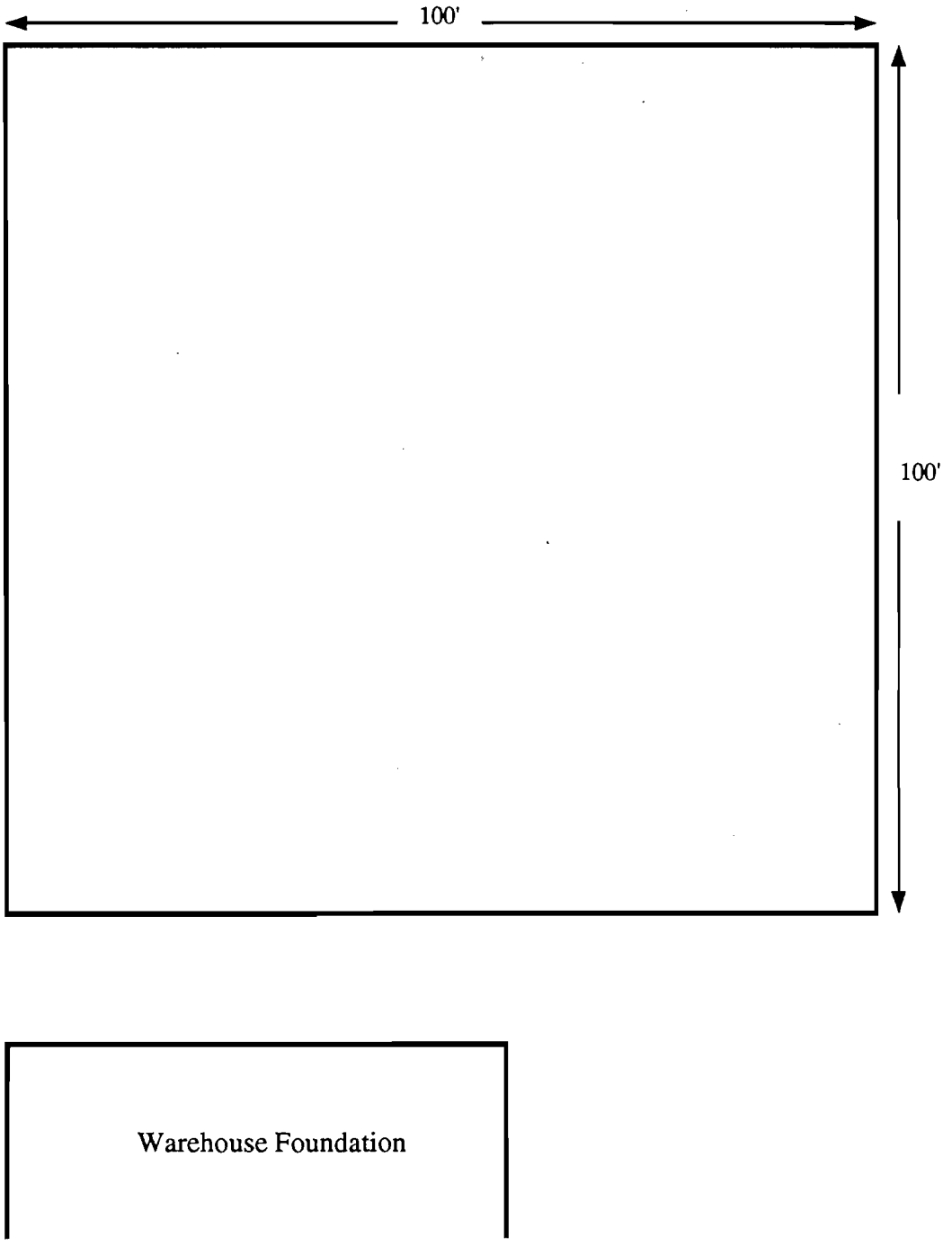


Figure #2
Project as described by Ecology and Environment
August 1992

Pratt and Letchworth
189 Tonawanda Street

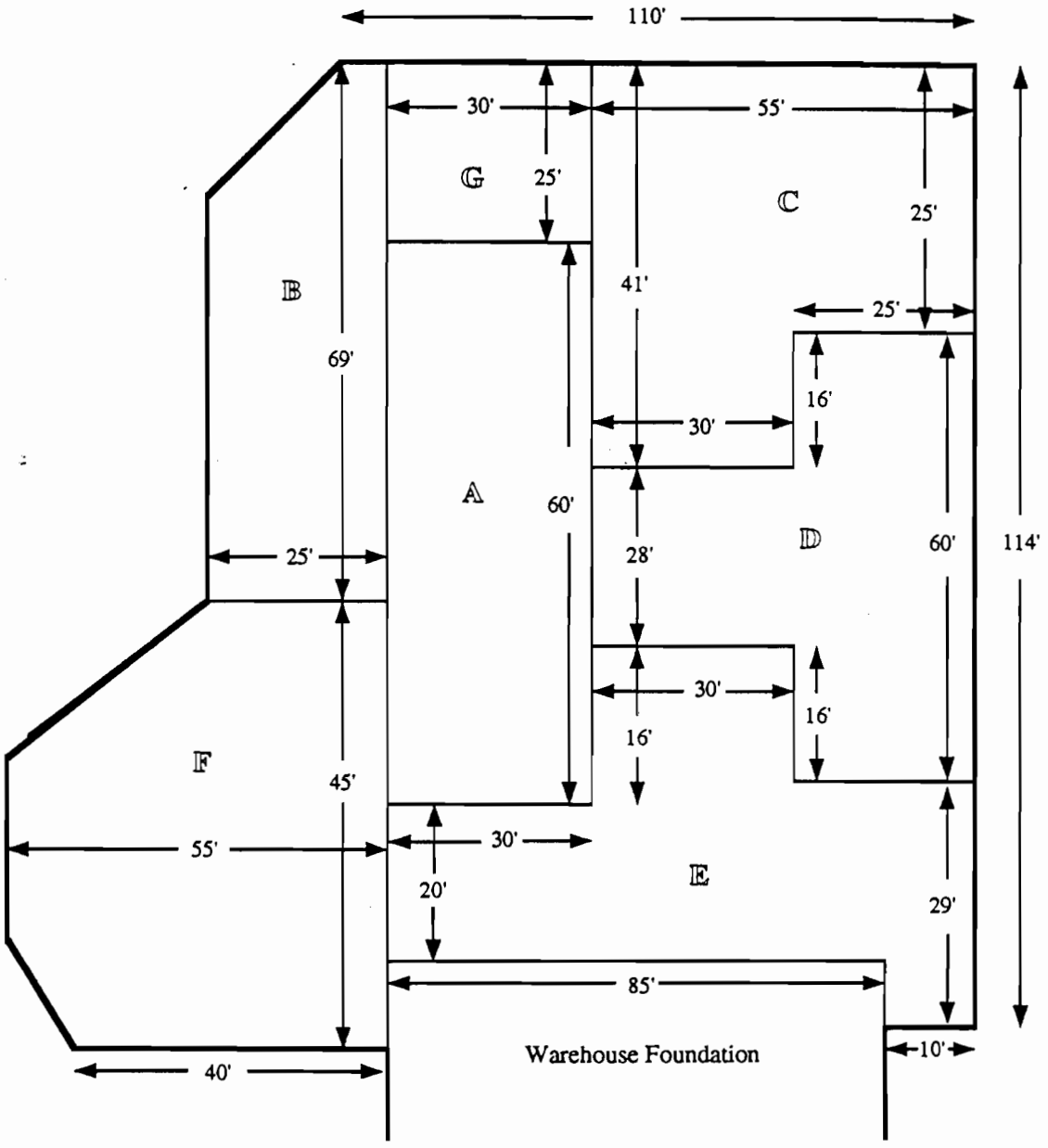


Figure #3
Project as developed by sampling results
showing excavation areas

Pratt and Letchworth
189 Tonawanda Street

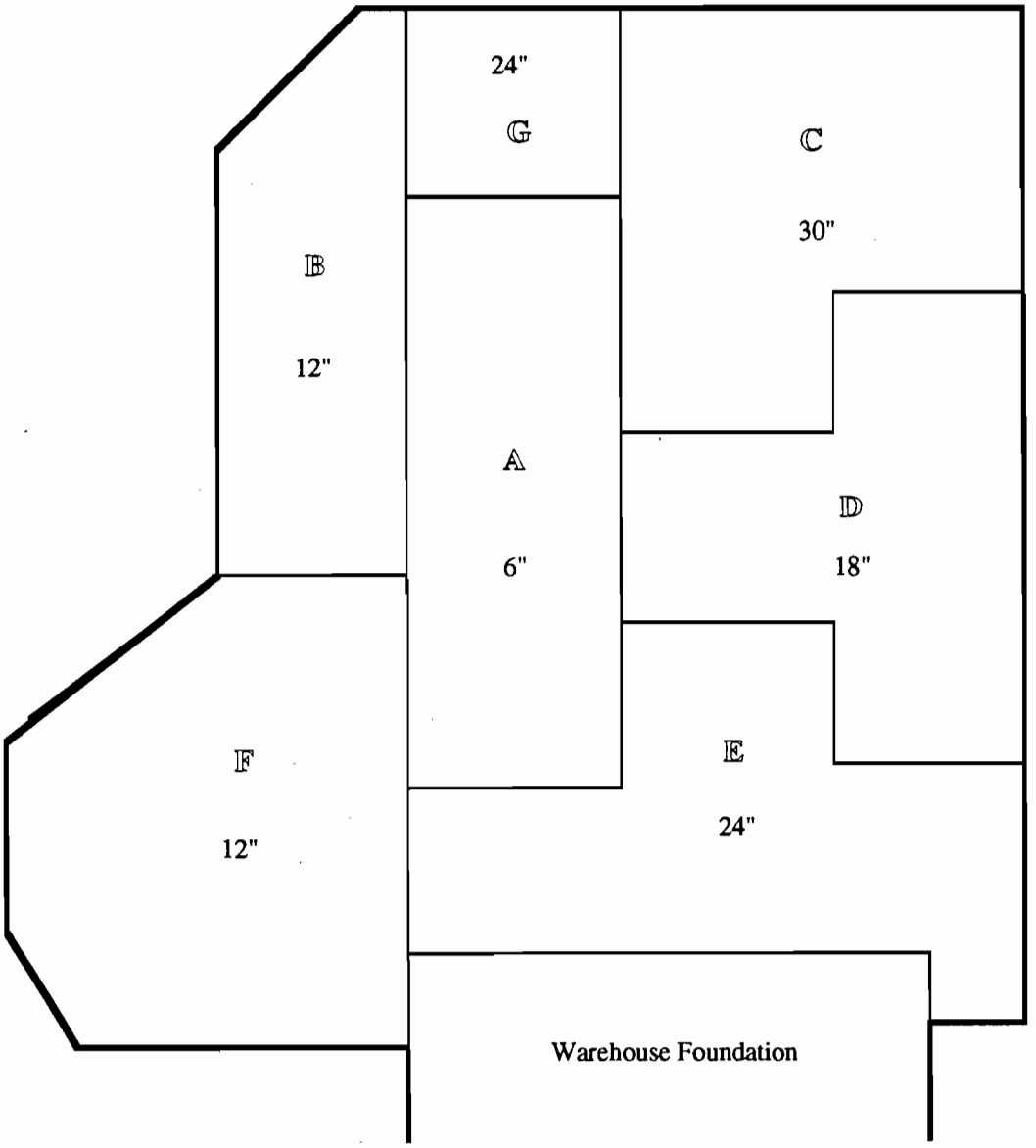


Figure #4
Project as developed by sampling results
showing excavation depths

Section A

Log Sheets

9/13/93

8:00 Am - on site Meeting
8:30 Am Operator on Site
started Excavating HF concrete
changed Bucket put Hammer
on Machine Broke up - ground
Loaded 1st container 10:30
Loaded 2nd container 11:30
Loaded 3rd container 1:15
Tks came back & picked up
containers Dean machine
into last container
Operator pulled 3 samples
& split them with DEC

Left Site @ 3:30

11/15/93

Monday 7:30 AM QUINCAST- 40°

CARMEN COSTA - operation

ROB BARR - AIR MONITORING

KEN KELLER - T S I

SAFETY MEETING.

CARMEN COSTA EXCAVATED IN AREAS C, E, + D - AND STOCKPILED THE MATERIAL IN NORTH PORTION OF AREA E NEXT TO FOUNDATION

TOOK FOUR GRAB SAMPLES - A, B, C + D FROM AREAS C, E, + D - AS DIRECTED BY D.E.C. REPRESENTATIVE. SAMPLES WERE SENT TO WASTE STREAM FOR PCB ANALYSIS - CARMEN REQUESTED 24 HR TURNAROUND FOR THESE ~~ADDITIONAL~~ COST. = 175$/PER SAMPLE - COVERED STOCKPILE W/POLY + LEFT SITE 4:30

AIR MONITORING SHOWS NO PROBLEMS

11/16 Tuesday 7:30 Am 40°
Overcast

Site meeting -
Cameron -
R.A.S. -
Kerr - -

Started hauling trucks.

8:15	1	1:30	6
8:30	2	2:00	7
8:45	3		
9:30	4		
1:15	5		

Continued excavation in Areas F. B + C. took 3 samples as directed by D.E.C. Rep. Samples E F G sent to waste stream. 24 Hr turn around

Samples A, B, C + D came back less than .5 ppm -

Covered stockpile w/poly + left Site 4:30

Air monitoring shows no problems

11/17/93 7:00 AM RAIN

Site Safety meeting

Carmen
Robbi
Ken

Loaded trucks

	#				
7:45	8	11:15	13	2:00	18
8:00	9	11:30	14	2:30	19
8:30	10	12:00	15		
8:45	11	12:30	16		
9:00	12	1:00	17		

2 T&Ls from Franks vacuum came @ 2:30 + Carmen sent them away no load Had no material left in stockpile

Took 2-samples Area E + D as Directed by D.E.C. Rep. sent to Express Labs
These were composite samples
1C + 2C - Samples E, F + G
Came back less than .5 ppm.
Left site 3:30

Air monitoring shows no problems

11/18/93 Thurs Sunny

Site meeting 7:30

Carmen -

Rob -

Ken -

Excavated north part of Area B + C - + stockpiled in front of Bldg foundation

Worked 3 - Hrs.

2:30	20
3:00	21
4:45	22

Covered stockpile w/poly + left site - 5:00 pm

Took 3 - composit samples as directed by D.E.C. in north portion of Area B + C - sent to Express Labs

Sample # 91, 92, + 93

Express Labs

Air Reports no problems -

[redacted]

7/19/ Fri. 7:00 Am
overcast

safety meeting
Carmen
Ross
Ken

hauled tks

7:45	23
8:15	24
11:00	25

Waste mgt Brought 4-roll offs out 3:30 pm we hauled 3 of them & left 4th on site to be picked up. monday

Covered stockpile & left site 5:00pm.

Air results ok.

11/20 - SAF

7:00 AM

~~toolbox~~ SAF meeting

Citizen

Rob

Kim

handed 4 FKs

7:00 26

7:15 27

7:30 28

8:00 29

no soil left to excavate

took 2 samples - Area

E + D. From Area where soils were

stock piled

Air monitoring shows no problems

Placed machines on pole

for Preemination on

Monday

11/21 - Sunday

No - work

1/23/ Tues -

NO - Lesson K

11/24 — Wed — 7:00 AM

Cramer
Ross — Site Meeting
Kew -

Express Lab Sample S3 -
showed PCB - @ 16.6 ppm
EVC excavated Top 6" of
Area & other Sample was

Take - By moving machine
to outside of Hot Zone &
resetting area fence
(Machine wipe samples came)
Back Clean — Focus Monday

We hooked 2 - Roll off Containers
& Decon'd the Bucket into
the last R/O can -

Took 2 more Samples as
Directed by D.E.C. for 88
waste stream. left site
12:30 - pm

Thurs / 11/25 -

Fri 11/26

Sat 11/27

Sun 11/28

Mon 11/29

Tues 11/30

Wed 12/1 no work

Thurs 12/2

Fri 12/3

Sat 12/4

Sun 12/5

Mon 12/6

Tues 12/7 - meet w/ D.E.C on site - Andy Tom/C

3 - Composite samples

12/8 - 12/9 - 12/10 12/11

12/12 12/13 12/14 12/15

No - Work This Days

12/16 Arrive @ site 7:45 Am
40° - cloudy - A Case Excavator
is on site - Being Driven
Back to the work Area But
Not Inside the work Zone
operator is preparing Area
outside work Zone for Placement of
containers -
Roll off Truck From
Other work Arrived @ 8:00 Am
Dropped Box next to work Area.

Carmen will load containers By
Reaching into work Zone w/ excavator
And then Dumping material directly
into the Box Excavator
Then Arrived Sample #8 - (Haz.)
9:30 -
Frank Vacuno arrived on site
To receive non-Haz - making
Loaded the material From Arrived
Locations D + W - 1-Hr to load -

Total Sample(s) As directed By
D.E. - Sent to Express Labs
Left site 12:30 -
Composit
(D-(W)+(W)- 12- Samples

1/14/94 20% windy

On-site 8:00 AM
Safety meeting -
Chem waste [illegible] roll off
Containers
Examined load 1-th ld - of
soil - ground frozen

Took sample 11:00 AM
As instructed by DEC.

Sent to Experience Labs

2/22/94
20° - Sunny

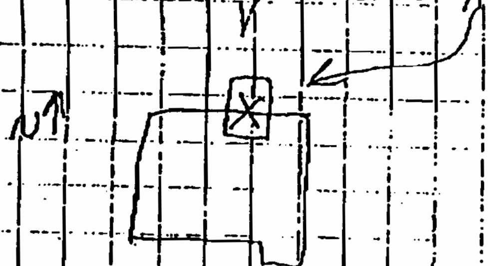
8:00 AM

Chopper Here on site
to Air Sample

Art Thygerty"
Held safety meeting

3 tks on site

Excavating From Here



D.E.C. on site 9:00AM

Loaded the Trucks 10:30
They left For Landfill
trucks Returned @ 3:15pm
Loaded them +
left site 6:00pm.

10:00 AM 2/23/94

Took Samples

As instructed

By D E C

Sent to

Express Labs

Section B

Analytical Data for Soil Sampling

METHODOLOGIES

The specific methodologies employed in obtaining the analytical data reported are indicated on each of the result forms. The method numbers shown refer to the following U.S. Environmental Protection Agency Reference:

U.S. Environmental Protection Agency, "Method for Chemical Analysis of Water and Wastes," EPA 600/4-79-020, March 1983 Revision.

U.S. Environmental Protection Agency, "Test Methods for Evaluating Solid Waste - Physical/Chemical Methods," Office of Solid Waste and Emergency Response, November 1986, SW-846, Third edition.

U.S. Environmental Protection Agency, Federal Register, 40 CFR Part 136, October 1984.

U.S. Environmental Protection Agency, Federal Register, 40 CFR Part 268, Appendix I, November 1986.

ORGANIC DATA COMMENT PAGE

Laboratory Name - Waste Stream Technology

USEPA Defined Organic Data Qualifiers:

U - Indicates compound was analyzed for but not detected.

J - Indicates an estimated value. This flag is used either when estimating a concentration for tentatively identified compounds where a 1:1 response is assumed, or when the mass spectral data indicates the presence of a compound that meets identification criteria, but the result is less than the sample quantitation limit but greater than zero.

C - This flag applies to pesticide results where the identification has been confirmed by GC/MS.

B - This flag is used when the analyte is found in the associated blank as well as the sample.

E - This flag identifies all compounds whose concentrations exceed the calibration range of the GC/MS instrument or that specific analysis.

D - This flag identifies all compounds identified in an analysis at a secondary dilution factor.

G - Matrix spike percent recovery is greater than expected upper limit of analytical performance.

L - Matrix spike percent recovery is less than the expected lower limit of analytical performance.

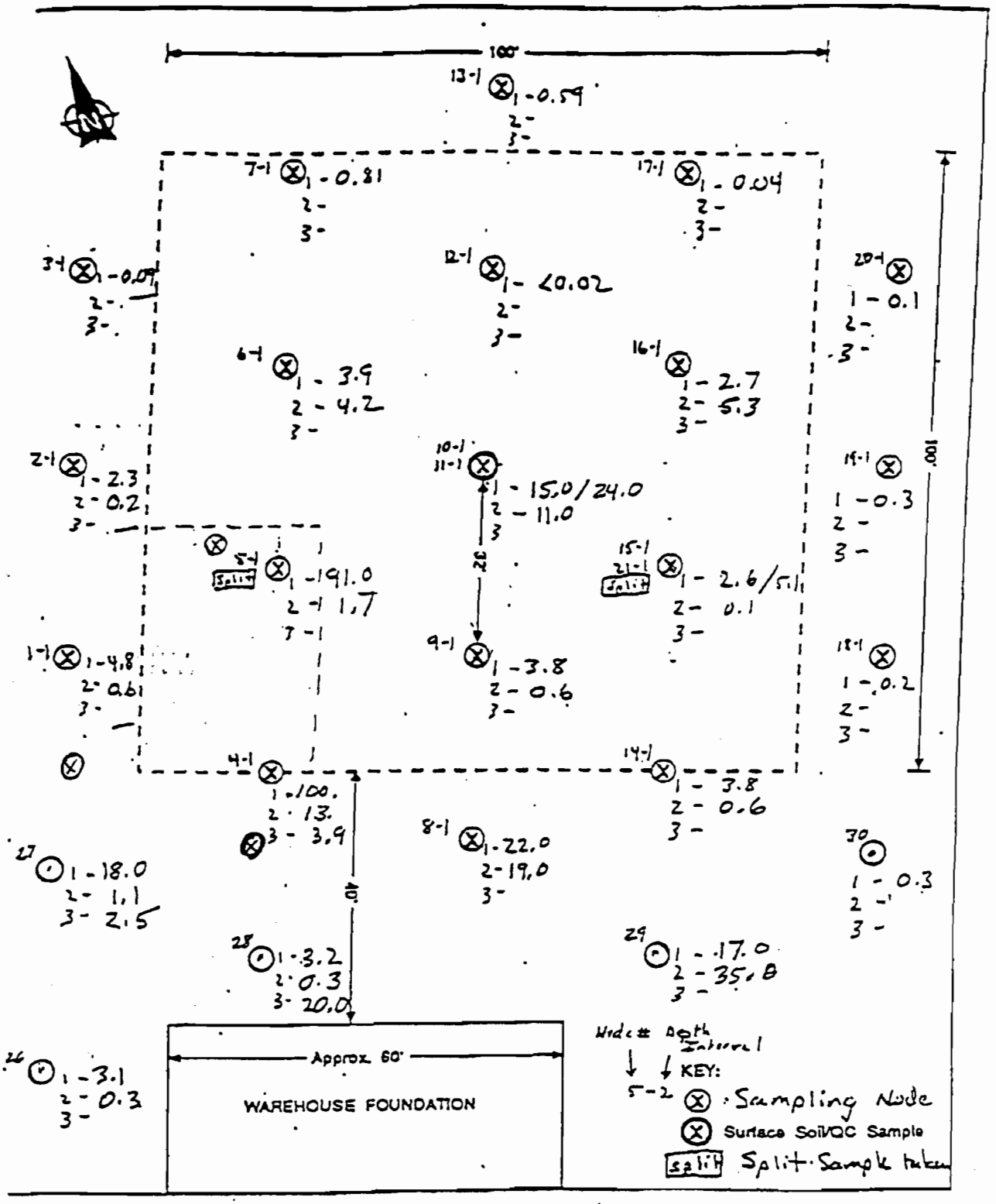


Figure 1
OIL SPILL/DRUM STORAGE AREA AND SAMPLING LOCATIONS

Key
1- = 0-6"
2- = 6"-12"
3- = 12"-18"

Key: Node — Depth Interval — Concentration (mg/kg Dry Wt.)
12 ⊗ 1- 10.0
2- 0.4
3- ( ) ← Not Available

WASTE STREAM TECHNOLOGY

Laboratory Chronicle

Report Date : 9/20/93
Group number : 9301-221

Prepared For :

Chopra Lee Inc.
1741 Buseline Road
Grand Island, New York 14072

Site: Carbon Graphite Transformer

Field and Laboratory Information

Client Id	WST Lab #	Matrix	Date Sampled	Date Received	Time
13' SW of Mode 1	WS01497	Asphalt	9/13/93	9/13/93	16:25
17' 9" SE of Mode 23	WS01498	Asphalt	9/13/93	9/13/93	16:25
18' 8" N of Mode 28	WS01499	Asphalt	9/13/93	9/13/93	16:25
Sample Status Upon Receipt : No irregularities.					

2-1
2.3

Analytical Services

Analytical Parameters	Number of Samples	Turnaround Time
8080 PCB	3	Standard

Report Released By : Daniel W. Voss

ENVIRONMENTAL LABORATORY ACCREDITATION
CERTIFICATION NUMBER (ELAP) 11179

WASTE STREAM TECHNOLOGY

8080 PCB REPORT

Site : Pratt & Letchworth
Group Number : 9301-221
Sample Date: 9/13/93

Matrix : Soil
Report Units : PPM (ug/g)

	Lab ID	WS01497	WS01498	WS01499	
	Client ID	13' SW of Mode 1	17' 9" SE of Mode 23	18' 8" N of Mode 28	
	Extraction Date	9/14/93	9/14/93	9/14/93	Detection
Compound	Analysis Date	9/16/93	9/16/93	9/16/93	Limit
Aroclor 1016		< 0.5	< 0.5	< 0.5	0.5
Aroclor 1221		< 0.5	< 0.5	< 0.5	0.5
Aroclor 1232		< 0.5	< 0.5	< 0.5	0.5
Aroclor 1242		< 0.5	< 0.5	< 0.5	0.5
Aroclor 1248		< 0.5	< 0.5	< 0.5	0.5
Aroclor 1254		< 0.5	< 0.5	< 0.5	0.5
Aroclor 1260		0.52	< 0.5	0.90	0.5
Surrogate % Rec.					QC Limit
Decachlorobiphenyl		85.7	89.3	85.7	60-150
Detection Limit Multiplier		1	1	1	
Percent Solids (%)		92.5	90.5	90.6	

TECHNOLOGY (716) 876-6290

1107

PROJECT NO: EC94.0091 SITE NAME: Pratt & Letchworth

SAMPLERS (SIGNATURE):

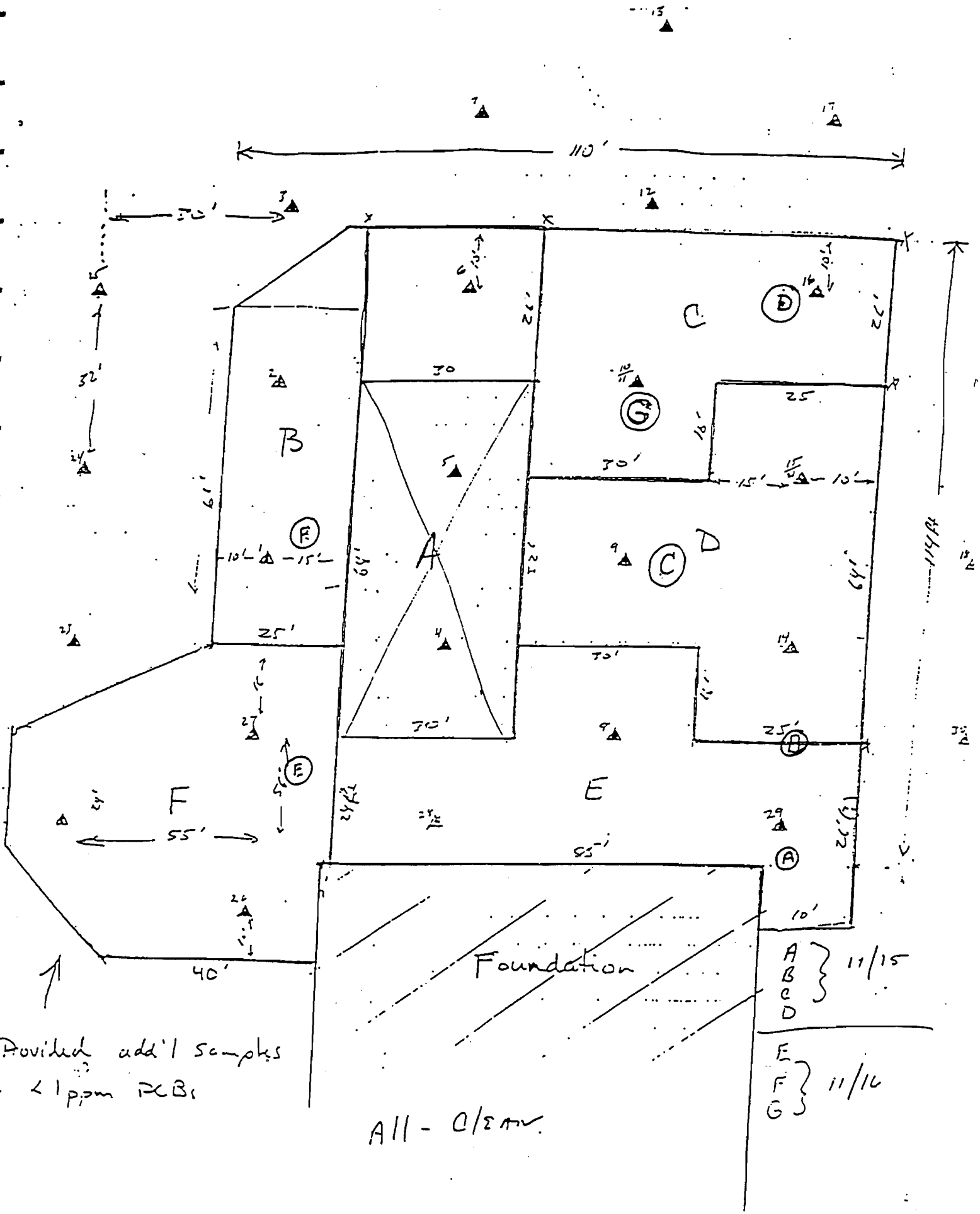
SAMPLE NO.	DATE	TIME	COMP	GRAB	MATRIX	SAMPLE LOCATION	SIZE & NO. OF CONTAINERS	PRESERVATIVES	REMARKS
01	9/13	1530				19' SW of Mode 1	8oz 1	HNO3	PCBs
02	9/13	1610				17'9" SE of Mode 23	8oz 1	ice	
03	9/17	1530				18'8" N of Mode 25	8oz 1	ice	
									Need results

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SI
	9/13-93 1:25				
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SI
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME	REMARKS	

Distribution Original accompanies shipment. Copy to coordinator field files

LAB USE: REFRIGERATOR # _____ SHELF # _____

P&L SITE — PCB SPILL AREA



Provided add'l samples - <1 ppm PCBs

WASTE STREAM TECHNOLOGY

8080 PCB REPORT

Site : 189 Tonawanda Street
Date Sampled : 11/15/93
Date Received : 11/15/93 @ 14:50

Group Number : 9301-275
Matrix : Soil
Report Units : PPM (ug/g)

	Lab ID	WS03073	WS03074	WS03075	WS03076	
	Client ID	A	B	C	D	
	Extraction Date	11/15/93	11/15/93	11/15/93	11/15/93	Detection
Compound	Analysis Date	11/15/93	11/15/93	11/15/93	11/15/93	Limit
Aroclor 1016		U	U	U	U	0.5
Aroclor 1221		U	U	U	U	0.5
Aroclor 1232		U	U	U	U	0.5
Aroclor 1242		U	U	U	U	0.5
Aroclor 1248		U	U	U	U	0.5
Aroclor 1254		U	U	U	U	0.5
Aroclor 1260		U	U	U	U	0.5
Surrogate % Rec. Decachlorobiphenyl		96.9	99.2	101	99.9	QC Limit 60-150
Detection Limit Multiplier		1	1	1	1	
Percent Solids (%)		82.9	91.4	90.9	92.1	

WASTE STREAM TECHNOLOGY

8080 PCB REPORT

Site : 189 Tonawanda Street
Date Sampled : 11/16/93
Date Received : 11/16/93 @ 15:30

Group Number : 9301-277
Matrix : Soil
Report Units : PPM (ug/g)

	Lab ID	WS03102	WS03103	WS03104		
	Client ID	E	F	G		
	Extraction Date	11/16/93	11/16/93	11/16/93		Detection
Compound	Analysis Date	11/16/93	11/16/93	11/16/93		Limit
Aroclor 1016		U	U	U		0.5
Aroclor 1221		U	U	U		0.5
Aroclor 1232		U	U	U		0.5
Aroclor 1242		U	U	U		0.5
Aroclor 1248		U	U	U		0.5
Aroclor 1254		U	U	U		0.5
Aroclor 1260		0.39 J	0.86	0.76		0.5
Surrogate % Rec.						**QC Limit**
Decachlorobiphenyl		94.7	96.7	109		60-150
Detection Limit Multiplier		1	1	1		
Percent Solids (%)		87.6	86.1	82.1		

WASTESTREAM TECHNOLOGY
302 GROTE STREET
BUFFALO, NY 14207
(716) 876-5290

CHAIN OF CUSTODY RECORD

PROJECT NO: 181 Tonawanda St.
SITE NAME:
SAMPLERS (SIGNATURE):

SAMPLE NO.	DATE	TIME	COMP	GRAB	MATRIX	SAMPLE LOCATION	SIZE & NO. OF CONTAINERS	8080 PCB							PRESERVATIVES	REMARKS
A	11/15/	2:30		X	Soil	A.		✓							NA	Black soil
B	11/15	2:30		X	Soil	B		✓								" " w/Brown
C	11/15	2:30		X	Soil	C		✓								
D	11/15	2:30		X	Soil	D		✓								

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
[signature]	11/15 2:50	[signature]			
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME	REMARKS	

Distribution Original accompanies shipment. Copy to coordinator field files

LAB USE: REFRIGERATOR # SHELF #

WASTE STREAM TECHNOLOGY
302 GROTE STREET
BUFFALO, NY 14207
(716) 876-5290

CHAIN OF CUSTODY RECORD

PROJECT NO: | SITE NAME: 181 Townsend St

SAMPLERS (SIGNATURE):

SAMPLE NO.	DATE	TIME	COMP	GRAB	MATRIX	SAMPLE LOCATION	SIZE & NO. OF CONTAINERS	8oz Jars	PRESERVATIVES	REMARKS
E	11-16	3:15		X	soil	E		1		
F	11-16	3:15		X	soil	F		1		
G	11-16	3:15		X	soil	G		1		

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
	11-16 3:50				
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME	REMARKS	

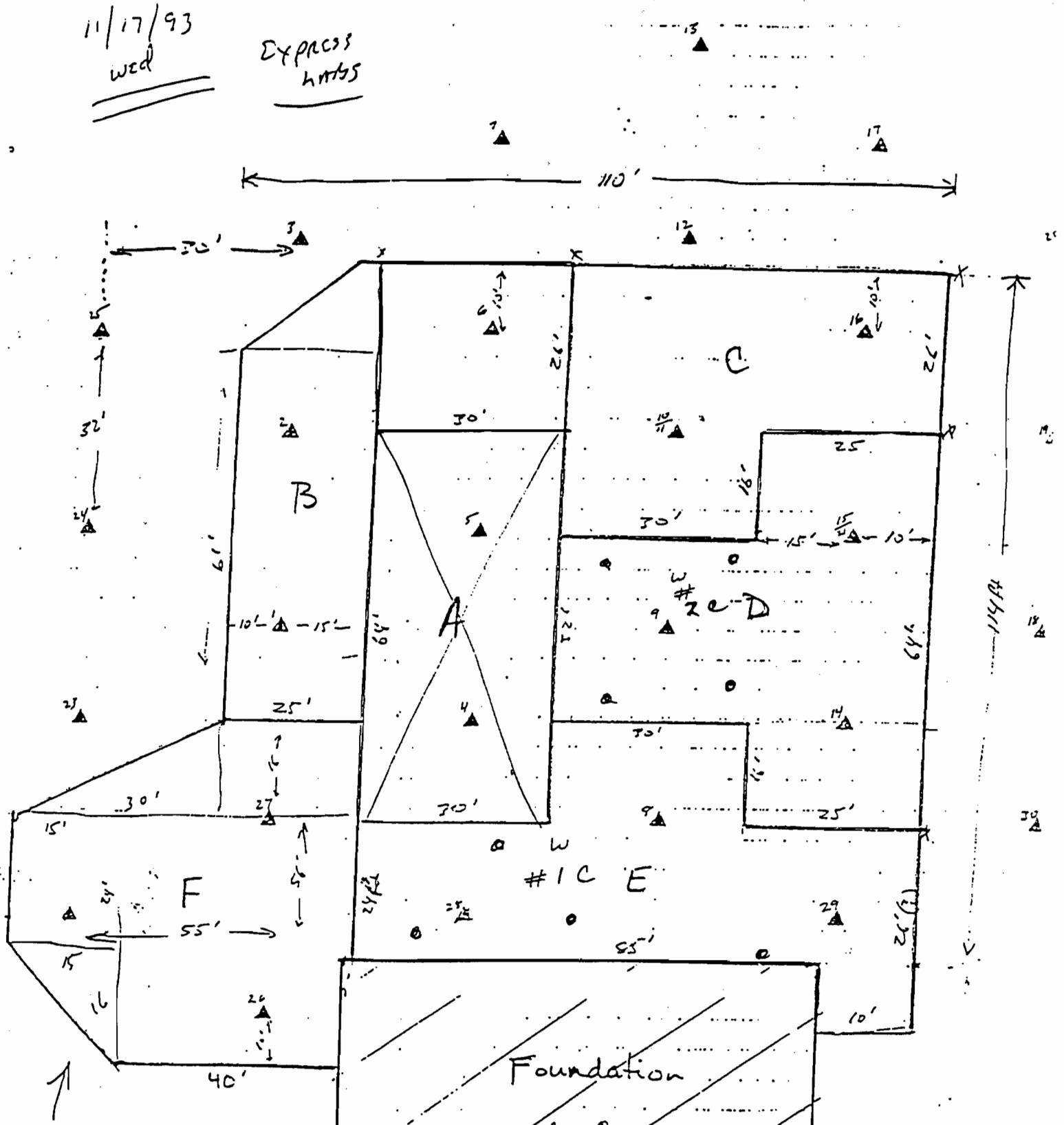
Distribution Original accompanies shipment. Copy to coordinator field files

LAB USE: REFRIGERATOR # _____ SHELF # _____

P&L SITE — PCB SPILL AREA

11/17/93
wed

Express Mass



Provided add'l samples are < 1 ppm PCBs

EXPRESSLAB

PO Box 40 5611 Water Street Middlesex, NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

WORKORDER TCLP

CUSTOMER: Innovative Services Intrnl.
ADDRESS: 5033 Transit Rd
CITY: Depew
STATE/ZIP: NeW 14043
PHONE: 716-681-3535
FAX: 716-685-6889
CONTACT: Ken Keller
Call 863-8034 or Carmen @ 867-1339

PO NUMBER:
PROJECT NO:
PROJECT CUST: 189 Tonawanda St Corp
PROJECT SITE: Hall & Letchworth
RESULTS NEEDED: ☐ 72 HRS ☐ 7 DAYS
SEND RESULTS: ☒ FAX ☐ FAX+MAIL
PHONE RESULTS: ☒ YES ☐ NO
24 hr. Turn results by 11/18/93 AM

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER Composite 1
DATE: 11/17/93 TIME 2:45 pm
LOCATION:
☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER Composite 2
DATE: 11/17/93 TIME 2:45 pm
LOCATION:
☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 2 # of CONTAINERS 2
SAMPLED BY: Ken Keller
SIGNATURE: Ken Keller
NAME: I.S.I.
DATED: 11/17/93 TIME: 2:45
HOW SENT: ☐ EXP MAIL ☐ HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐ EXP MAIL ☐ HAND CARRY

SAMPLES RECEIVED BY: Express Mail
SIGNATURE:
NAME: Rob Scully
DATE: 11/17/93 TIME: 2:45
HOW RECD: ☐ EXP MAIL ☒ HAND CARRY
FREIGHT IN: $
LOGGED IN: / /93 TIME: :
SAMPLE COND: SAMPLE TEMP:
LAB NOTES:

Green-Lab, Pink-

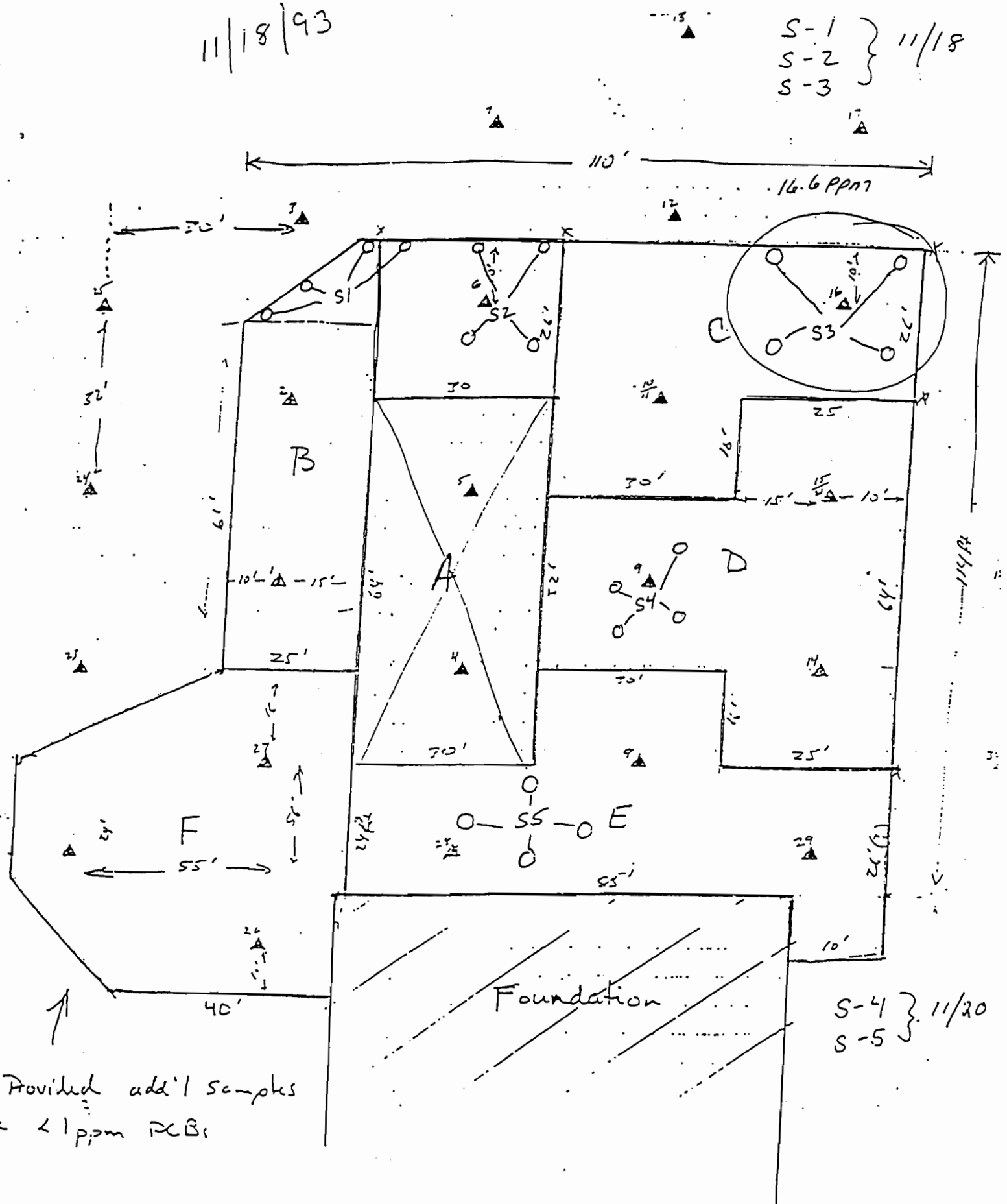
RESULTS WHEN YOU WANT THEM

tclpwo1.doc

P&L SITE - PCB SPILL AREA

11/18/93

S-1
S-2
S-3
} 11/18



Provided add'l samples re <1 ppm PCBs

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NUMBER:

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE LABORATORY #11369

LABORATORY REPORT - PCB'S

CUSTOMER NAME:ISI
ADDRESS: 5033 Transit Rd
Depew NY 14043

Attn: Ken Keller

PO NUMBER: 93001 (CES #)
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St.
RESULTS SENT: FAX DATE:11/23/93
LAB DIRECTOR:

SAMPLE DEMOGRAPHICS AND TEST RESULTS

Results shown in bold type:
Detection Limits shown in (mg/kg)
Results expressed in mg/kg = ppm

Extraction Method: **TCLP Extraction for 18 hrs**
Analysis Method: **Gas Chromatograph with Electron Capture Detector**

SAMPLE ID (LAB)	**D1862**		**D1863**		**D1864**		
SAMPLE ID(CUST)	**S1**		**S2**		**S3**		
MATRIX	**SOIL**		**SOIL**		**SOIL**		
DATE SAMPLED	**11/18/93**		**11/18/93**		**11/18/93**		
DATE RECEIVED	**11/19/93**		**11/19/93**		**11/19/93**		
DATE ANALYZED	**11/22/93**		**11/22/93**		**11/22/93**		
DATE REPORTED	**11/23/93**		**11/23/93**		**11/23/93**		
Aroclor 1016	**<1**	(1)	**<1**	(1)	**<1**	(1)	
Aroclor 1221	**<1**	(1)	**<1**	(1)	**<1**	(1)	
Aroclor 1232	**<1**	(1)	**<1**	(1)	**<1**	(1)	
Aroclor 1242	**<1**	(1)	**<1**	(1)	**<1**	(1)	
Aroclor 1248	**<1**	(1)	**<1**	(1)	***1**	(1)	
Aroclor 1254	**<1**	(1)	**<1**	(1)	**<1**	(1)	
Aroclor 1260	**<1**	(1)	**<1**	(1)	**<1**	(1)	
TOTAL					**16.6 ppm**		

The number following the asterix denotes whether the Aroclor is primary (1) or secondary (2), primary being the most prevalent, secondary being the second most prevalent .

RECEIVED
DEC 1 1993

RESULTS WHEN YOU WANT THEM

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NUMBER:

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE LABORATORY #11369

LABORATORY REPORT - PCB'S

CUSTOMER NAME:ISI
ADDRESS: 5033 Transit Rd
Depew NY 14043

Attn: Ken Keller

PO NUMBER: 93001 (CES #)
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St.
RESULTS SENT: FAX DATE:11/24/93
LAB DIRECTOR:

SAMPLE DEMOGRAPHICS AND TEST RESULTS

Results shown in bold type:
Detection Limits shown in (mg/kg)
Results expressed in mg/kg = ppm

Extraction Method: TCLP Extraction for 18 hrs
Analysis Method: Gas Chromatograph with Electron Capture Detector

SAMPLE ID (LAB)	**D1891**		**D1892**	
SAMPLE ID(CUST)	**S4**		**S5**	
MATRIX	**SOIL**		**SOIL**	
DATE SAMPLED	**11/20/93**		**11/20/93**	
DATE RECEIVED	**11/23/93**		**11/23/93**	
DATE ANALYZED	**11/23/93**		**11/23/93**	
DATE REPORTED	**11/24/93**		**11/24/93**	
Aroclor 1016	**<1**	(1)	**<1**	(1)
Aroclor 1221	**<1**	(1)	**<1**	(1)
Aroclor 1232	**<1**	(1)	**<1**	(1)
Aroclor 1242	**<1**	(1)	**<1**	(1)
Aroclor 1248	**<1**	(1)	**<1**	(1)
Aroclor 1254	**<1**	(1)	**<1**	(1)
Aroclor 1260	**<1**	(1)	**<1**	(1)

TOTAL

The number following the asterix denotes whether the Aroclor is primary (1) or secondary (2), primary being the most prevalent, secondary being the second most prevalent .

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL TESTS
NY STATE CERTIFIED LAB #

CUSTOMER: Innovative Services Intrnl Inc
ADDRESS: 5032 Transit Rd.
CITY: Depew
STATE/ZIP: New York 14043
PHONE: 716 681-3535
FAX: 716-681-5889
CONTACT: Ken Keller 863-8034
~~Connie Costa 847-1339~~

D1862T ORIGINAL FORM

PO NUMBER:
PROJECT NO: 9300 (CES #)
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St.
RESULTS NEEDED: ☐72 HRS ☐7 DAYS
SEND RESULTS: ☒FAX ☐FAX+MAIL
PHONE RESULTS: ☒YES ☐ NO
24 Hour

ICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER Sample #1
DATE: 11/18/93 TIME 3:10
LOCATION: 189 Tonawanda St.
☒ D1863T MANILLA COPY

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER Sample #2
DATE: 11/18/93 TIME 3:00
LOCATION: 189 Tonawanda
☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 2 # of CONTAINERS 2
SAMPLED BY: Gopal Lee
SIGNATURE: Carmen A Costa
NAME: CARMEN A COSTA SR
DATED: 11/18/93 TIME: 4:00 pm
HOW SENT: ☒EXP MAIL ☐HAND CARRY
SIGNATURE 2: Carmen A Costa
NAME 2: Carmen A Costa
DATED 2: 11/18/93 TIME: 4:00 pm
HOW SENT 2: ☒EXP MAIL ☐HAND CARRY

SAMPLES RECEIVED BY: Express Lab
SIGNATURE: J. Smith
NAME:
DATE: 11/19/93 TIME: 9:10
HOW RECD: ☒EXP MAIL ☐HAND CARRY
FREIGHT IN: $ _____
LOGGED IN: 11/19/93 TIME: 9:50
SAMPLE COND: _____ SAMPLE TEMP: _____
LAB NOTES: _____

Green Lab Pink RESULTS WHEN YOU WANT THEM

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: Innovative Services Intnl. Inc.
ADDRESS: 5033 Transit Rd.
CITY: Depew
STATE/ZIP: New York 14043
PHONE: 716-681-3535
FAX: 716-681-5889
CONTACT: Ken Keller -863-8034
Comment: [illegible]-863-1339

D1864T ORIGINAL FORM

PO NUMBER:
PROJECT NO: 93001 (ces #5)
PROJECT CUST: DiNTO
PROJECT SITE: 189 Tonawanda St.
RESULTS NEEDED: ☐72 HRS ☐7 DAYS
SEND RESULTS: ☒FAX ☐FAX+MAIL
PHONE RESULTS: ☒YES ☐ NO
24 Hours

ICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER T# 3
DATE: 11/18/93 TIME 3:5
LOCATION: 189 Tonawanda St.
☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER
DATE: / /93 TIME :
LOCATION:
☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 1 # of CONTAINERS 1
SAMPLED BY: Chopra-Log Book
SIGNATURE: Carmen A Costa
NAME: Carmen A Costa Sr.
DATED: 11/18/93 TIME: 4:00pm
HOW SENT: ☒EXP MAIL ☐HAND CARRY
SIGNATURE 2: _____
NAME 2: _____
DATED 2: / /93 TIME: :
HOW SENT 2: ☐EXP MAIL ☐HAND CARRY

SAMPLES RECEIVED BY: Express Lab
SIGNATURE: J. Smith
NAME:
DATE: 11/19/93 TIME: 9:10
HOW RECD: ☒EXP MAIL ☐HAND CARRY
FREIGHT IN: $ _____
LOGGED IN: 11/19/93 TIME: 9:50
SAMPLE COND: _____ SAMPLE TEMP: _____
LAB NOTES: _____

Green Lab Pink RESULTS WHEN YOU WANT THEM!

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 145(

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NYS

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: Innovative Services Intern'l
ADDRESS: 5033 Transit Rd.
CITY: Depew
STATE/ZIP: N.Y. 14043
PHONE: 716-681 3535
FAX: 716-681-5889
CONTACT: Ken Keller 8635834 or Carmen Costa 867-1339

PO NUMBER:
PROJECT NO: CES #93001
PROJECT CUST: 189 Tonawanda St. Corp
PROJECT SITE: 189 Tonawanda St
RESULTS NEEDED: ☒24 HRS ☐72 HRS
SEND RESULTS: ☒FAX ☐EXPR MAIL
PHONE RESULTS: ☒YES ☐ NO

D1891T MANILLA COPY

)GRAPHICS AND TESTS REQUIRED

SAMPLE NUMBER 4
DATE: 11/20/93 TIME 10:15
LOCATION: Composite

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

D1892T MANILLA COPY

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required

Gasoline	Diesel/Fuel Oil
☐ 8020 BTEX + MTBE	☐ 8021 DIESEL
☐ 8021 BTEX + MTBE	☐ Base Neutrals 8270 (PAH)
☐ TCLP Alternative NYS	☐ TCLP Alternative NYS
☐ TPH	☒ PCB's ☐ TPH

SAMPLE NUMBER 5
DATE: 11/20/93 TIME 12:00
LOCATION:

☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required

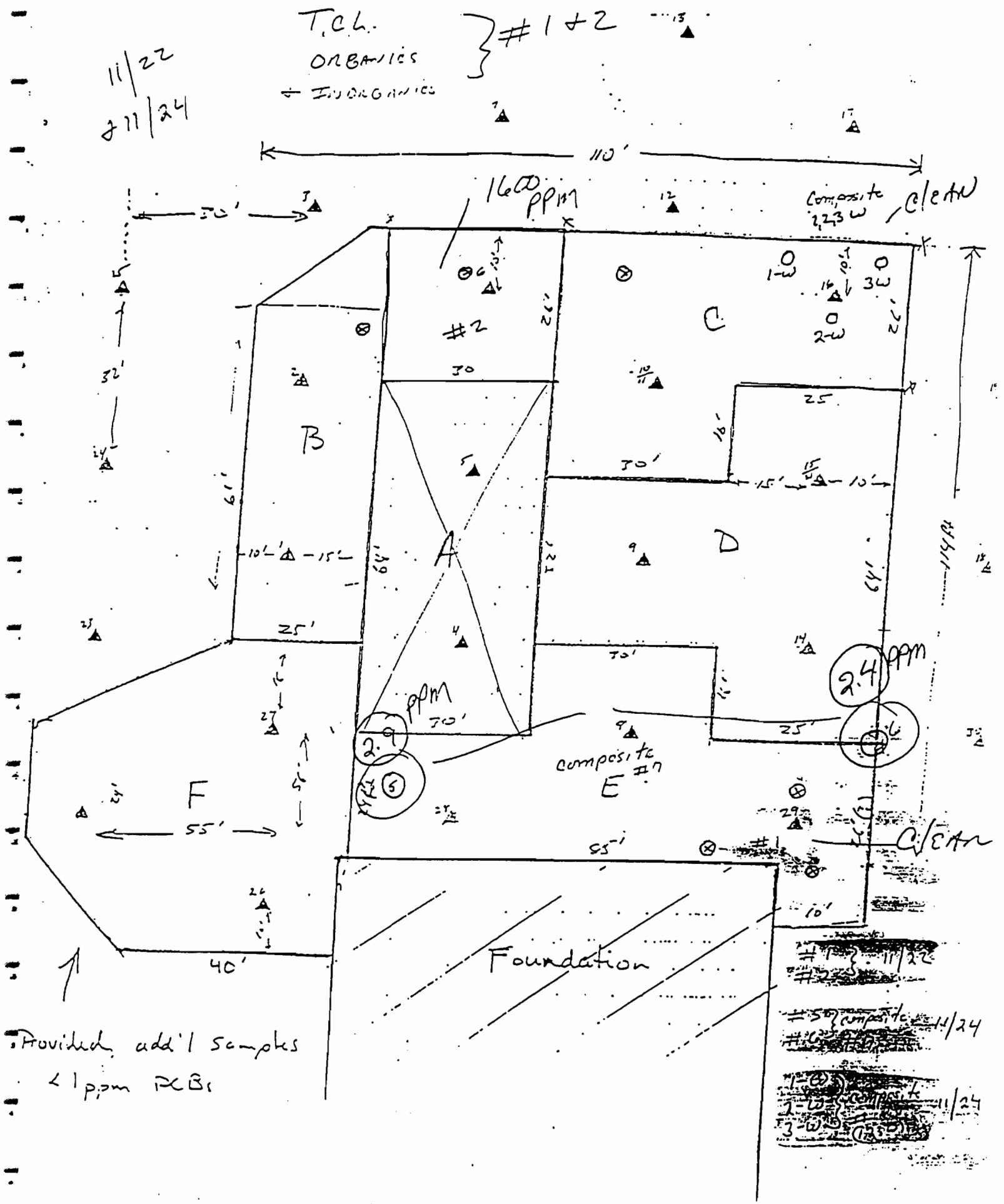
Gasoline	Diesel/Fuel Oil
☐ 8020 BTEX + MTBE	☐ 8021 DIESEL
☐ 8021 BTEX + MTBE	☐ Base Neutrals 8270 (PAH)
☐ TCLP Alternative NYS	☐ TCLP Alternative NYS
☐ TPH	☒ PCB's ☐ TPH

CHAIN OF CUSTODY RECORD

of SAMPLES 2 # of CONTAINERS 4
SAMPLED BY: Compro-Leg
SIGNATURE: [signature]
NAME: CARMEN A COSTA
DATED: 11/20/93 TIME: 12:00
HOW SENT: ☒EXP MAIL ☐HAND CARRY
SIGNATURE 2: [signature]
NAME 2: Carmen A Costa
DATED 2: 11/20/93 TIME: 12:00
HOW SENT 2: ☒EXP MAIL ☐HAND CARRY

SAMPLES RECEIVED BY: Express Lab
SIGNATURE: [signature]
NAME:
DATE: 11/23/93 TIME: 10:30
HOW RECD: ☒EXP MAIL ☐HAND CARRY
FREIGHT IN: $ _____
LOGGED IN: 11/23/93 TIME: 11:15
SAMPLE COND: _____ SAMPLE TEMP: _____
LAB NOTES: _____

P&L SITE – PCB SPILL AREA



Provided add'l samples < 1 ppm PCB's

WASTE STREAM TECHNOLOGY
Laboratory Chronicle

Report Date : 12/3/93
Group number : 9301-285

Prepared For :
Mr. Ken Keller
Innovative Services
51 Perry Street
Buffalo, New York 14203

Site: 189 Tonawanda St.
Partt & Letchworth

Field and Laboratory Information

Client Id	WST Lab #	Matrix	Date Sampled	Date Received	Time
1A	WS03209	Soil	11/22/93	11/22/93	11:34
2A	WS03210	Soil	11/22/93	11/22/93	11:34
Track	WS03211	Wipe	11/22/93	11/22/93	11:34
Bucket	WS03212	Wipe	11/22/93	11/22/93	11:34
Sample Status Upon Receipt : No Irregularities					

Analytical Services

Analytical Parameters	Number of Samples	Turnaround Time
8080 PCB/Pest	2	10 Business Days
8270	2	10 Business Days
8240	2	10 Business Days
PCB 8080	2	10 Business Days
TAL	2	10 Business Days
CN-	2	10 Business Days

Report Released By : Daniel W. Voss

ENVIRONMENTAL LABORATORY ACCREDITATION
CERTIFICATION NUMBER (ELAP) 11179

WASTE STREAM TECHNOLOGY

WASTE STREAM TECHNOLOGY

8080 PCB REPORT

Site : 189 Tonawanda St.
Date Sampled : 11/22/93
Date Received : 11/22/93 @ 11:34

Group Number : 9301-285
Matrix : Soil
Report Units : PPM (ug/g)

	Lab ID	WS03209	WS03210	
	Client ID	1A	2A	
Compound	Extraction Date	11/22/93	11/22/93	Detection Limit
	Analysis Date	11/24/93	11/29/93	
Aroclor 1016		U	U	1.0
Aroclor 1221		U	U	1.0
Aroclor 1232		U	U	1.0
Aroclor 1242		U	U	1.0
Aroclor 1248		U	U	1.0
Aroclor 1254		U	U	1.0
Aroclor 1260		0.81	1650	1.0
Surrogate % Rec. Decachlorobiphenyl		72.5	Diluted Out	QC Limit 60-150
Detection Limit Multiplier		1	1	
Percent Solids (%)		87.6	89.2	

WASTE STREAM TECHNOLOGY
PCB Results

Waste Stream ID #	WS03211	WS03212	
Pinette's ID #	Track	Bucket	
Date Sampled	11/22/93	11/22/93	
Date Extracted	11/22/93	11/22/93	
Date Analyzed	11/22/93	11/22/93	
Analyte	**Results (ug/100 cm2)**		**Detection Limit (ug/100 cm2)**
Aroclor - 1221	U	U	0.5
Aroclor - 1232	U	U	0.5
Aroclor - 1242 (1016)	U	U	0.5
Aroclor - 1248	U	U	0.5
Aroclor - 1254	U	U	0.5
Aroclor - 1260	U	U	0.5
Detection Limit Multiplier	1	1	**QC Limits**
Surrogate % Recovery	103	82.4	60 - 150

WASTE STREAM TECHNOLOGY

WASTE STREAM TECHNOLOGY

3550/8270 Base, Neutral and Acid Extractables Report

Site : 189 Tonawanda St.
Date Sampled : 11/22/93
Date Received : 11/22/93 @ 11:34

Group Number : 9301-285
Units of Measure : PPB (ug/Kg)
Sample Matrix : Soil

	WST Lab ID	MB112293		WS03209		WS03210	
	Client ID	NA		1A		2A	
	Extraction Date	11/22/93		11/22/93		11/22/93	
	Analysis Date	11/23/93		11/23/93		11/23/93	
COMPOUNDS	Detection Limits	Result	Q	Result	Q	Result	Q
n-nitrosodimethylamine	330	330	U	330	U	330	U
phenol	330	330	U	330	U	330	U
aniline	330	330	U	330	U	330	U
bis (2-chloroethyl) ether	330	330	U	330	U	330	U
2-chlorophenol	330	330	U	330	U	330	U
1,3-dichlorobenzene	330	330	U	330	U	330	U
1,4-dichlorobenzene	330	330	U	330	U	330	U
benzyl alcohol	660	660	U	660	U	660	U
1,2-dichlorobenzene	330	330	U	330	U	330	U
2-methylphenol	330	330	U	330	U	330	U
bis (2-chloroisopropyl) ether	330	330	U	330	U	330	U
4-methylphenol	330	330	U	330	U	330	U
N-nitrosodi-n-propylamine	330	330	U	330	U	330	U
hexachloroethane	330	330	U	330	U	330	U
nitrobenzene	330	330	U	330	U	330	U
isophorone	330	330	U	330	U	330	U
2-nitrophenol	330	330	U	330	U	330	U
2,4-dimethylphenol	330	330	U	330	U	330	U
bis(2-chloroethoxy)methane	330	330	U	330	U	330	U
benzoic acid	1650	1650	U	1650	U	1650	U
2,4-dichlorophenol	330	330	U	330	U	330	U
1,2,4-trichlorobenzene	330	330	U	330	U	330	U
naphthalene	330	330	U	330	U	330	U
4-chloroaniline	660	660	U	660	U	660	U
hexachlorobutadiene	330	330	U	330	U	330	U
4-chloro-3-methylphenol	660	660	U	660	U	660	U
2-methylnaphthalene	330	330	U	400		330	U
hexachlorocyclopentadiene	330	330	U	330	U	330	U
2,4,6-trichlorophenol	330	330	U	330	U	330	U
2,4,5-trichlorophenol	330	330	U	330	U	330	U
2-chloronaphthalene	330	330	U	330	U	330	U
2-nitroaniline	1650	1650	U	1650	U	1650	U
dimethylphthalate	330	330	U	330	U	330	U
acenaphthylene	330	330	U	330	U	330	U
3-nitroaniline	1650	1650	U	1650	U	1650	U
2,6-dinitrotoluene	330	330	U	330	U	330	U
acenaphthene	330	330	U	330	U	330	U
2,4-dinitrophenol	1650	1650	U	1650	U	1650	U
4-nitrophenol	1650	1650	U	1650	U	1650	U
dibenzofuran	330	330	U	330	U	330	U

WASTE STREAM TECHNOLOGY

3550/8270 Base, Neutral and Acid Extractables Report

Site : 189 Tonawanda St.
Date Sampled : 11/22/93
Date Received : 11/22/93 @ 11:34

Group Number : 9301-285
Units of Measure : PPB (ug/Kg)
Sample Matrix : Soil

	WST Sample ID	MB112293		WS03209		WS03210	
	Client ID	NA		1A		2A	
	Extraction Date	11/22/93		11/22/93		11/22/93	
	Analysis Date	11/23/93		11/23/93		11/23/93	
COMPOUNDS	Detection Limits	Result	Q	Result	Q	Result	Q
2,4-dinitrotoluene	330	330	U	330	U	330	U
diethylphthalate	330	330	U	330	U	330	U
fluorene	330	330	U	330	U	330	U
4-nitroaniline	660	660	U	660	U	660	U
4-chlorophenylphenylether	330	330	U	330	U	330	U
4,6-dinitro 2-methylphenol	1650	1650	U	1650	U	1650	U
n-nitrosodiphenylamine	330	330	U	330	U	330	U
4-bromophenylphenylether	330	330	U	330	U	330	U
hexachlorobenzene	330	330	U	330	U	**1070**	
pentachlorophenol	1650	1650	U	1650	U	1650	U
phenanthrene	330	330	U	**690**		**370**	
anthracene	330	330	U	330	U	330	U
carbazole	330	330	U	330	U	330	U
di-n-butylphthalate	330	330	U	330	U	330	U
fluoranthene	330	330	U	**610**		330	U
benzidine	3300	3300	U	3300	U	3300	U
pyrene	330	330	U	**930**		**3130**	
butylbenzylphthalate	330	330	U	330	U	330	U
3,3'-dichlorobenzidine	660	660	U	660	U	660	U
benzo (a) anthracene	330	330	U	**360**		**540**	
chrysene	330	330	U	**430**		**490**	
bis (2-ethylhexyl) phthalate	330	330	U	330	U	330	U
di-n-octylphthalate	330	330	U	330	U	330	U
benzo (b) fluoranthene	330	330	U	**460**		**360**	
benzo (k) fluoranthene	330	330	U	**410**		330	U
benzo (a) pyrene	330	330	U	**360**		330	U
indeno (1,2,3-cd) pyrene	330	330	U	330	U	330	U
dibenzo (a,h) anthracene	330	330	U	330	U	330	U
benzo (g,h,i) perylene	330	330	U	330	U	330	U
Detection Limit Multiplier		1		1		1	
Surrogate Percent Recovery	QC Limits						
2-fluorophenol	25 - 121	76		76		78	
phenol-d6	24 - 113	74		77		78	
nitrobenzene-d6	23 - 120	78		75		80	
2-fluorobiphenyl	30 - 115	86		84		95	
2,4,6-tribromophenol	19 - 122	91		109		99	
p-terphenyl-d14	18 - 137	103		121		770	#

MB denotes Method Blank.
NA denotes Not Applicable.
# denotes recovery outside QC limits.

Waste Stream Technology Inc

Metals Analysis Result Report

Site : 189 Tonawanda Street
Date Sampled : 11/22/93
Date Received : 11/22/93 @ 11:34

Group Number : 9301-285
Report Units : mg/kg
Matrix : Soil

	Lab ID Number	MB112293-3	WS03209	WS03210	
	Client ID	NA	1A	2A	
	Date Extracted	11/22, 11/24, 11/29/93			
	Date Analyzed	11/23, 12/1, 12/3/93			
Analyte	Detection Limit				Analysis Method
Aluminum	53	ND	475	354	6010
Antimony	0.3	ND	0.4	0.4	7041
Arsenic	0.2	ND	4.4	4.0	7060
Barium	5.0	ND	111	73.3	6010
Beryllium	1.0	ND	ND	ND	6010
Cadmium	1.1	ND	2.2	4.9	6010
Calcium	500	ND	ND	ND	6010
Chromium	2.9	ND	48.5	86.6	6010
Cobalt	3.0	ND	3.5	3.0	6010
Copper	9.1	ND	55.5	74.5	6010
Iron	10	ND	351	402	6010
Lead	7.1	ND	36.4	54.0	6010
Manganese	3.0	ND	130	91.0	6010
Magnesium	40	ND	346	503	6010
Mercury	0.02				7471
Nickel	3.7	ND	17.9	20.7	6010
Potassium	500	ND	804	425	6010
Selenium	0.1	ND	0.3	0.3	7740
Silver	9.1	ND	ND	ND	6010
Sodium	500	ND	< 500	< 500	6010
Thallium	0.1	ND	< 0.1	< 0.1	7841
Vanadium	4.4	ND	13.0	37.0	6010
Zinc	4.7	ND	59.8	97.8	6010

MB denotes Method Blank

NA denotes Not Applicable

ND denotes Not Detected.

WASTE STREAM TECHNOLOGY

ACTS TESTING LABS, INC.
25 Anderson Road
Buffalo, NY 14225-4928
Tel (716)897-3300
Fax (716)897-0876

Technical Report 3B-4581E

November 29, 1993

Mr. Paul Morrow
WASTESTREAM TECHNOLOGY

SUBJECT:

Analyses of two (2) soil samples for Total Cyanide. The samples were received on November 23, 1993.

RESULTS:	ACTS #3B-4581E SAMPLE ID #1A	ACTS #3B-4582E SAMPLE ID #2A
Cyanide, Total	0.14	LT 0.15

LT = Less Than
Results are reported as micrograms per gram (ug/g).

EXPERIMENTAL:

The sample was analyzed according to "Test Methods for the Evaluation of Solid Waste Physical/Chemical Methods," SW-846.

ACTS TESTING LABS, INC.

Charles E. Hartke

Charles E. Hartke
Manager, Chemistry Laboratory

ACTS TESTING LABS, INC.

Lisa M. Clerici

Lisa M. Clerici
Senior Analyst, Chemistry Laboratory

ACTS TESTING LABS, INC.

Patricia M. Johnson

Patricia M. Johnson
Quality Assurance Officer

cme

WASTE STREAM TECHNOLOGY

8080 PCB REPORT

Site : 189 Tonawanda St.
Date Sampled : 11/24/93
Date Received : 11/24/93 @ 13:00

Group Number : 9301-289
Matrix : Soil
Report Units : PPM (ug/g)

	Lab ID	WS03241	WS03242	
	Client ID	Composite 5 & 6	N.E. Corner	
	Extraction Date	11/22/93	11/22/93	Detection
Compound	Analysis Date	11/24/93	11/29/93	Limit
Aroclor 1016		U	U	1.0
Aroclor 1221		U	U	1.0
Aroclor 1232		U	U	1.0
Aroclor 1242		U	U	1.0
Aroclor 1248		U	U	1.0
Aroclor 1254		U	U	1.0
Aroclor 1260		6.41	0.758	1.0
Surrogate % Rec. Decachlorobiphenyl		111.1	115.6	**QC Limit** 60-150
Detection Limit Multiplier		1	1	
Percent Solids (%)		89.86	89.26	

WASTE STREAM TECHNOLOGY

WASTE STREAM TECHNOLOGY

Laboratory Chronicle

Report Date : 12/3/93
Group number : 9301-289

Prepared For :
Mr. Ken Keller
Innovative Services
51 Perry Street
Buffalo, New York 14203

Site: 189 Tonawanda St.

Field and Laboratory Information

Client Id	WST Lab #	Matrix	Date Sampled	Date Received	Time
Decon	WS03295	Soil	11/24/93	11/24/93	13:00
Well	WS03296	Soil	11/24/93	11/24/93	13:00
Composite 5 & 6	WS03241	Soil	11/24/93	11/24/93	13:00
N.E. Corner	WS03242	Soil	11/24/93	11/24/93	13:00
Sample Status Upon Receipt : No Irregularities					

Analytical Services

Analytical Parameters	Number of Samples	Turnaround Time
PCB	4	10 Business Days

Report Released By : Daniel W. Urban

ENVIRONMENTAL LABORATORY ACCREDITATION
CERTIFICATION NUMBER (ELAP) 11179

WASTE STREAM TECHNOLOGY

WASTE STREAM TECHNOLOGY

8080 PCB REPORT

Site : 189 Tonawanda St.
Date Sampled : 11/24/93
Date Received : 11/24/93 @ 13:00

Group Number : 9301-289
Matrix : Soil
Report Units : PPM (ug/g)

	Lab ID	WS03295	WS03296	
	Client ID	Decon	Well	
	Extraction Date	12/1/93	12/1/93	Detection
Compound	Analysis Date	12/1/93	12/1/93	Limit
Aroclor 1016		U	U	1.0
Aroclor 1221		U	U	1.0
Aroclor 1232		U	U	1.0
Aroclor 1242		U	U	1.0
Aroclor 1248		U	U	1.0
Aroclor 1254		U	U	1.0
Aroclor 1260		2.99	2.48	1.0
Surrogate % Rec. Decachlorobiphenyl		111.1	123.6	**QC Limit** 60-150
Detection Limit Multiplier		1	1	
Percent Solids (%)		94.6	85.4	

WASTE STREAM TECHNOLOGY

302 GROTE STREET
BUFFALO, NY 14207
(716) 876-5290

CHAIN OF CUSTODY RECORD

PROJECT NO: | SITE NAME: Pratt + Lee Hewitt

SAMPLERS (SIGNATURE): Ken Keller

SAMPLE NO.	DATE	TIME	COMP	GRAB	MATRIX	SAMPLE LOCATION	SIZE & NO. OF CONTAINERS	PRESERVATIVES	REMARKS
1A	11/22	11:10	X			187 Commercial St			ANALYZE FOR PCB PESTICIDES ORGANICS + INORGANICS
1B	11/22	11:10	X			" "			
2A	11/22	11:00	X			" "			
2B	11/22	11:15	X			" "			

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
Ken Keller	11/22 11:20	Jaspal Singh Walia			
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME	REMARKS	

Distribution Original accompanies shipment. Copy to coordinator field files

LAB USE: REFRIGERATOR # SHELF #

WASTESTREAM TECHNOLOGY
302 GROTE STREET
BUFFALO, NY 14207
(716) 876-5290

CHAIN OF CUSTODY RECORD

PROJECT NO:

SITE NAME: Partta [illegible]

SAMPLERS (SIGNATURE): [signature]

SAMPLE NO.	DATE	TIME	COMP	GRAB	MATRIX	SAMPLE LOCATION	SIZE & NO. OF CONTAINERS	[illegible]	8270	8240	[illegible]				PRESERVATIVES	REMARKS
1A	11/22	11:10	X		Soil	189 [illegible]		X	X							Analyze for
1B		11:10	X			" "				X						TCL [illegible]
2A		11:10	X			" "		X	X							Organics
2B		11:10	X			" "				X						+ Inorganics
T	11-22	[illegible]		X	Water	"T[illegible]					X					
B	11-22	[illegible]		X	Water	B[illegible]					X					

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
[signature]	11[illegible] 11/22/[illegible]	[signature]			
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME	REMARKS	

Distribution Original accompanies shipment. Copy to coordinator field files

LAB USE: REFRIGERATOR # ____ SHELF #

WASTE STREAM TECHNOLOGY

302 GROTE STREET
BUFFALO, NY 14207
(716) 876-5290

9301-285

1120103

CHAIN OF CUSTODY RECORD

PROJECT NO: | SITE NAME: Pratt + Letchworth

SAMPLERS (SIGNATURE): [illegible]

SAMPLE NO.	DATE	TIME	COMP	GRAB	MATRIX	SAMPLE LOCATION	SIZE & NO. OF CONTAINERS	8080 PCB/Pest	8270	8240	PCB 8080	TAL/CN-			PRESERVATIVES	REMARKS
1A	11/22	11:10	X		Soil	189 Tonawanda St		X	X			Y WS03209				Analyze for
1B		11:10	X			" "				X						T.C.L parameters
2A		11:10	X			" "		X	V			+ WS03210				Organics
2B		11:10	X			" "				X						+ inorganics
T	11-22	10:45		X	Wipe	"Truck"					X	WS03211				
B	11-22	10:45		X	Wipe	Bull					X	WS03212				

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
[illegible]	11/22 1:34	[illegible]			
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME	REMARKS	

Distribution Original accompanies shipment. Copy to coordinator field files

LAB USE: REFRIGERATOR # ______ SHELF # ______

9301-285 3B-4582E

WASTE STREAM TECHNOLOGY

302 GROTE STREET
BUFFALO, NY 14207
(716) 876-5290

CHAIN OF CUSTODY RECORD

PROJECT NO:

SITE NAME: Partt + Letchworth

SAMPLERS (SIGNATURE): [signature]

SAMPLE NO.	DATE	TIME	COMP	GRAB	MATRIX	SAMPLE LOCATION	SIZE & NO. OF CONTAINERS	[illegible]	[illegible]	[illegible]	[illegible]	T/CN			PRESERVATIVES	REMARKS
1A	11/22	11:10	X		Soil	189 [illegible]		X	X			X WSC3209				Analyze for T-CN [illegible]
1B		11:10	X			" "				X						[illegible]
2A		11:10	X			" "		X	V			+ WSC3200				[illegible]
2B		11:10	X			" "				X						
F	11-22	10:45		X	Wipe	" Track "					X	WSC3211				
B	11-22	10:45		X	Wipe	Bucket					X	WSC3212				

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
[signature]	11:54 11/22/93	[signature]	D. Conrad	11/23/93 1450	Paul A. Fauench
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
			Paul A. Fauench	11/23/93 3:41PM	Shari Johnson
RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME	REMARKS	

Distribution Original accompanies shipment. Copy to coordinator field files

WasteStream Technology
302 GROTE STREET
BUFFALO, NY 14207
(716) 876-5290

9301 - 289 (1 of 1)

(WS03241 only)

CHAIN OF CUSTODY RECORD

PROJECT NO: | SITE NAME: 159 Tonawanda St

SAMPLERS (SIGNATURE): Ken Kellen

SAMPLE NO.	DATE	TIME	COMP	GRAB	MATRIX	SAMPLE LOCATION	SIZE & NO. OF CONTAINERS	PCB high level							PRESERVATIVES	REMARKS
5	11/24	10:30		X		Decon	WS03295									P.C.B only
6	11/24	12:30		X		Well	3296									P.C.B only
7	11/24	10:30	X			Composite 5+6	WS03241	IF Hit Composite #7 Run 5+6								P.C.B only
1W	11/24	12:00		X		N.E. Corner										" "
2W	11/24	12:00		X		N.E. Corner		IF Hit on Composite Run 1-2+3								" "
3W	11/24	12:00		X		N.E. Corner										" "
Com	11/24	12:00	X			N.E. Corner	WS03242									P.C.B only

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)
Ken Kellen	11/24 1:00	Paul K Manon			

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)

RELINQUISHED BY (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME	REMARKS

Distribution Original accompanies shipment. Copy to coordinator field files

LAB USE: REFRIGERATOR # ________ SHELF # ________

WASTE STREAM TECHNOLOGY

Waste Stream Technology Inc.
302 Grote Street
Buffalo, NY 14207

ANALYTICAL SERVICES REQUEST FORM

Request Taken By B Schepart Date Requested 11/22/93

Client Complete Envirо Services, Inc. Telephone 854-6666

Client Contact Carmen Costa Fax 854-6669

Address 51 Perry St.
Buffalo NY 14203

Start Date 11/22/93 P.O. #

Lab/P.O. #	Number of Samples	Matrix	Analytical Parameters	Turnaround Time (Days)	Quoted Price per sample
	2	Soil	8270	10 BD	350.
	2	Soil	8240.	10 BD	180.
	2	Soil	8080 PCB/Pest	10 BD	120.
	2	Soil	TAL / CN⁻	10 BD	275.
	2	Wipes	8080 PCB	1 BD	120.

Sample Containers Required?

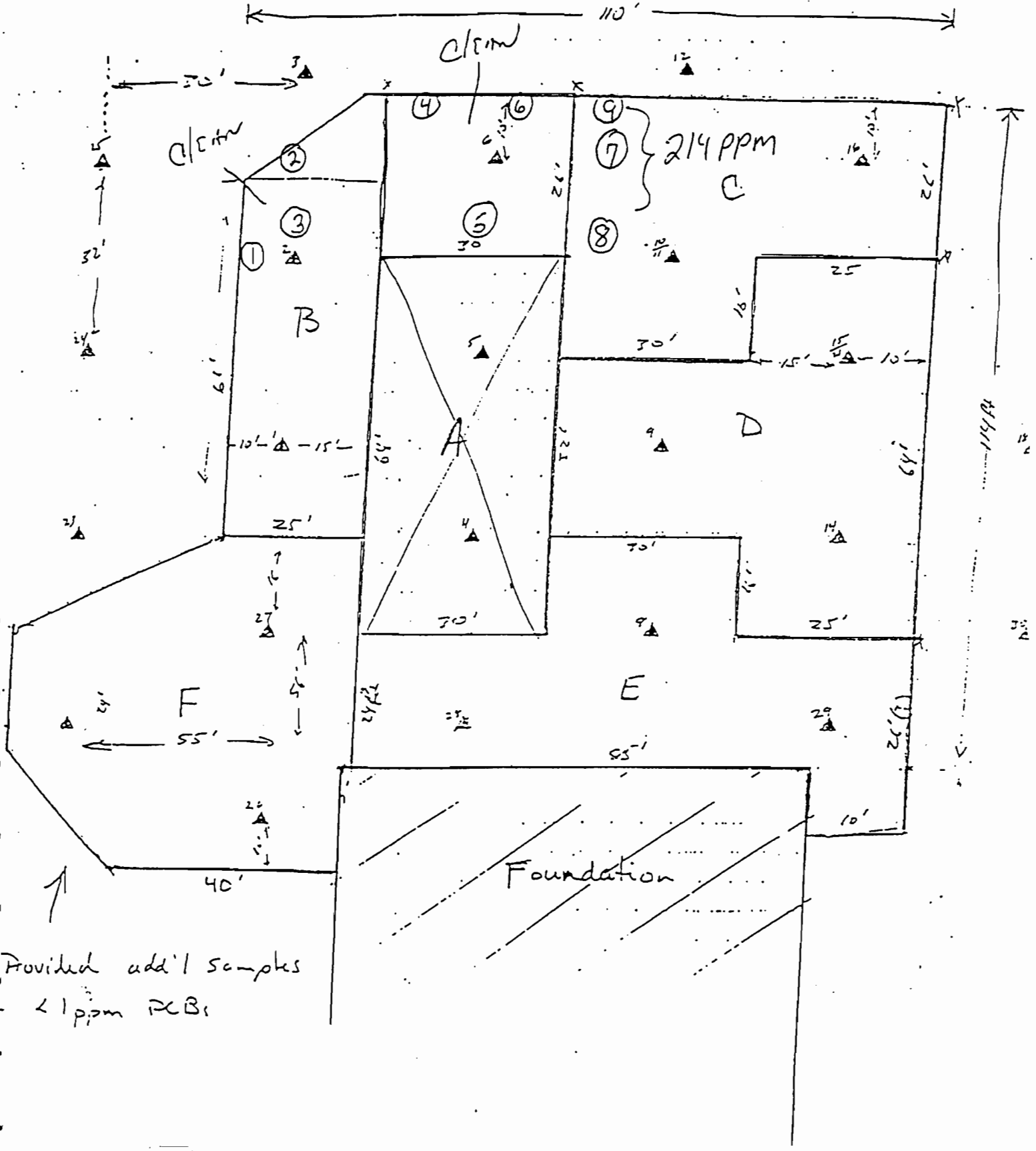
____ NO ✓ YES (Please Complete Sample Container Request Form) - sent via their messenger

Special Instructions Written report with full payment.

P&L SITE – PCB SPILL AREA

12/7/93

Composite 1, 23 –
4, 56
7, 89 –



Provided add'l samples
< 1 ppm PCBs

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NUMBER:

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE LABORATORY #11369

LABORATORY REPORT - PCB'S

CUSTOMER NAME:ISI
ADDRESS: 5033 Transit Rd
Depew NY 14043

Attn: Ken Keller

PO NUMBER: 12-7-93 Pinto
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St.
RESULTS SENT: FAX DATE:12/14/93
LAB DIRECTOR:

SAMPLE DEMOGRAPHICS AND TEST RESULTS

Results shown in bold type:
Detection Limits shown in (mg/kg)
Results expressed in mg/kg = ppm

Extraction Method: TCLP Extraction for 18 hrs
Analysis Method: Gas Chromatograph with Electron Capture Detector

SAMPLE ID (LAB)	D1999	D2000	D2001
SAMPLE ID(CUST)	P-123	P 4-5-6	P-789
MATRIX	SOIL	SOIL	SOIL
DATE SAMPLED	12/7/93	12/7/93	12/7/93
DATE RECEIVED	12/7/93	12/7/93	12/7/93
DATE ANALYZED	12/9/93	12/9/93	12/9/93
DATE REPORTED	12/10/93	12/10/93	12/10/93
Aroclor 1016	<1 (1)	<1 (1)	<1 (1)
Aroclor 1221	<1 (1)	<1 (1)	<1 (1)
Aroclor 1232	<1 (1)	<1 (1)	<1 (1)
Aroclor 1242	<1 (1)	<1 (1)	<1 (1)
Aroclor 1248	<1 (1)	<1 (1)	<1 (1)
Aroclor 1254	<1 (1)	<1 (1)	*1 (1)
Aroclor 1260	<1 (1)	<1 (1)	*2 (1)
TOTAL			214 ppm

The number following the asterix denotes whether the Aroclor is primary (1) or secondary (2), primary being the most prevalent, secondary being the second most prevalent .

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NUMBER:

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE LABORATORY #11369

LABORATORY REPORT - PCB'S

CUSTOMER NAME:ISI
ADDRESS: 5033 Transit Rd
Depew NY 14043

Attn: Ken Keller

PO NUMBER: 12-7-93 Pinto
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St.
RESULTS SENT: FAX DATE:12/14/93
LAB DIRECTOR:

SAMPLE DEMOGRAPHICS AND TEST RESULTS

Results shown in bold type:
Detection Limits shown in (mg/kg)
Results expressed in mg/kg = ppm

Extraction Method: **TCLP Extraction for 18 hrs**
Analysis Method: **Gas Chromatograph with Electron Capture Detector**

SAMPLE ID (LAB)	**D2045**		**D2046**		**D2047**	
SAMPLE ID(CUST)	**P-7**		**P-8**		**P-9**	
MATRIX	**SOIL**		**SOIL**		**SOIL**	
DATE SAMPLED	**12/7/93**		**12/7/93**		**12/7/93**	
DATE RECEIVED	**12/7/93**		**12/7/93**		**12/7/93**	
DATE ANALYZED	**12/13/93**		**12/13/93**		**12/13/93**	
DATE REPORTED	**12/14/93**		**12/14/93**		**12/14/93**	
Aroclor 1016	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1221	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1232	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1242	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1248	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1254	**<1**	(1)	***1**	(1)	**<1**	(1)
Aroclor 1260	**<1**	(1)	**<1**	(1)	**<1**	(1)
TOTAL			**11 ppm**			

The number following the asterix denotes whether the Aroclor is primary (1) or secondary (2), primary being the most prevalent, secondary being the second most prevalent .

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: ISI
ADDRESS: 5033 Thorsit
CITY: Depew
STATE/ZIP: NY 14043
PHONE: # 681-3535
FAX: # 681-5859
CONTACT: Ken Keller

PO NUMBER: 12-7-93 pluto
PROJECT NO:
PROJECT CUST: pluto
PROJECT SITE: 189 Tonawanda
RESULTS NEEDED: ☐ 72 HRS ☐ 7 DAYS
SEND RESULTS: ☒ FAX ☐ FAX+MAIL
PHONE RESULTS: ☒ YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER

DATE: 12/ 7/93 TIME: 10:30
LOCATION: Composite
P789
☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER

DATE: / /93 TIME :
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 1 # of CONTAINERS 1
SAMPLED BY: Ken Keller
SIGNATURE: Ken Keller
NAME:
DATED: 12/7/93 TIME: 11:00
HOW SENT: ☐ EXP MAIL ☐ HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐ EXP MAIL ☒ HAND CARRY

SAMPLES RECEIVED BY: Express/ISI
SIGNATURE:
NAME:
DATE: 12/7/93 TIME: 11:00
HOW RECD: ☐ EXP MAIL ☐ HAND CARRY
FREIGHT IN: $ _____
LOGGED IN: / /93 TIME: :
SAMPLE COND: _____ SAMPLE TEMP: _____
LAB NOTES: _____

Green-Lab, Pink-Customer, Hard-Lab

RESULTS WHEN YOU WANT THEM

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: ESI
ADDRESS: 5083 Thruway
CITY: Depew NY
STATE/ZIP: NY 14043
PHONE: (716) 684-8855
FAX: 684-5889
CONTACT: Ken Keller

PO NUMBER: 12-7-93 - Pinto
PROJECT NO: Pinto
PROJECT CUST: 189 - Tonawanda
PROJECT SITE:
RESULTS NEEDED: ☐ 72 HRS ☐ 7 DAYS
SEND RESULTS: ☒ FAX ☐ FAX+MAIL
PHONE RESULTS: ☒ YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER

DATE: 12/7/93 TIME 10:30
LOCATION: Composite P-123
☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER

DATE: 12/7/93 TIME 10:30
LOCATION: Composite P 4-5-6
☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 2 # of CONTAINERS 2
SAMPLED BY: Ken Keller
SIGNATURE: [signature]
NAME:
DATED: 12/7/93 TIME: 10:30
HOW SENT: ☐ EXP MAIL ☒ HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐ EXP MAIL ☐ HAND CARRY

SAMPLES RECEIVED BY: Express lab
SIGNATURE: [signature]
NAME:
DATE: 12/7/93 TIME: 11:00 am
HOW RECD: ☐ EXP MAIL ☐ HAND CARRY
FREIGHT IN: $ _____
LOGGED IN: / /93 TIME: :
SAMPLE COND: _____ SAMPLE TEMP: _____
LAB NOTES: _____

Green-Lab, Pink-

RESULTS WHEN YOU WANT THEM

EXPRESSLAB

PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: I.S.I
ADDRESS: 5033 Transit
CITY: Depew NY
STATE/ZIP: NY 14043
PHONE: 681-3535
FAX: 681-5889
CONTACT: Karl

PO NUMBER: 12-7-93 - Pinto
PROJECT NO: Pinto
PROJECT CUST: 189 Homestead
PROJECT SITE:
RESULTS NEEDED: ☐72 HRS ☐7 DAYS
SEND RESULTS: ☐FAX ☐FAX+MAIL
PHONE RESULTS: ☐ YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER
P-1 / P-2 / P-3
DATE: 12 / 7 / 93 TIME: 10 30
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's (3) ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER
P-4 / P-5 / P-6
DATE: 12 / 7 / 93 TIME: 10 30
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's (3) ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 6 # of CONTAINERS 6
SAMPLED BY: Karl Kell
SIGNATURE: Karl Kell
NAME:
DATED: 12 / 7 / 93 TIME: 11:00
HOW SENT: ☐EXP MAIL ☒HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / / 93 TIME: :
HOW SENT 2: ☐EXP MAIL ☐HAND CARRY

SAMPLES RECEIVED BY: Express Lab
SIGNATURE:
NAME:
DATE: 12 / 7 / 93 TIME: 11 : am
HOW RECD: ☐EXP MAIL ☐HAND CARRY
FREIGHT IN: $ _____
LOGGED IN: / / 93 TIME: :
SAMPLE COND: _____ SAMPLE TEMP: _____
LAB NOTES: _____

Green-Lab, Pink-

RESULTS WHEN YOU WANT THEM

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: T.S.D.
ADDRESS: 5033 Transit
CITY: Depew
STATE/ZIP: NY 14043
PHONE: 681-3535
FAX: 681-5889
CONTACT: Karl

PO NUMBER: 12-7-93 Pinto
PROJECT NO: Pinto
PROJECT CUST: 189 Townsend
PROJECT SITE:
RESULTS NEEDED: ☐72 HRS ☐7 DAYS
SEND RESULTS: ☒FAX ☐FAX+MAIL
PHONE RESULTS: ☒YES ☐NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER
P-7 - P-8 - P-9
DATE: 12/7/93 TIME: 10:30
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's (3) ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER

DATE: / /93 TIME :
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

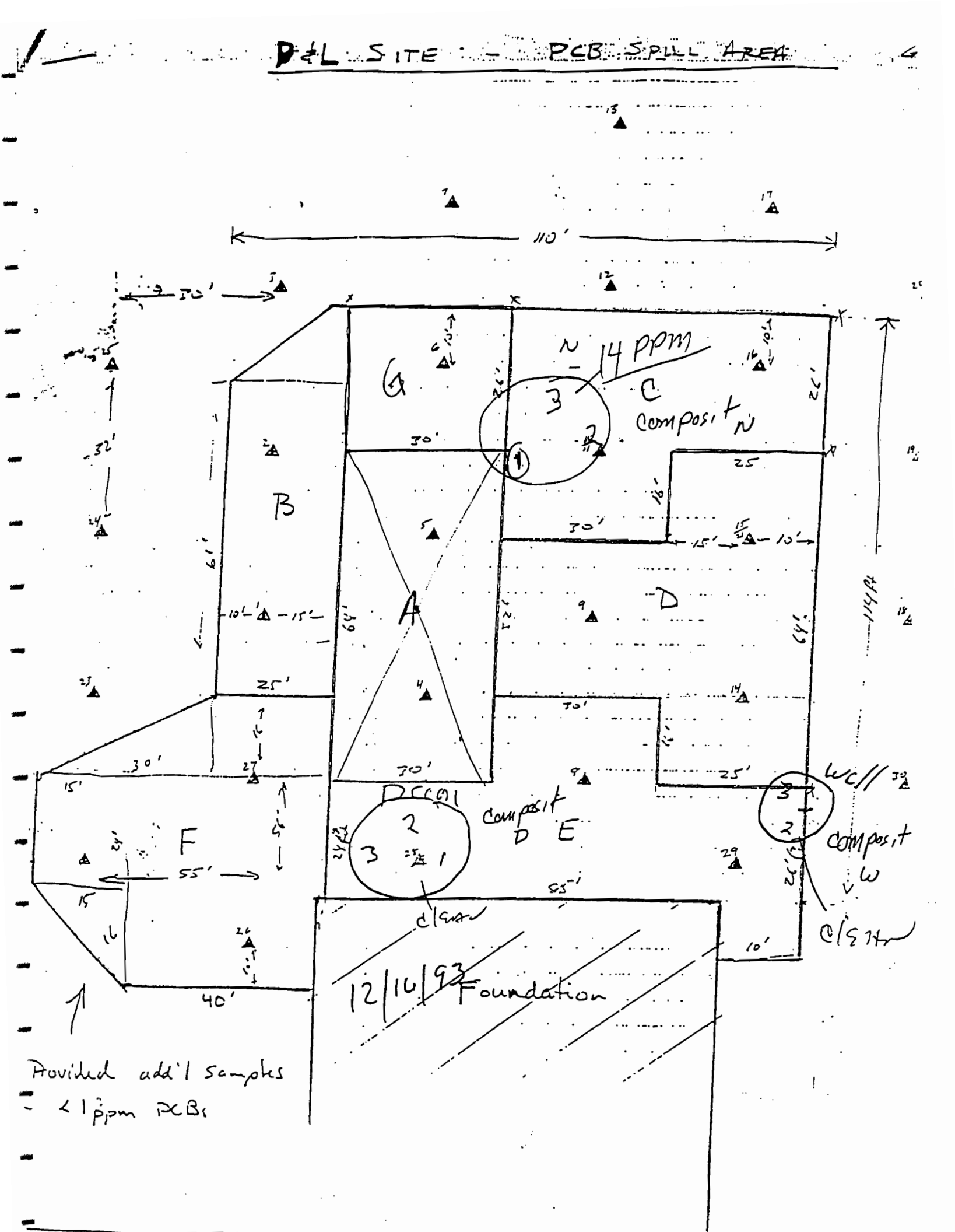
of SAMPLES 3 # of CONTAINERS 3
SAMPLED BY: Ken Kabasa
SIGNATURE: [signature]
NAME:
DATED: 12/7/93 TIME: 11:00
HOW SENT: ☐EXP MAIL ☒HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐EXP MAIL ☐HAND CARRY

SAMPLES RECEIVED BY: Expresslab
SIGNATURE: [signature]
NAME:
DATE: 12/7/93 TIME: 11 :pm
HOW RECD: ☐EXP MAIL ☐HAND CARRY
FREIGHT IN: $ _____
LOGGED IN: / /93 TIME: :
SAMPLE COND: _____ SAMPLE TEMP: _____
LAB NOTES:

Green-Lab, Pink-

RESULTS WHEN YOU WANT THEM

P&L SITE - PCB SPILL AREA



EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NUMBER:

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE LABORATORY #11369

LABORATORY REPORT - PCB'S

CUSTOMER NAME:ISI
ADDRESS: 5033 Transit Rd
Depew NY 14043

Attn: Ken Keller

PO NUMBER: Pinto
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St.
RESULTS SENT: FAX DATE:12/21/93
LAB DIRECTOR:

SAMPLE DEMOGRAPHICS AND TEST RESULTS

Results shown in bold type:
Detection Limits shown in (mg/kg)
Results expressed in mg/kg = ppm

Extraction Method: Sonication 3550
Analysis Method: Gas Chromatograph with Electron Capture Detector

SAMPLE ID (LAB)	**D2069**		**D2070**		**D2071**	
SAMPLE ID(CUST)	**Composite D**		**Composite N**		**Composite W**	
MATRIX	**SOIL**		**SOIL**			
DATE SAMPLED	**12/16/93**		**12/16/93**		**12/16/93**	
DATE RECEIVED	**12/17/93**		**12/17/93**		**12/17/93**	
DATE ANALYZED	**12/21/93**		**12/21/93**		**12/21/93**	
DATE REPORTED	**12/21/93**		**12/21/93**		**12/21/93**	
Aroclor 1016	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1221	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1232	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1242	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1248	**<1**	(1)	**<1**	(1)	**<1**	(1)
Aroclor 1254	**<1**	(1)	***1**	(1)	**<1**	(1)
Aroclor 1260	**<1**	(1)	**<1**	(1)	**<1**	(1)
TOTAL			**14 ppm**			

The number following the asterix denotes whether the Aroclor is primary (1) or secondary (2), primary being the most prevalent, secondary being the second most prevalent .

RESULTS WHEN YOU WANT THEM

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NUMBER:

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE LABORATORY #11369

LABORATORY REPORT - PCB'S

CUSTOMER NAME: ISI
ADDRESS: 5033 Transit Rd
Depew NY 14043

Attn: Ken Keller

PO NUMBER: Pinto
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St.
RESULTS SENT: FAX DATE: 12/29/93
LAB DIRECTOR:

SAMPLE DEMOGRAPHICS AND TEST RESULTS

Results shown in bold type:
Detection Limits shown in (mg/kg)
Results expressed in mg/kg = ppm

Extraction Method: Sonication 3550
Analysis Method: Gas Chromatograph with Electron Capture Detector

SAMPLE ID (LAB)	D2130		D2131		D2132	
SAMPLE ID(CUST)	N 1		N 2		N 3	
MATRIX	SOIL		SOIL		SOIL	
DATE SAMPLED	12/16/93		12/16/93		12/16/93	
DATE RECEIVED	12/17/93		12/17/93		12/17/93	
DATE ANALYZED	12/28/93		12/28/93		12/28/93	
DATE REPORTED	12/29/93		12/29/93		12/29/93	
Aroclor 1016	<1	(1)	<1	(1)	<1	(1)
Aroclor 1221	<1	(1)	<1	(1)	<1	(1)
Aroclor 1232	<1	(1)	<1	(1)	<1	(1)
Aroclor 1242	<1	(1)	<1	(1)	<1	(1)
Aroclor 1248	<1	(1)	<1	(1)	<1	(1)
Aroclor 1254	*1	(1)	*1	(1)	*1	(1)
Aroclor 1260	<1	(1)	<1	(1)	<1	(1)
TOTAL	5.4		12.2		29.3	

The number following the asterix denotes whether the Aroclor is primary (1) or secondary (2), primary being the most prevalent, secondary being the second most prevalent .

EXPRESSLAB

PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NYS

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: I S T
ADDRESS: 5033 Transit Rd
CITY: DePew
STATE/ZIP: NY 14043
PHONE: 716 681-3535
FAX: 681 5889
CONTACT: Ken Kelle

PO NUMBER:
PROJECT NO:
PROJECT CUST: Pinto
PROJECT SITE: 189- Tonawanda ST
RESULTS NEEDED: ☐24 HRS ☐72 HRS
SEND RESULTS: ☒FAX ☐EXPR MAIL
PHONE RESULTS: ☒YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED

SAMPLE NUMBER

DATE: 12/16/93 TIME 12:30
LOCATION: N-1 / N-2 / N-3

☒Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐_____

ANALYSIS REQUIRED: Please Check✓ Tests Required

Gasoline	Diesel/Fuel Oil
☐ 8020 BTEX + MTBE	☐ 8021 DIESEL
☐ 8021 BTEX + MTBE	☐ Base Neutrals 8270 (PAH)
☐ TCLP Alternative NYS	☐ TCLP Alternative NYS
☐ TPH TCLP PCB	☐ TPH

SAMPLE NUMBER

DATE: 12/16/93 TIME 12:
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐_____

ANALYSIS REQUIRED: Please Check✓ Tests Required

Gasoline	Diesel/Fuel Oil
☐ 8020 BTEX + MTBE	☐ 8021 DIESEL
☐ 8021 BTEX + MTBE	☐ Base Neutrals 8270 (PAH)
☐ TCLP Alternative NYS	☐ TCLP Alternative NYS
☐ TPH	☐ TPH

CHAIN OF CUSTODY RECORD

of SAMPLES 3 # of CONTAINERS 3
SAMPLED BY: Ken Kellen
SIGNATURE:
NAME: EST
DATED: 12/16/93 TIME: 12:30
HOW SENT: ☐EXP MAIL ☒HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐EXP MAIL ☐HAND CARRY

SAMPLES RECEIVED BY:
SIGNATURE:
NAME:
DATE: / /93 TIME: :
HOW RECD: ☐EXP MAIL ☐HAND CARRY
FREIGHT IN: $
LOGGED IN: / /93 TIME: :
SAMPLE COND: SAMPLE TEMP:
LAB NOTES:

White-Lab, Yellow-Customer, Hard-Lab

RESULTS WHEN YOU WANT THEM

expwo16doc

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507
Tel: 1-716-554-5347 Tel: 1-800-THE-LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: E.S.I
ADDRESS: 5035 Transit Rd
CITY: Depew
STATE/ZIP: NY 14043
PHONE: 681-3535
FAX:
CONTACT: Ken Kelly

PO NUMBER:
PROJECT NO:
PROJECT CUST: Pinto
PROJECT SITE: 129 Edmund St
RESULTS NEEDED: ☐72 HRS ☐7 DAYS
SEND RESULTS: ☒FAX ☐FAX+MAIL
PHONE RESULTS: ☒ YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER Composite N
DATE: 12/16/93 TIME 12:30
LOCATION:
☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER
DATE: / /93 TIME :
LOCATION:
☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 1 # of CONTAINERS 1
SAMPLED BY: Ken Kelly
SIGNATURE:
NAME:
DATED: 12/16/93 TIME: 12:30
HOW SENT: ☐EXP MAIL ☒HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐EXP MAIL ☐HAND CARRY

SAMPLES RECEIVED BY:
SIGNATURE:
NAME:
DATE: / /93 TIME: :
HOW RECD: ☐EXP MAIL ☐HAND CARRY
FREIGHT IN: $
LOGGED IN: / /93 TIME: :
SAMPLE COND: SAMPLE TEMP:
LAB NOTES:

Green-Lab, Pink-

RESULTS WHEN YOU WANT THEM

EXPRESS LAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER-TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NYSTATE CERTIFIED LAB #11369

CUSTOMER: E.S.E.
ADDRESS: 5033 Transit Rd
CITY: Depew
STATE/ZIP: NY 14043
PHONE: 716 [illegible]
FAX: 5889
CONTACT: Ray

PO NUMBER:
PROJECT NO:
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda Creek Rd
RESULTS NEEDED: ☐ 72 HRS ☐ 7 DAYS
SEND RESULTS: ☒ FAX ☐ FAX+MAIL
PHONE RESULTS: ☒ YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER composite D
DATE: 12/16/93 TIME 12:30
LOCATION:

☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER

DATE: / /93 TIME :
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 1 # of CONTAINERS 1
SAMPLED BY: Ken Kellar
SIGNATURE: Ken Kellar
NAME:
DATED: 12/16/93 TIME: 12:30
HOW SENT: ☐ EXP MAIL ☒ HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐ EXP MAIL ☐ HAND CARRY

SAMPLES RECEIVED BY:
SIGNATURE:
NAME:
DATE: / /93 TIME: :
HOW RECD: ☐ EXP MAIL ☐ HAND CARRY
FREIGHT IN: $
LOGGED IN: / /93 TIME: :
SAMPLE COND: SAMPLE TEMP:
LAB NOTES:

Green-Lab, Pink-Customer, Hard-Lab

RESULTS WHEN YOU WANT THEM

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507
Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: ESI
ADDRESS: 5033 Transit
CITY: Depew
STATE/ZIP: NY 14043
PHONE: 681-3535
FAX: 5889
CONTACT: Ken

PO NUMBER:
PROJECT NO:
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St
RESULTS NEEDED: ☐72 HRS ☐7 DAYS
SEND RESULTS: ☒FAX ☐FAX+MAIL
PHONE RESULTS: ☐YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER
D-1 / D-2 / D3
DATE: 12/16/93 TIME 12:30
LOCATION:

☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER

DATE: / /93 TIME :
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 3 # of CONTAINERS 3
SAMPLED BY: Ken Kellogg
SIGNATURE:
NAME:
DATED: 12/16/93 TIME: 12:30
HOW SENT: ☐EXP MAIL ☒HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐EXP MAIL ☐HAND CARRY

SAMPLES RECEIVED BY:
SIGNATURE:
NAME:
DATE: / /93 TIME: :
HOW RECD: ☐EXP MAIL ☐HAND CARRY
FREIGHT IN: $
LOGGED IN: / /93 TIME: :
SAMPLE COND: SAMPLE TEMP:
LAB NOTES:

Green-Lab, Pink-

RESULTS WHEN YOU WANT THEM

tclpwo1.doc

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: E S E
ADDRESS: 5033 Transit
CITY: Depew
STATE/ZIP: NY 14043
PHONE: 716 681-3535
FAX: 681-5869
CONTACT: Ken

PO NUMBER:
PROJECT NO:
PROJECT CUST: Pinto
PROJECT SITE: 189-Tonawanda
RESULTS NEEDED: ☒ 72 HRS ☐ 7 DAYS
SEND RESULTS: ☒ FAX ☐ FAX+MAIL
PHONE RESULTS: ☒ YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER W-1 - W-2 - W-3
DATE: / /93 TIME :
LOCATION:

☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER

DATE: / /93 TIME :
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 3 # of CONTAINERS 3
SAMPLED BY: Ken Kellogg
SIGNATURE: _____
NAME: _____
DATED: 12/16/93 TIME: 12:30
HOW SENT: ☐ EXP MAIL ☒ HAND CARRY
SIGNATURE 2: _____
NAME 2: _____
DATED 2: / /93 TIME: :
HOW SENT 2: ☐ EXP MAIL ☐ HAND CARRY

SAMPLES RECEIVED BY: _____
SIGNATURE: _____
NAME: _____
DATE: / /93 TIME: :
HOW RECD: ☐ EXP MAIL ☐ HAND CARRY
FREIGHT IN: $ _____
LOGGED IN: / /93 TIME: :
SAMPLE COND: _____ SAMPLE TEMP: _____
LAB NOTES: _____

Green-Lab, Pink-Customer, Hard-Lab

RESULTS WHEN YOU WANT THEM

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: [illegible]
ADDRESS: 5033 Transit
CITY: Depew
STATE/ZIP: NY 14043
PHONE: 681-3555
FAX: 5869
CONTACT: Ken

PO NUMBER:
PROJECT NO: [illegible]
PROJECT CUST: Pinto
PROJECT SITE: 189 - Stanwood St
RESULTS NEEDED: ☐ 72 HRS ☐ 7 DAYS
SEND RESULTS: ☒ FAX ☐ FAX+MAIL
PHONE RESULTS: ☒ YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER Composite W
DATE: 12/16/93 TIME: 12:30
LOCATION:

☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER

DATE: / /93 TIME :
LOCATION:

☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 1 # of CONTAINERS 1
SAMPLED BY: Ken Kellogg
SIGNATURE: [signature]
NAME:
DATED: 12/16/93 TIME: 12:30
HOW SENT: ☐ EXP MAIL ☒ HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐ EXP MAIL ☐ HAND CARRY

SAMPLES RECEIVED BY:
SIGNATURE:
NAME:
DATE: / /93 TIME: :
HOW RECD: ☐ EXP MAIL ☐ HAND CARRY
FREIGHT IN: $
LOGGED IN: / /93 TIME: :
SAMPLE COND: SAMPLE TEMP:
LAB NOTES:

Green-Lab, Pink-Customer, Hard-Lab

RESULTS WHEN YOU WANT THEM

EXPRESSLAB PO Box 40 5611 Water Street Middlesex NY 14507

Tel: 1-716-554-5347 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER NUMBER:

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE LABORATORY #11369

LABORATORY REPORT - PCB'S

CUSTOMER NAME: ISI
ADDRESS: 5033 Transit Rd
Depew NY 14043

Attn: Ken Keller

PO NUMBER: Pinto
PROJECT CUST: Pinto
PROJECT SITE: 189 Tonawanda St.
RESULTS SENT: FAX DATE: 2/24/94
LAB DIRECTOR:

SAMPLE DEMOGRAPHICS AND TEST RESULTS

Results shown in bold type:
Detection Limits shown in (mg/kg)
Results expressed in mg/kg = ppm

Extraction Method: Sonication 3550
Analysis Method: Gas Chromatograph with Electron Capture Detector

SAMPLE ID (LAB)	**2542**	
SAMPLE ID(CUST)	**2/23 PL#1**	
MATRIX	**SOIL**	
DATE SAMPLED	**2/23/94**	
DATE RECEIVED	**2/24/94**	
DATE REPORTED	**2/24/94**	
DATE ANALYZED	**2/24/94**	
Aroclor 1016	**<1**	(1)
Aroclor 1221	**<1**	(1)
Aroclor 1232	**<1**	(1)
Aroclor 1242	**<1**	(1)
Aroclor 1248	**<1**	(1)
Aroclor 1254	**<1**	(1)
Aroclor 1260	**<1**	(1)

ADIRONDACK LAB PO Box 40 - 561 Water Street Middlesex NY 14507
Tel: 1-716-554-4101 Tel: 1-800-THE LABS Tel: 1-800-843-5227 FAX 1-716-554-4114

WORKORDER TCLP

SPECIALIZING IN ENVIRONMENTAL SOILS TESTS
NY STATE CERTIFIED LAB #11369

CUSTOMER: I.C.I.
ADDRESS: 3033 transit rd
CITY: Depew NY
STATE/ZIP: NY - 14043
PHONE: 681-3535
FAX: 681 5889
CONTACT: Kay

PO NUMBER:
PROJECT NO:
PROJECT CUST: 189 Tonawanda St
PROJECT SITE:
RESULTS NEEDED: ☒ 72 HRS ☐ 7 DAYS
SEND RESULTS: ☒ FAX ☐ FAX+MAIL
PHONE RESULTS: ☒ YES ☐ NO

SAMPLE DEMOGRAPHICS AND TESTS REQUIRED - TCLP

SAMPLE NUMBER 2/23-PL #1 94
DATE: 2/23/93 TIME: 10:15 am
LOCATION: 189 Tonawanda St
☒ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☒ Yes ☐ No

MATRIX
☐ WATER
☒ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☒ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

SAMPLE NUMBER
DATE: / /93 TIME :
LOCATION:
☐ Ambient ☐ 40°F (Cooled)
Sample Sealed: ☐ Yes ☐ No

MATRIX
☐ WATER
☐ SOIL
☐ SLUDGE
☐ OTHER

SUSPECT: ☐ Gasoline; ☐ Diesel/Fuel Oil; ☐ _____

ANALYSIS REQUIRED: Please Check ✓ Tests Required
VOLATILE SCANS = ☐ Volatiles ☐ SemiVolatiles
PCB SCAN = ☐ PCB's ☐ Herbicides ☐ Pesticides
RCI GROUP = ☐ Reactivity ☐ Corrosivity ☐ Ignitability
METALS = ☐ 8 METALS from NYS Stars Memo
OTHER = ☐ _____

CHAIN OF CUSTODY RECORD

of SAMPLES 1 # of CONTAINERS 2
SAMPLED BY: Kay Kellam
SIGNATURE: Kay Kellam
NAME:
DATED: / /93 TIME: :
HOW SENT: ☐ EXP MAIL ☐ HAND CARRY
SIGNATURE 2:
NAME 2:
DATED 2: / /93 TIME: :
HOW SENT 2: ☐ EXP MAIL ☐ HAND CARRY

SAMPLES RECEIVED BY:
SIGNATURE:
NAME:
DATE: / /93 TIME: :
HOW RECD: ☐ EXP MAIL ☐ HAND CARRY
FREIGHT IN: $
LOGGED IN: / /93 TIME: :
SAMPLE COND: SAMPLE TEMP:
LAB NOTES:

Green-Lab, Pink-Customer, Hard-Lab

RESULTS WHEN YOU WANT THEM

tclpwo1.doc

Section C

Record of Safety Meeting

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 189- Tonawanda st Pratt + Letchworth

Date 9/13/93 Time 8:00 Am/pm Job No. _____

Address 189 Tonawanda st Buffalo

Specific Location North of Bldg 44 Refer to E+E Work Plan

Type of Work Excavation of soils + loading trucks

Haz Soils

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment OVA - Respiratory Coveralls Boots Covers Gloves Hard Hat

Chemical Hazards PCB, Leads Phenols

Physical Hazards Cut trip, Fall

Emergency Procedures Notify MEDTOX Hot Line: 501 370 8203 911

Hospital/Clinic Childrens Hospital Phone 878-7408

Hospital Address Bryant Street

Special Equipment Decontamination 1080 Excavator

Other _____

ATTENDEES

Name Printed	Signature
Paul B Sirotnyk	
Charlie Fitts	
Jim Harnden	
Roger Cartwright	
Phil Gibbs	

Meeting Conducted By: Ken Keller

Name Printed / Signature

Site Safety Officer Ken Keller Team Leader

376103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 189 Tonawanda St.

Date 11/15/93 Time 8:30 Am Job No. _____

Address SAME

Specific Location North of Bldg 66.

Type of Work Excavation of Soils

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment OVA - Respirator Coveralls Boots - Gloves

Chemical Hazards P.C.B. - Phenols - Leads

Physical Hazards Cut - Trip - Fall

Emergency Procedures Notify Medical for Hotline: 501-370-8203

Hospital/Clinic Children's Hosp. Inc Phone 878-7405

Hospital Address Bryant St

Special Equipment Decontamination Excavation

Other _____

ATTENDEES

Name Printed	Signature
Carmen A. Costa Sr.	Carmen A. Costa Sr.
Ken Kellen	Ken Kellen
Rob Barr	Rob Barr

Meeting Conducted By: Ken Kellen

Site Safety Officer: Name Printed Ken Kellen — Signature Team Leader: Ken Kellen

376103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 184 tonawanda st

Date 11/16/93 Time 8:30 am Job No.

Address same-

Specific Location

Type of Work excavation of soils + loading trucks

material is below 50 ppm - non-haz-

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment OVM respirator cartridges Boots Gloves

Chemical Hazards possible- P.C.B- Phenols - metals

Physical Hazards cut - trip - fall

Emergency Procedures notify medic 501-370-8265-911

Hospital/Clinic Children's Hosp Phone 878-7408

Hospital Address Bryant st

Special Equipment Denver dominator

2 extension tool

Other

ATTENDEES

Name Printed	Signature
Carmen A Costa Sr.	
Ken Keller	
Rob Bonn	

Meeting Conducted By: Ken Keller

Site Safety Officer — Name Printed: Ken Keller — Signature: Team Leader

376103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 189 Tonawanda st

Date 11/17/93 Time 8:00 am Job No.

Address Same

Specific Location north of Bldg #

Type of Work Excavation of Soils & Loading trucks

material is below 50 ppm - non-Haz

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Boots Glasses - Hard Hat
DUA Respirator

Chemical Hazards possible P.C.B. - phenols - heads

Physical Hazards cut trip - Fall

Emergency Procedures Call med tox 501-370-8263 - (911)

Hospital/Clinic Children Hosp Phone 878-7408

Hospital Address Bryant

Special Equipment Decontamination Equip -
Excavator

Other

ATTENDEES

Name Printed	Signature
Carmine Costa Sr	
Ken Keller	
Rob Bitar	

Meeting Conducted By: Ken Keller

Name Printed Signature

Site Safety Officer Ken Keller Team Leader

376103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 184 Commercial St

Date 11/18/93 Time 8:00 AM Job No. _____

Address SAME

Specific Location North of Bldg #66

Type of Work excavation of soils & hauling trucks

material is below 50 ppm - non HAZ

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Boots. Gloves Hard Hats
OVA Respiration

Chemical Hazards P. possible. PCB PHenols - heavals

Physical Hazards Cut. trip - Fall -

Emergency Procedures Call med tox 501-370-8263 - (911)

Hospital/Clinic Children Hosp Phone 878 7408

Hospital Address Bryant St

Special Equipment Decontamination Equip
Excavation

Other _____

ATTENDEES

Name Printed	Signature
Carmen DiCosta Sr	
Ken Keller	
Rob Kahn	

Meeting Conducted By: Ken Keller

Site Safety Officer Name Printed: Ken Keller Signature

Team Leader

37-6103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 189 termunda st Bryant & Letchworth st

Date 11/19/93 Time _____ Job No. _____

Address 189 termunda st Buffalo

Specific Location North of Bldg 46 Refer to E & E work Plan

Type of Work Excavation of soil & hoisting trucks

Non-Haz soil

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment O.V.A Respirator Covrall Boots. Gloves Hard Hat

Chemical Hazards P.C.B. heads Phenols

Physical Hazards Cuts. Trip. Fall

Emergency Procedures notify Medtox 401-370-8263

Hospital/Clinic Buffalo Hospital Phone _____

Hospital Address Bryant Street

Special Equipment Decontamination equipment Excavator.

Other _____

ATTENDEES

Name Printed	Signature
Carmen Costa	
Rob Barr	
Ken Keller	

Meeting Conducted By: Ken Keller

Name Printed Signature

Site Safety Officer Ken Keller Team Leader Ken Keller

376103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 189 Tonawanda st

Date 11/20/93 Time 7:80 AM Job No. _____

Address 189 Tonawanda st Buffalo

Specific Location north of Bldg # 66

Type of Work Excavation of soil + loading Trucks

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment OVA Respirator, Coveralls Boots Gloves -

Chemical Hazards P.C.B. Lead Phenols

Physical Hazards Cut, trip fall

Emergency Procedures Call Med Tox 301-370-8263 (911)

Hospital/Clinic Millard Hospital Phone 878-7408

Hospital Address Seymour st

Special Equipment Decontamination Utensils excavation

Other _____

ATTENDEES

Name Printed	Signature
Christian Costa	
Ron Baker	
Ken Keller	

Meeting Conducted By: Ken Keller

Name Printed Signature

Site Safety Officer _____ Team Leader _____

378103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 189 Tonawanda St

Date 11/24/93 Time _____ Job No. _____

Address Same -

Specific Location North of Bldg #66

Type of Work Excavation of contaminated soil

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment OVA Respirator Coveralls Boots Gloves -

Chemical Hazards P.C.B. Phenols, Lead

Physical Hazards Cut trip Fall

Emergency Procedures Call med for 501-370-8263 - (911)

Hospital/Clinic Children Hospital Phone 878-7408

Hospital Address Bryant St

Special Equipment Decontamination Pressure washer Excavator

Other Air monitoring Equip

ATTENDEES

Name Printed	Signature
Cameron Coates	
Rob Barr	
Ken Keller	

Meeting Conducted By: Ken Keller

Site Safety Officer: Name Printed Ken Keller — Signature _____

Team Leader: Signature _____

376103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 189- Tonawanda st.

Date 12/16/93 Time 8:15 Job No. _____

Address 189 Tonawanda st.

Specific Location North of Bldg #66

Type of Work Excavation of soils

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment OVA Respirator covered Boots + Gloves

Chemical Hazards P.C.B. - Phenols - Acids

Physical Hazards Tripping - cuts - Fall

Emergency Procedures notify medtox Hotline 501-370-8263 911

Hospital/Clinic Children Hospital Phone 878 7408

Hospital Address Bryant

Special Equipment Excavation - Decontamination

Other _____

ATTENDEES

Name Printed	Signature
Carmen Costa	Carmen A Costa Jr
Ken Keller	Ken Keller
Phil C. Gibbs	Phil C. Gibbs
Paul B Strojny	Paul B Strojny
E.E.E.	

Meeting Conducted By: Ken Keller

Name Printed

Signature

Site Safety Officer Ken Keller

Team Leader Ken Keller

3761C3

ecology and environment, inc. 1/6/94

ON-SITE SAFETY MEETING

Project 189 tonawanda st-

Date 1/6/93 Time 8:00 AM Job No.

Address same

Specific Location north of Bldg #66

Type of Work excavation non haz soils

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment coveralls APR respirator
Boots Gloves

Chemical Hazards P.C.B. Phenols- heavals

Physical Hazards cut- trip- fall

Emergency Procedures notify med tox Hot Line 501-370-8163

Hospital/Clinic Children Hosp. Phone 878-7408

Hospital Address Bryant st

Special Equipment Decontamination
excavator

Other

ATTENDEES

Name Printed	Signature
PATRICK HOGERTY	Patrick J. Hogerty
PAUL STROUD	Paul S. Stroud

Meeting Conducted By: Ken Keller
Name Printed

Site Safety Officer Ken Keller

Signature
Team Leader

376103

ecology and environment, inc.

ON-SITE SAFETY MEETING

Project 189 TONAWANDA ST

Date 2/22/94 Time 8:00 AM Job No. _____

Address SAME

Specific Location NORTH of Bldg #66

Type of Work EXCAVATE Contaminated Soil

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment COVER ALL - OVR RESPIRATOR BOOTS - GLOVES

Chemical Hazards P.C.B - PHENOLS - METALS

Physical Hazards CAT TRUCK PAVE

Emergency Procedures NOTIFY MED TOX - 501-370-8263

Hospital/Clinic CHILDREN HOSP. Phone 878-7408

Hospital Address BRYANT ST

Special Equipment EXCAVATOR - DECONTAMINATION

Other _____

ATTENDEES

Name Printed	Signature
Ken Keller	
CHRISTY COSTA	
PAT HAGENTY	

Meeting Conducted By: Ken Keller

Name Printed

Site Safety Officer Ken Keller

Signature

Team Leader

376103

Section D

Real Time Air Monitoring Records

Date: 9-13-93
Location: Pratt & Letchworth site
Job Number: ECYC 0094
Inspector: IAN HARWOOD

Time	CO (ppm)	CO_2 (ppm)	O_2 (%)	Temp (°F)	RH (%)	Particulate	X-Gas
0930			20.5			0.31	—
1030			20.6			0.32	—
1130			20.6			0.38	—
1230			20.6			0.39	—
1330			20.4			0.26	—
1430			20.6			0.39	—

Date: Nov. 15 1993

Location: Tonawanda St.

Job Number: ECYC 0155

Inspector: R. Bym

ISI

Time	CO (ppm)	CO_2 (ppm)	O_2 (%)	Temp (°F)	RH (%)	Air Vol	X-Gas
9:15 am	000	—	20.6%		—		—
10:15 am	000	—	20.5%	53°	—	—	—
11:15 am	000	—	20.5%	—	—	—	—
12:15 pm	000	—	20.5%	—	—	—	—
13:15 pm	000	—	20.5%	—	—	—	—
14:15 pm	000		20.5%				
15:15	000		20.6%				

Date: 1/15/15

Location:

Job Number: EC4C0155

Inspector: ZBARA

Time	CO (ppm)	CO_2 (ppm)	O_2 (%)	Temp (°F)	RH (%)	Air Vol	X-Gas
8:15	000			50°			
9:15	000		20.5%				
10:15	000		20.9%				
11:15	000		20.5%				
12:15	000		20.5%				
13:15	000		20.5%	45°			
14:30	000						

Date: Nov 1793

Location: 189 Tamarack St.

Job Number: EYC0155

Inspector: BSR

Time	CO (ppm)	CO_2 (ppm)	O_2 (%)	Temp (°F)	RH (%)	Air Vol	X-Gas
8:30 am	000		20.6%				
9:30 am	002		20.4%				
10:30 am	[illegible]		[illegible]				
[illegible]	[illegible]		[illegible]				
[illegible] pm	[illegible]		[illegible]				
1:30 pm	000		20.5%				
2:30 pm	000		20.5%				

Date: Nov 18 93
Location: 189 Townsende St
Job Number:
Inspector: [illegible]

Time	CO (ppm)	CO_2 (ppm)	O_2 (%)	Temp (°F)	RH (%)	Air Vol	X-Gas
8:30	000		20.5%				
10:30	000		20.5 %				
11:45	000		20.6 %				
12:30	000		20.6 %				
13:30	000		20.[illegible]				
14:[illegible]	[illegible]		[illegible]				
15:[illegible]	[illegible]		[illegible]				

Date: Nov 19 1995

Location: 107 Tonawanda St.

Job Number: GV

Inspector: EBW

Time	CO (ppm)	CO_2 (ppm)	O_2 (%)	Temp (°F)	RH (%)	Air Vol	X-Gas
8:00 am	000		20.6%				
9:00 am	000		20.5%				
10:00 am	000		20.9%				
11:00	000		20.9%				
12:00	000		20.9%				
2:00	000		20.9%				

ate: 12-16-93

ocation:

b Number:

spector: Phillip L. Stein

IWS #2

Time	CO (ppm)	CO_2 (ppm)	O_2 (%)	Temp (°F)	RH (%)	Air Vol	X-Gas
800	0.00	—	20.9%				
9:30	0.00	—	20.3%				
1000	0.00	—	20.3%				
10:30	0.00		20.3%				
1100							
11:30							

CHOPRA-LEE INC.

Date: 01-06-94
Location: 189 TONAWANDA ST
Job Number: 94C 0155
Inspector: D HAWERY

Time	RAM	O2 (%)	Temp (oF)	RH (%)	OVA	X-Gas
9:00 UP		20.0			0.02	
DN		20.1			0.03	
9:30 UP		19.9			0.02	
DN		19.9			0.02	
10:00 UP		19.9			0.01	
DN		19.9			0.01	
10:30 UP		19.8			0.00	
DN		19.8			0.01	

CHOPRA-LEE INC.

Date: 02-22-94 TUESDAY
Location: 189 TONAWANDA ST.
Job Number: ECYC-0155
Inspector: PHAGERTY

Time	RAM	O2 (%)	Temp (oF)	RH (%)	OVA	X-Gas
0900 DU		19.9/20.1	32		0.00/0.00	
0930 DU		19.4/20.1	32		0.00/0.00	
1000 DU		19.9/19.8	30		0.00/0.00	
1030 DU		19.6/19.6	30		0.00/0.00	
1100 DU		19.0/20.0	30		0.00/0.00	
1130 DU		20.0/19.5	32		0.00/0.00	
1530 DU		20.2/20.1	28		0.00/0.00	
1600 DU		~~20.4~~/19.8	26		0.00/0.00	
1630 DU		19.5/19.6	26		0.00/0.00	
1700 DU		19.6/19.5	25		0.00/0.00	
1730 DU		19.6/19.6	24		0.00/0.00	

Section E

Gravimetric Analysis Results

Client: Innovative Services

Laboratory Project # GRY311829

Gravimetric Results Table

Sample #	Client Sample #	Location / Description	Volume (liters)	Analytical Sensitivity (mg)	Analytical Sensitivity (mg / m^3)	Sample Concentration (mg)	Sample Concentration (mg / m^3)
17356YG	829-1115-01	A. 200' N of work area Air	1200.0	N/A	N/A Sample Void - Inncorect Media	N/A	N/A
17357YG	829-1115-02	B. 200' S of work area Air	1200.0	N/A	N/A Sample Void - Inncorect Media	N/A	N/A
17358YG	829-1115-03	Air	Blank	N/A	N/A Sample Void - Inncorect Media	N/A	N/A
17496YG	829-1116-04	200' upwind N Air	1250.0	0.02	0.016	<0.02	**<0.016***
17497YG	829-1116-05	200' downwind S Air	1200.0	0.02	0.017	0.06	**0.050**
17498YG	829-1117-07	200' upwind N Air	1440.0	0.02	0.014	0.03	**0.021**
17499YG	829-1117-08	200' downwind S Air	1440.0	0.02	0.014	<0.02	**<0.014***
17577YG	829-1119-09	200' upwind Air	1680.0	0.02	0.012	0.22	**0.131**
17578YG	829-1119-10	200' downwind Air	1680.0	0.02	0.012	0.15	**0.089**
17674YG	829-1119-11	200' upwind Air	1800.0	0.02	0.011	0.14	**0.078**
17675YG	829-1119-12	200' downwind Air	1800.0	0.02	0.011	0.10	**0.056**

* Below Analytical Sensitivity

Authorized Signature Paul B. Chopra

Date Monday, February 28, 1994

Chopra-Lee Inc.
RJ Lee Group

1741 Baseline Road
Grand Island, NY 14072

716-773-7625
Telefax 716-773-7624

Client: Innovative Services

Laboratory Project # GRY311829

Gravimetric Results Table

Sample #	Client Sample #	Location / Description	Volume (liters)	Analytical Sensitivity (mg)	Analytical Sensitivity (mg / m^3)	Sample Concentration (mg)	Sample Concentration (mg / m^3)
17978YG	829-1124-13	200' upwind Outside Work Area Environmental	1200.0	0.02	0.017	0.05	**0.042**
17979YG	829-1124-14	200' downwind Outside Work Area Environmental	1200.0	0.02	0.017	0.07	**0.058**

Authorized Signature Paul S. Chopra

Date Monday, February 28, 1994

Chopra-Lee Inc.
RJ Lee Group

1741 Baseline Road
Grand Island, NY 14072

716-773-7625
Telefax 716-773-7624

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** *Grand Island, N.Y. 14072 (716)773-7625*

53 Temp/Rain/Wind	Nov 15 '93 Date	ISI Client	*Turnaround (circle)* RUSH 48 hour 24 hour 72 hour
Filter lot #	Tonawanda St. Job Name	Client Job #	*Analysis (circle)* PCM TEM PCB Dust other
Calibrator #	ECYC0155 Job #	Ken Kelly Client Contact & Phone	

Field Number	Location	IB OB	IWA OWA	B E F	Time (military) Start	Stop	Tot	Flow (LPM) Beg	End	Avg	Volume (liters)	Lab Number	Results (f/cc)
0155-1115-01	[A] 200' N of Work Area	OB	OWA	E	10:15	15:15	300	4	4	4	1200		
0155-1115-02	[B] 200' S of W. Area	OB	OWA	E	10:15	15:15	300	4	4	4	1200		
BLANK	[ ] to weigh against												
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Comments

R Baker Sampler	11/15/93	:	Received by	TBH 7
Relinquished by	11	:	Received by lab	Mileage 21
				Expenses .50

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** **Grand Island, N.Y. 14072 (716)773-7625**

45 — Temp/Rain/Wind	Nov. 16 - 93 Date	ISI Client	*Turnaround (circle)* RUSH 48 hour 24 hour 72 hour
Filter lot #	189 Tonawanda St. Job Name	Client Job #	*Analysis (circle)* PCM TEM Dust (other)
Calibrator #	FEYCO155 Job #	Ken Keller Client Contact & Phone	

Field Number	*Location*	*IB OB*	*IWA OWA*	*B E F*	*Time (military) Start*	*Stop*	*Tot*	*Flow (LPM) Beg*	*End*	*Avg*	*Volume (liters)*	*Lab Number*	*Results (f/cc)*
155-1116-01	[ ] 200' Upwind (N)	OB	OWA	E	8:10	15:10	300	4	4	4	1200	11.07	
155-1116-02	[ ] 200' Downwind (S)	OB	OWA	E	8:15	15:13	300	4	4	4	1200	11.41	
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Comments

Sampler	11/16/93	:	Received by	TBH 7.5
Relinquished by	11/16/93	:	Received by lab	Mileage AZ
				Expenses 1.00

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** *Grand Island, N.Y. 14072 (716)773-7625*

45° Zmph Temp/Rain/Wind	11-17-93 Date	ISI Client	*Turnaround (circle)* RUSH 48 hour 24 hour 72 hour
Filter lot #	189 Tonawanda St. Job Name	Client Job #	*Analysis (circle)* PCM TEM Dust other
Calibrator #	GRY311829 Job #	Ken Keller Client Contact & Phone	

Field Number	*Location*	*IB OB*	*IWA OWA*	*B E F*	*Time (military) Start*	*Stop*	*Tot*	*Flow (LPM) Beg*	*End*	*Avg*	*Volume (liters)*	*Lab Number*	*Results (f/cc)*
829-1117-07	[ ] 200' Upwind(N) 8.67	OB	OWA	E	825	1425	360	4	4	4	1440		
829-1117-08	[ ] 200' Downwind(S) 10.43	OB	OWA	E	830	1430	360	4	4	4	1440		
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Comments

T Barr Sampler	11/17/93	:	Received by	*TBH* 7 *Mileage* 421

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** *Grand Island, N.Y. 14072 (716)773-7625*

42 — Temp/Rain/Wind	11-19-93 Date
Filter lot #	189 Tonawanda St. Job Name
Calibrator #	GNY 311829 Job #

ISI Client
Client Job #
Ken Keller Client Contact & Phone

Turnaround (circle)
RUSH 48 hour
24 hour 72 hour
Analysis (circle)
PCM TEM Gravimetric other

Field Number	*Location*	*IB OB*	*IWA OWA*	*B E F*	*Time (military) Start*	*Stop*	*Tot*	*Flow (LPM) Beg*	*End*	*Avg*	*Volume (liters)*	*Lab Number*	*Results (f/cc)*
829-1119-09	[ ] 200' Upwind	OB	OWA	E	825	1535	420	4	4	4	1680		
829-1119-10	[ ] 200' Downwind	OB	OWA	E	830	1530	420	4	4	4	1680		
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Comments

Sampler	11/19/93	:	Received by
Relinquished by	11 19 93	:	Received by lab

TBH	9.5
Mileage	21
Expenses	.50

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** *Grand Island, N.Y. 14072 (716)773-7625*

45° 5-10 Temp/Rain/Wind	11-19-93 Date	IST Client	*Turnaround (circle)* RUSH 48 hour 24 hour 72 hour
Filter lot #	189 Tonawanda St. Job Name	Client Job #	*Analysis (circle)* PCM TEM other
Calibrator #	GRI 311829 Job #	Ken Keller Client Contact & Phone	

Field Number	Location	IB OB	IWA OWA	B E F	Time (military) Start	Stop	Tot	Flow (LPM) Beg	End	Avg	Volume (liters)	Lab Number	Results (f/cc)
829-1119-11	[ ] 200' Upwind	OB	OWA	E	830	230	360	5	5	5	1800		
829-1119-12	[ ] 200' Downwind	OB	OWA	E	830	230	360	5	5	5	1800		
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Comments

Sampler	11/19/93	:	Received by	TBH 9.5
Relinquished by	11/19/93	:	Received by lab	Mileage 21
				Expenses .50

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** *Grand Island, N.Y. 14072 (716)773-7625*

41° 2-3 mph Temp/Rain/Wind	Nov 24 93 Date	ISI Client	*Turnaround (circle)* RUSH 48 hour 24 hour 72 hour
Filter lot #	189 Tonawanda St. Job Name	Client Job #	*Analysis (circle)* PCM TEM Dust other
Calibrator #	614 31 829 Job #	Ken Keller Client Contact & Phone	

Field Number	*Location*	*IB OB*	*IWA OWA*	*B E F*	*Time (military)* Start	Stop	Tot	*Flow (LPM)* Beg	End	Avg	*Volume (liters)*	*Lab Number*	*Results (f/cc)*
829 - 1124 - 13	[ ] 200' Upwind 10.33	OB	OWA	E	7:15	12:15	300	4	4	4	1200		
829 - 1124 - 14	[ ] 200' Downwind 10.23	OB	OWA	E	7:20	12:20	300	4	4	4	1200		
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Comments

Sampler	/ /	:	Received by	*TBH* 6
				Mileage 21
Relinquished by	/ /	:	Received by lab	*Expenses* .50 f

Gravimetric Results Table

Airborne Respirable Dust Concentration

Sample #	Client Sample #	Location / Description		Volume (liters)	Analytical Sensitivity (mg)	Analytical Sensitivity (mg / m 3)	Sample Concentration (mg)	Sample Concentration (mg / m 3)
19103YG	109-1216-01	A. SW corner Outside Work Area	Environmental	472.5	0.02	0.042	0.15	**0.317**
19104YG	109-1216-02	B. NW corner Outside Work Area	Environmental	472.5	0.02	0.042	0.09	**0.190**
19105YG	109-1216-03	C. NE corner Outside Work Area	Environmental	472.5	0.02	0.042	0.04	**0.085**

Analysis completed in accordance with NIOSH Method 0600 for respirable dust

Authorized Signature Paul B. Chopra

Date Thursday, December 30, 1993

Chopra-Lee Inc.
RJ Lee Group

1741 Baseline Road
Grand Island, NY 14072

716-773-7625
Telefax 716-773-7624

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** *Grand Island, N.Y. 14072 (716)773-7625*

35° Cloudy NE 5-10 Temp/Rain/Wind	16 DEC. 93 Date	EST Client	*Turnaround (circle)* RUSH 48 hour 24 hour 72 hour
Filter lot #	Job Name	Client Job #	*Analysis (circle)* PCM TEM ____ other
Calibrator #	GR931L109 Job #	Client Contact & Phone	

Field Number	Location	IB OB	IWA OWA	B E F.	Time (military) Start	Stop	Tot	Flow (LPM) Beg	End	Avg	Volume (liters)	Lab Number	Results (f/cc)
109-1216-01	[A] S.W. corner	013	OWA	E	0813	1030	135	3.5	3.5	3.5	472.5		
109-1216-02	[B] N. W. corner	013	OWA	E	0816	1031	135	3.5	3.5	3.5	472.5		
109-1216-03	[C] N.E. corner	013	OWA	E	0817	1032	135	3.5	3.5	3.5	472.5		
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Comments

Robert L. Hicks Sampler	/ /	:	Received by	*TBH* ____
Relinquished by	/ /	:	J. Rydelek Received by lab	*Mileage* ____ *Expenses* ____

Client: Innovative Services

Laboratory Project # ECYC0155-1

Gravimetric Results Table

Airborne Respirable Dust Concentration

Sample #	Client Sample #	Location / Description	Volume (liters)	Analytical Sensitivity (mg)	Analytical Sensitivity (mg / m 3)	Sample Concentration (mg)	Sample Concentration (mg / m 3)
24560YG	0155-0222-01	A. Outside Work Area Environmental Air	725.0	0.02	0.028	0.02	0.028
24561YG	0155-0222-02		Blank	0.02	-	<0.02	-

Analysis completed in accordance with NIOSH Method 0600 for respirable dust

Authorized Signature R. S. Chopra

Date Wednesday, March 2, 1994

Chopra-Lee Inc.
RJ Lee Group

1741 Baseline Road
Grand Island, NY 14072

716-773-7625
Telefax 716-773-7624

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** *Grand Island, N.Y. 14072 (716)773-7625*

8/SNOW/ FOR AM — Temp/Rain/Wind	01-06-94 — Date
Filter lot #	189 TONAWANDA ST. — Job Name
ON PUMP — Calibrator #	ECYC 0155 — Job #

151 — Client
Client Job #
KEN Keller — Client Contact & Phone

Turnaround (circle)
RUSH 48 hour
24 hour 72 hour
Analysis (circle)
PCM TEM GRAVIMETRIC
other

Field Number	*Location*	*IB OB*	*IWA OWA*	*B E F*	*Time (military) Start*	*Stop*	*Tot*	*Flow (LPM) Beg*	*End*	*Avg*	*Volume (liters)*	*Lab Number*	*Results (f/cc)*
0155 - 0106 -- 1	[U] NE CORNER of FENCE (10.64)	OB	OWA	E	0900	1100	120	3.5	3.5	3.5	420		
0155 - 0106 - 2	[D] SW CORNER of FENCE (10.08)	OB	OWA	E	0900	1100	120	3.5	3.5	3.5	420		
	[ ]												
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Comments

PAT HAGERTY	01/06/94	:	
Sampler			Received by
PAT HAGERTY	01/06/94	:	
Relinquished by			Received by lab

TBH	
Mileage	20
Expenses	.50

Chopra - Lee , Inc. 1741 Baseline Road **Air Sampling Worksheet & Chain of Custody** *Grand Island, N.Y. 14072 (716)773-7625*

28/ SUN / 5-15-94 — Temp/Rain/Wind	02-22-94 — Date
# 1709 — Filter lot #	189 TONAWANDA ST — Job Name
# 100/ UNIT — Calibrator #	ECYC-0155 — Job #

INNOVATIVE SERVICES — Client
— Client Job #
KEN Keller — Client Contact & Phone

Turnaround (circle): RUSH 48 hour 24 hour 72 hour

Analysis (circle): PCM TEM WEIGHTED TRC other

Field Number	Location	IB OB	IWA OWA	B E F	Time (military) Start	Stop	Tot	Flow (LPM) Beg	End	Avg	Volume (liters)	Lab Number	Results (f/cc)
0155-0222 1	[A]	OB	OWA	E	0900	1230	150	2.5	2.5	2.5	425		
2	[X] → BLANK									→	BLANK		
	[ ]												
CONTINUATION 0155-0222 1	[A]	OB	OWA	E	1530	1730	120	2.5	2.5	2.5	300		
2	[X] → BLANK									→	BLANK		
	[ ]												
	[ ]										715 TOTAL		
	[ ]												
	[ ]												
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Comments SOLIT SAMPLE RUN TIME AS NOTED

PAT HAGERTY — Sampler	02122194	:	Received by
PAT HAGERTY — Relinquished by	02122194	:	J. Kydulski — Received by lab

TBH	
Mileage	44
Expenses	1.00

Client: Innovative Services

Laboratory Project # ECYC0155-1

Gravimetric Results Table

Airborne Respirable Dust Concentration

Sample #	Client Sample #	Location / Description	Volume (liters)	Analytical Sensitivity (mg)	Analytical Sensitivity (mg / m 3)	Sample Concentration (mg)	Sample Concentration (mg / m 3)
24560YG	0155-0222-01	A. Outside Work Area Environmental Air	725.0	0.02	0.028	0.02	**0.028**
24561YG	0155-0222-02		Blank	0.02	-	<0.02	-

Analysis completed in accordance with NIOSH Method 0600 for respirable dust

Authorized Signature

Date Wednesday, March 2, 1994

Chopra-Lee Inc.
RJ Lee Group

1741 Baseline Road
Grand Island, NY 14072

716-773-7625
Telefax 716-773-7624

Section F

Site Maps

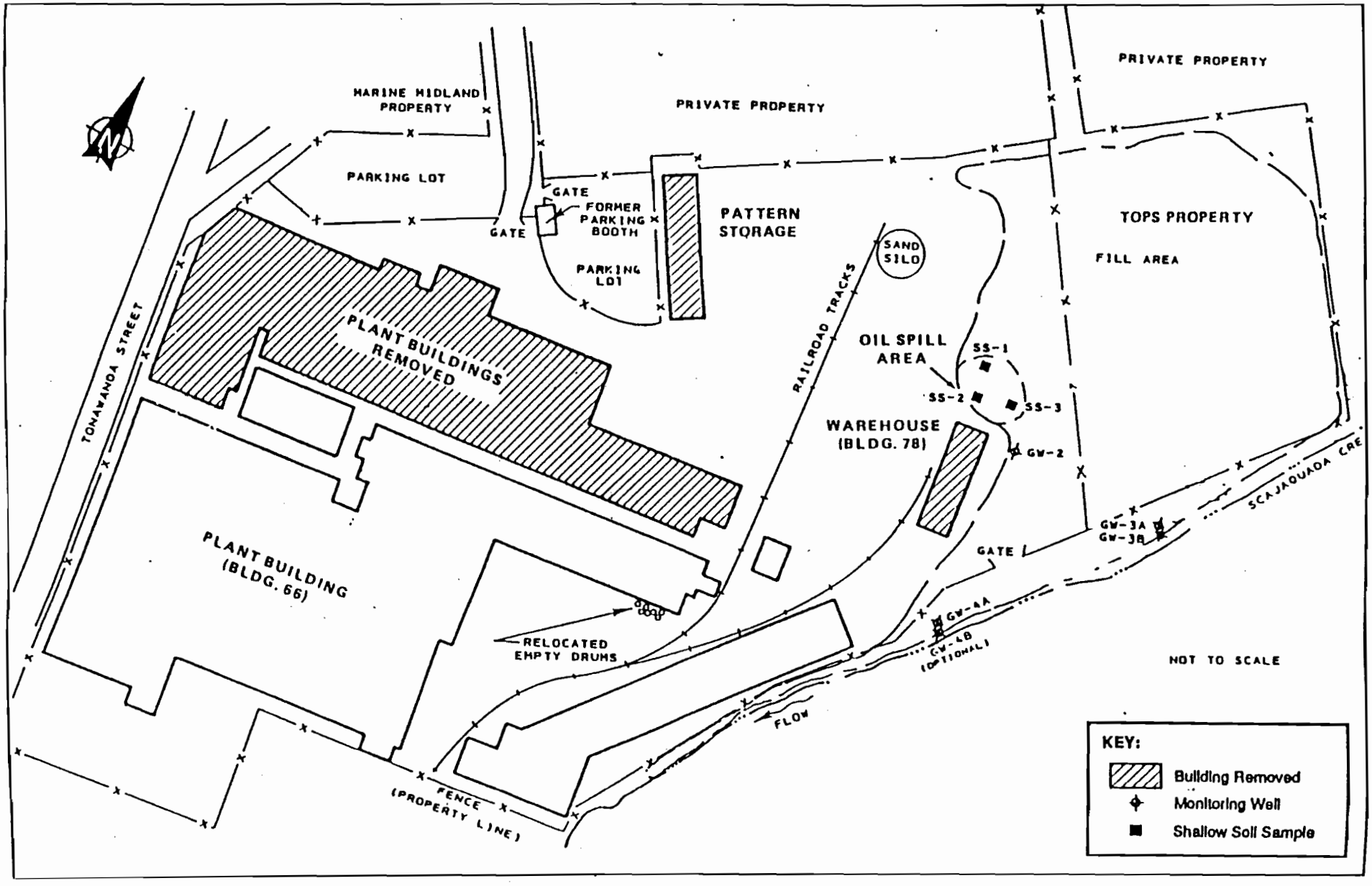


Figure 1
SITE PLAN OF PRATT & LETCHWORTH

Pratt and Letchworth
189 Tonawanda Street

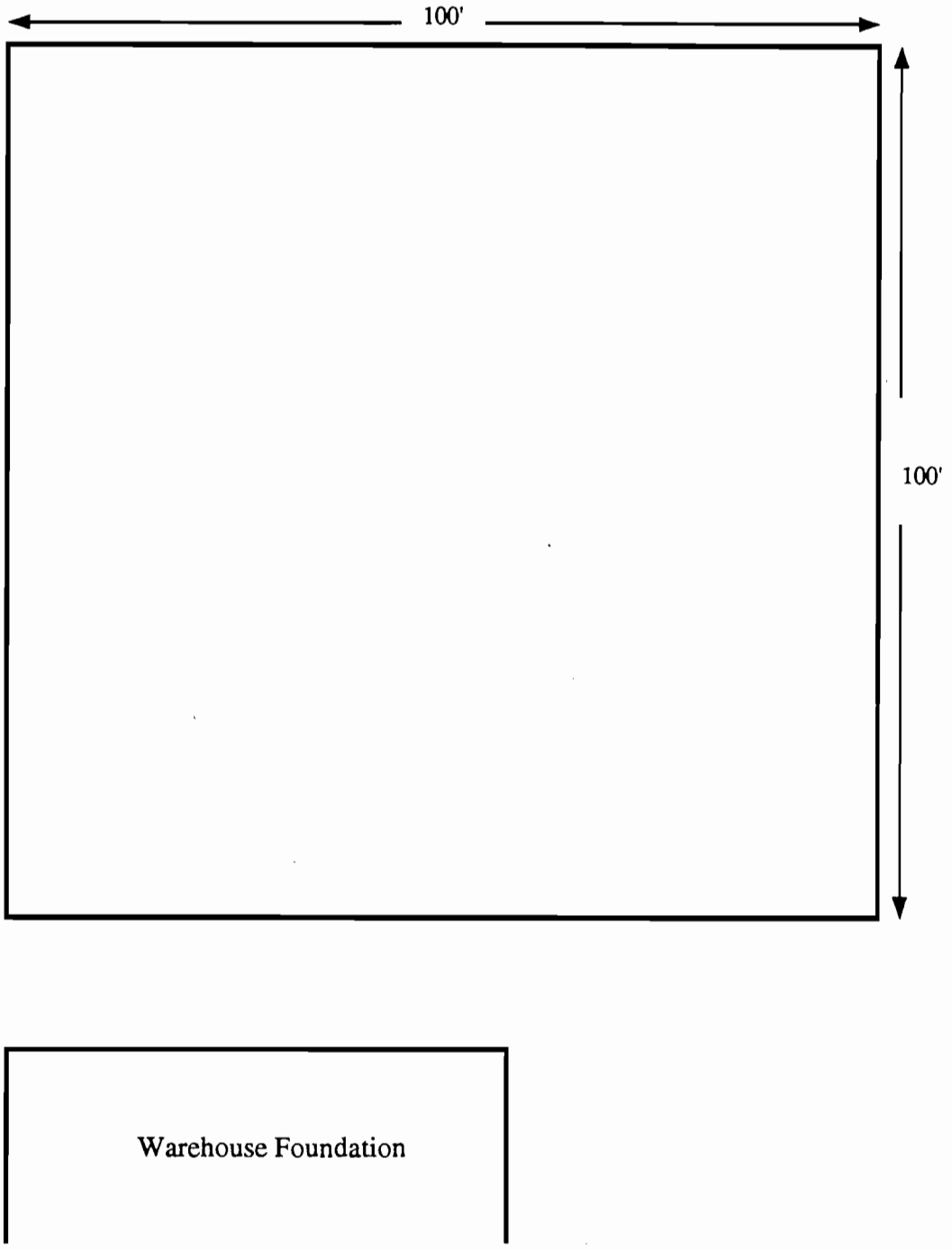


Figure #2
Project as described by Ecology and Environment
August 1992

Pratt and Letchworth
189 Tonawanda Street

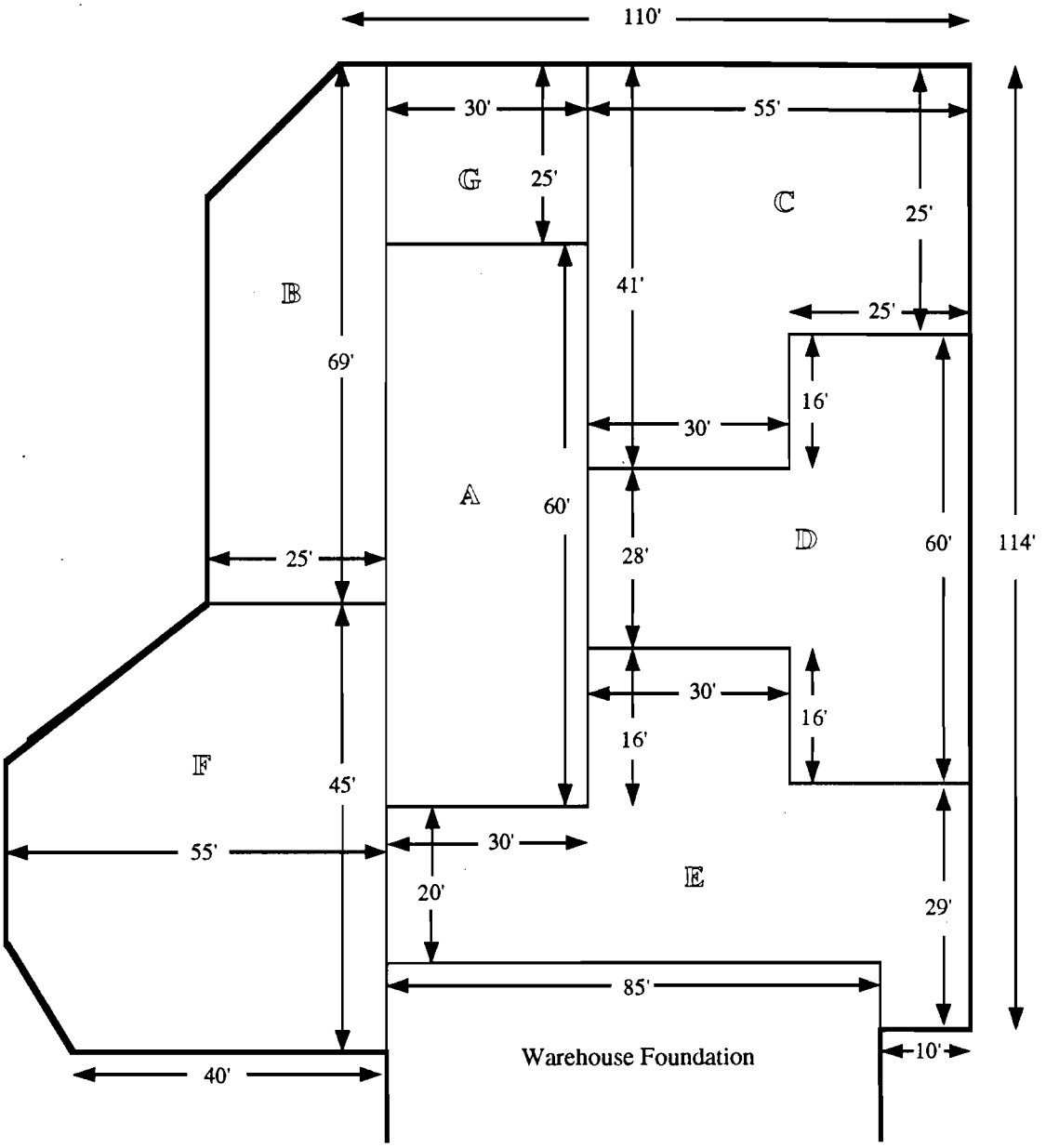


Figure #3
Project as developed by sampling results
showing excavation areas

Pratt and Letchworth
189 Tonawanda Street

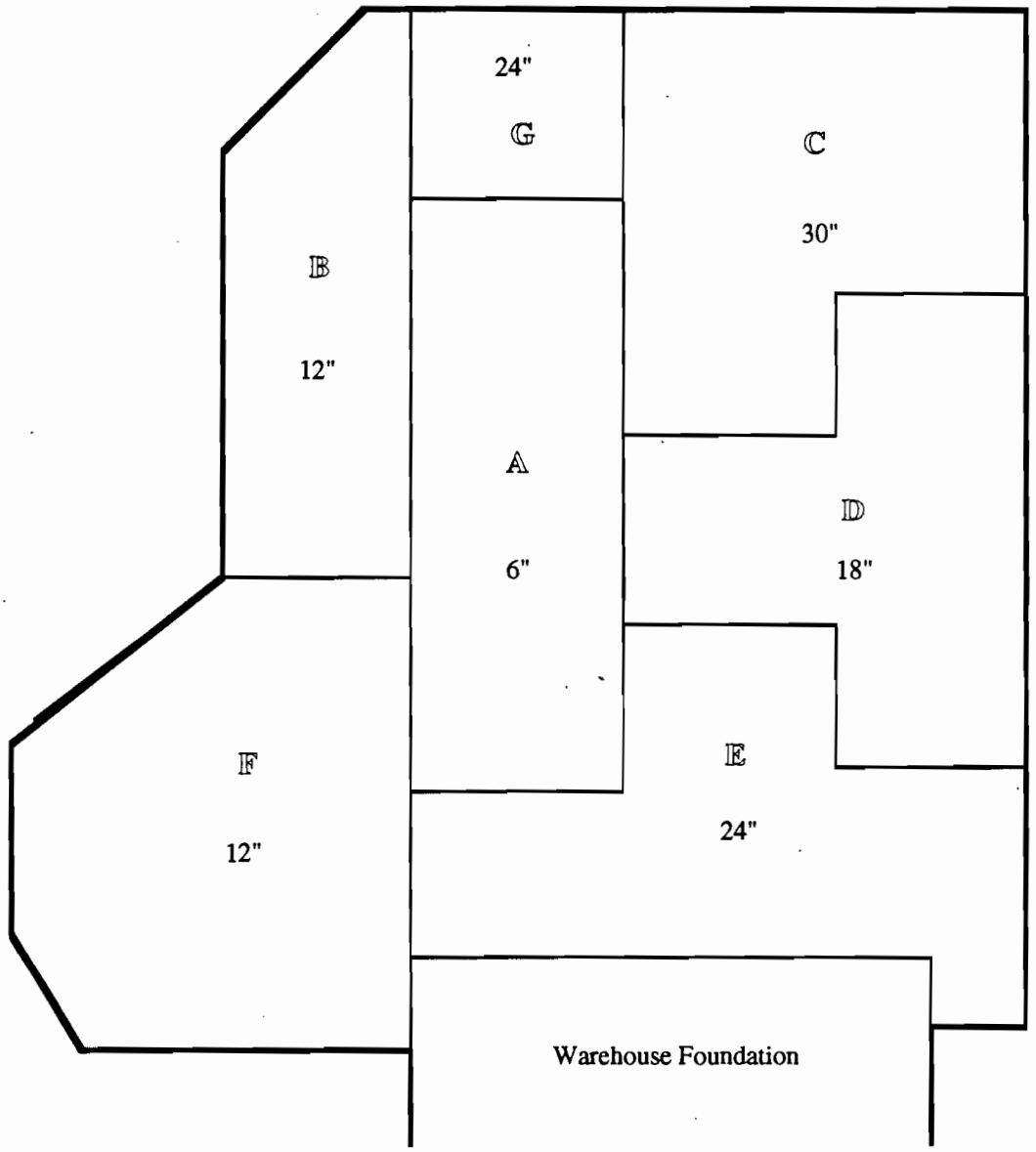
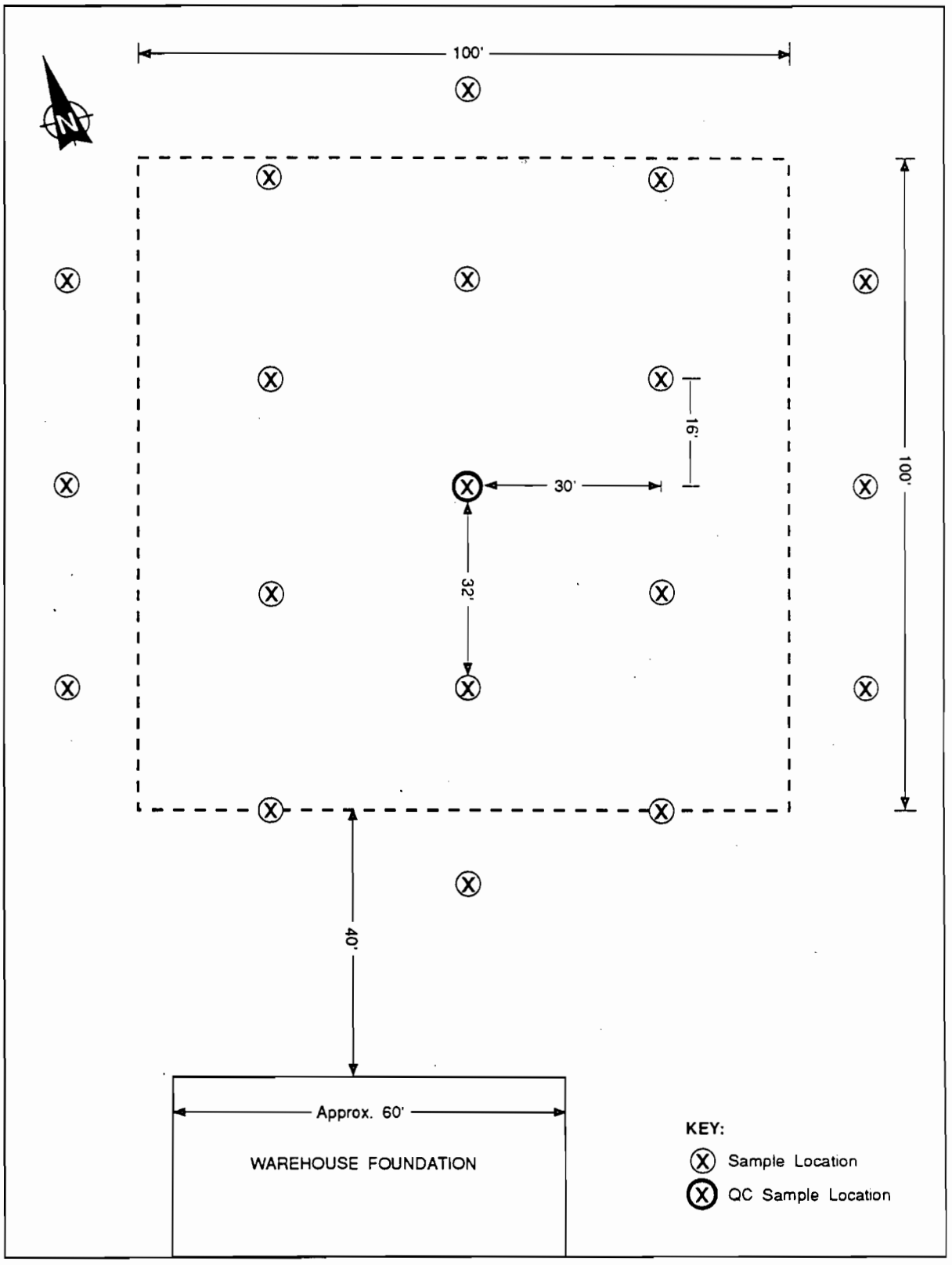


Figure #4
Project as developed by sampling results
showing excavation depths



ORIGIONAL SAMPLE LOCATIONS BY
ECOLOGY AND ENVIROMENT 1992

Section G

Non-Hazardous Waste Manifests

#7

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8568
FAX 814/825-4588 - Lab

(47)

Manifest NO. 39338

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) 189 Townhall St. Inc E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Townhall St. Erie PA 16507
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: Same
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: 716 854-6666

Waste Stream Identification: P.C.B. Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/16/93 Signature: _____
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Rohrer Trucking

ADDRESS: 3160 RT 6 Warren PA 16441

Pick-up Date: 11-16-93 Truck No. R6 Vehicle Lic. No. PA - AA4757

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: _____ Driver Date: 11-16-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-16-93 Total Tons: 26.03 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

557849

DATE: 11/16/93

TIME: 16:10-16:26

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R6 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL
100	52060

GROSS: 88180 LBS

TARE: 36120 LBS

NET: 52060 LBS = 26.03 TONS

TONS DUMPED TODAY: 143.90

0002339 REMARKS _____ SIGN _____

LAKE VIEW LANDFILL ID:814-825-4338 NOV 29'93 9:06 No.002 P.03

#6

Manifest NO. 39339

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

(47)

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Graff & Peterson III / 1st Township St. Inc. E.P.A. I.D. NO. _____

Company Address: (Print or Type) 1st Township St (No.) (Street) Erie (City) NY (State) 16507 (Zip Code)

Pick-up Address: Same (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 814-6666

Waste Stream Identification: P.C.B. Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, If any: _____

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: 11/16/93 Signature: [signature] ESI Rep (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Rohrer

ADDRESS: Waterford, PA

Pick-up Date: 11-16-93 Truck No. R-8 Vehicle Lic. No. AB-1808F

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: 11-16-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-16-93 Total Tons: 25.18 Other (Specify): _____

Signature of authorized agent and title: [signature]

LAKE VIEW LANDFILL
HAVE A NICE THANKSGIVING!!

557050
DATE: 11/16/93
TIME: 16:11-16:31

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R8 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL.
100	50360

GROSS: 84260 LBS

TARE: 33900 LBS

NET: 50360 LBS = 25.18 TONS

TONS DUMPED TODAY: 169.00

0002339 REMARKS _____ SIGN Dave Mass

#5

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4586 - Lab

(47)

Manifest NO. 39340

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) [illegible] E.P.A. I.D. NO. _____

Company Address: (Print or Type) [illegible] (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: [illegible] (No.) (Street) (City) (State) (Zip Code)

Telephone Number: [illegible]

Waste Stream Identification: [illegible]

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/16/93 Signature: [illegible] EST REP. (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Robyn Trucking

ADDRESS: 3180 Rt 6 Waterford Pa

Pick-up Date: 11-16-93 Truck No. R3 Vehicle Lic. No. AB 02728 Pa

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: [illegible] Driver Date: 11-16-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-16-93 Total Tons: 24.03 Other (Specify): _____

Signature of authorized agent and title: [illegible]

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!

557042
DATE: 11/16/93
TIME: 15:50-16:04

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R3 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL
100	48060

GROSS: 82180 LBS

TARE: 34120 LBS

NET: 48060 LBS = 24.03 TONS

TONS DUMPED TODAY: 117.87

0002339 REMARKS _____ SIGN _____

FF 4 (417)

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39341

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

30/

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Plant Generator E.P.A. I.D. NO. _____

Company Address: (Print or Type) 151 Tom Ridge Blvd (No.) (Street) Erie (City) PA (State) 16507 (Zip Code)

Pick-up Address: Same (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 461-854-6666

Waste Stream Identification: P.C.B. contaminated Soil.

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/16/93 Signature: Ken Kelly ESI Rep (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Robert Trucking

ADDRESS: 3150 RT6 Warren PA 16441

Pick-up Date: 11-16-93 Truck No. R6 Vehicle Lic. No. PA AA-9057

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: Mike Bowell Driver Date: 11-16-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-16-93 Total Tons: 22.64 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

557719
DATE: 11/16/93
TIME: 11:30-11:34

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R6 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/YDS.
100	45280

GROSS: 81500 LBS

TARE: 36220 LBS

NET: 45280 LBS = 22.64 TONS

TONS DUMPED TODAY: 71.16

0002339 REMARKS _____ SIGN

LAKE VIEW LANDFILL ID:814-825-4338 NOV 29'93 9:07 No.002 P.06

Manifest NO. 39342

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

(47) Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Matt Lewis Inc E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Townhall Rd (No.) (Street) Bath (City) NY (State) 14810 (Zip Code)

Pick-up Address: Same (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 716 854-6666

Waste Stream Identification: P.C.B. Contaminated Soil.

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/16/93 Signature: Ken Keller IST Rep (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Peters Trucking

ADDRESS: 3180 Rt 6 Wattsford Pa

Pick-up Date: 11-16-93 Truck No. R3 Vehicle Lic. No. A802728 Pa

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: 11-16-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11/16 Total Tons: 24.14 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

557702
DATE: 11/16/93
TIME: 11:11-11:30

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R3 WASTE: CON CONTAMINATED SOIL

ORIGIN:
NEW YORK

PCT	WGT/VOL
100	52380

GROSS: 87080 LBS

TARE: 34700 LBS

NET: 52380 LBS = 26.19 TONS

TONS DUMPED TODAY: 26.19

0002339 REMARKS _____ SIGN _____

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest **NO. 39343**

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Trail Technical Inc. E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Townhouse ST. Erie PA 16507
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: Same
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: 716-854-6666

Waste Stream Identification: P.C.B. Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/16/93 Signature: Kim Kelly Tech Asp
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Rogers Trk

ADDRESS: Waterford, PA.

Pick-up Date: 11-16-93 Truck No. R-8 Vehicle Lic. No. AB-18088

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: Dave Meade Date: 11-16-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-16-93 Total Tons: 22.33 Other (Specify): _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

557703

DATE: 11/16/93

TIME: 11:12-11:36

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R8 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL
100	44660

GROSS: 78960 LBS

TARE: 34300 LBS

NET: 44660 LBS = 22.33 TONS

TONS DUMPED TODAY: 48.52

0002339 REMARKS _____ SIGN

LAKE VIEW LANDFILL ID:814-825-4338 NOV 29'93 9:08 No.002 P.08

TK #1 (171)

Manifest NO. 39344

Site Permit No. PA D.E.R. #100329 38

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pump Technology Inc. E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Townsville St. (No.) (Street) Lisle (City) NY (State) 14207 (Zip Code)

Pick-up Address: Same (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 716 854-6666

Waste Stream Identification: PCB Contaminated Soil.

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/16/93 Signature: [signature] ESI Rep (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Ausmus Exp. / Pole ETC

ADDRESS: 3875 Ruies Rd

Pick-up Date: 11/16/93 Truck No. 38 Vehicle Lic. No. R56847 Mi

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] (driver) Date: 11/16/93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-16-93 Total Tons: 22.68 Other (Specify): _____

Signature of authorized agent and title: [signature]

LAKE VIEW LANDFILL
HAVE A NICE THANKSGIVING!!

CUSTOMER: 161
W/M DOWNING T. BROKER

HAULER:

TRUCK: 38

557819
DATE: 11/16/93
TIME: 14:37-14:58

WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

GROSS: 79920 LBS
TARE: 34560 LBS
NET: 45360 LBS = 22.68 TONS

PCT	WGT/VOL
100	45360

0002339 REMARKS

TONS DUMPED TODAY: 93.84

SIGN

#17 (10) (17)

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest **NO. 39350**

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) DRAFT 189 Tonawanda St, Inc E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Tonawanda St, Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: SAME
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 854-6666

Waste Stream Identification: PCB Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Lined Truck

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: 11/17/93 Signature: [signature] EST
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Robren Trucking

ADDRESS: 380 Rt 6 Wattsburg PA 16442

Pick-up Date: 11-17-93 Truck No. R6 Vehicle Lic. No. PA AA91151

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: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-17-93 Total Tons: 23.21 Other (Specify): _____

Signature of authorized agent and title: [signature]

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

550100
DATE: 11/17/93
TIME: 15:46-16:02

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R6 WASTE: CON CONTAMINATED SOIL

	ORIGIN	PCT	WGT/VOL
	NEW YORK	100	[illegible]

GROSS: 82780 LBS

TARE: 36360 LBS

NET: 46420 LBS = 23.21 TONS

TONS DUMPED TODAY: 218.55

00023.39 REMARKS _____ SIGN

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

#16 (9) (47)

Manifest **NO. 89351**

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) 189 Tonawanda St, Inc E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Tonawanda St Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: SAME
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 854-6666

Waste Stream Identification: PCB Contaminated soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Dump Truck

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: 11/17/93 Signature: _____ IST
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) _____

ADDRESS: 3180 Big Watford Dr

Pick-up Date: 11-17-93 Truck No. R3 Vehicle Lic. No. AB0272D Pa

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: _____ Driver Date: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-17-93 Total Tons: 20.35 Other (Specify): _____

Signature of authorized agent and title: _____

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

550099
DATE: 11/17/93
TIME: 15:45-16:00

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R3 WASTE: CON CONTAMINATED SOIL

	ORIGIN	PCT	WGT/VOL
	NEW YORK	100	40700

GROSS: 75660 LBS

TARE: 34960 LBS

NET: 40700 LBS = 20.35 TONS

TONS DUMPED TODAY: 195.74

0002339 REMARKS _____ SIGN _____

LAKE VIEW LANDFILL ID:814-825-4338 NOV 29'93 9:10 No.002 P.11

Manifest NO. 39352 0018

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) 189 Tonawanda St E.P.A. I.D. NO. ______

Company Address: (Print or Type) 189 Tonawanda St Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: SAME
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 854-6666

Waste Stream Identification: PCB Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 2 Other (Specify): ______

Special Handling Instructions, if any: Line Truck

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: 11/17/93 Signature: ______
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Page ETC

ADDRESS: Weedsport NY

Pick-up Date: 11/17/93 Truck No. 0048 Vehicle Lic. No. 7315

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: Dean Yenny Date: 11/17/93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: ______ Total Tons: 24.37 Other (Specify): ______

Signature of authorized agent and title: ______

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!

5580

DATE: 11/17/93

TIME: 14:25:15

CUSTOMER: 161
W/M DOWNING -- BROKER

HAULER: Page

TRUCK: 0045 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT WET/VOL
100 VOL

GROSS: 82440 LBS

TARE: 33260 LBS

NET: 49180 LBS = 24.59 TONS

TONS DUMPED TODAY: 174.75

Dean Yancy

#17 (47)

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39353

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) PRATT & Lambert 189 Townsend St E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 (No.) Townsend (Street) St Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 854-6666

Waste Stream Identification: PCB Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Line Truck

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: 11/17/93 Signature: [illegible] (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) PAGE E.T.C.

ADDRESS: Weedsport, N.Y

Pick-up Date: _____ Truck No. 7577-0439 Vehicle Lic. No. TS-92805

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. Luther Watt Date: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: [illegible] Total Tons: 25.76 Other (Specify): _____

Signature of authorized agent and title: [illegible]

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

550063
DATE: 11/17/93
TIME: 14:27-14:50

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: 20 WASTE: CON CONTAMINATED SOIL

ORIGIN	PCT	MGT/VOL
NEW YORK	100	51520

GROSS: 84520 LBS

TARE: 33000 LBS

NET: 51520 LBS = 25.76 TONS

TONS DUMPED TODAY: 100.00

0002339 REMARKS SIGN A. Lutts, Hyatt

#12 PRATT & (47)

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39354 7809

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) PRATT & Letchworth 189-Tonawanda St E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 (No.) Tonawanda St (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 854-6666

Waste Stream Identification: PCB contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Lined Truck

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: 11/17/93 Signature: [signature] (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Page E.T.C.

ADDRESS: Leechport Pa.

Pick-up Date: 11-17-93 Truck No. 7509 Vehicle Lic. No. ~~AB08389~~ Pa

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: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-17-93 Total Tons: 23.85 Other (Specify): _____

Signature of authorized agent and title: [signature]

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

5[illegible]61

DATE: 11/1/93
TIME: 14:22-14:40

CUSTOMER: 151
W/M DOWNING -- BROKER

HAULER:

TRUCK: 7509 WASTE: CON CONTAMINATED SOIL

	ORIGIN	PCT	WGT/VOL
	NEW YORK	100	47700

GROSS: 81000 LBS

TARE: 34100 LBS

NET: 47700 LBS = 23.85 TONS

TONS DUMPED TODAY: 125.04

0002339 REMARKS _____ SIGN _____

#12 5 (47)

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39355

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Ansett Lufthansa Inc 189 Tonawanda St. E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Tonawanda ST. (No.) (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 854-6666

Waste Stream Identification: PCB Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/17/93 Signature: [signature] FSI Rep (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Frank's Vacuum Truck Service

ADDRESS: 4500 Royal ave Niagara Falls N.Y.

Pick-up Date: 11-17-93 Truck No. 20 Vehicle Lic. No. PA 26715

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: Joe Vellano Driver Date: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-17-93 Total Tons: 17.03 Other (Specify): _____

Signature of authorized agent and title: [signature]

White - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

587985
DATE: 11/17/93
TIME: 11:25-11:50

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: 20 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL
100	34060

GROSS: 68440 LBS

TARE: 34380 LBS

NET: 34060 LBS = 17.03 TONS

TONS DUMPED TODAY:

REMARKS

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

#11 (417)

Manifest **NO. 39356**

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) 189 Townawanda St E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Townawanda St. (No.) (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 716 854-6666

Waste Stream Identification: PCB contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/17/93 Signature: _____ (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Rohrer Trucking

ADDRESS: 3180 Rt 6 Waterford PA 16441

Pick-up Date: 11-17-93 Truck No. RG Vehicle Lic. No. PA AA-9757

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: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-17-93 Total Tons: 21.84 Other (Specify): _____

Signature of authorized agent and title: _____

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

557952
DATE: 11/17/93
TIME: 10:23-10:40

CUSTOMER: 161
W/M DOWNING -- BROKER

HAULER:

TRUCK: R6 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL
100	43600

GROSS: 80420 LBS

TARE: 36740 LBS

NET: 43680 LBS = 21.84 TONS

TONS DUMPED TODAY: 43.81

0002339 REMARKS _____ SIGN

#10 (4) (17)

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39357 16

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt Thetford Inc E.P.A. I.D. NO. _____

19/ Company Address: (Print or Type) 189 Townsend (No.) (Street) Elyria (City) OH (State) 44035 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 216 854-6666

Waste Stream Identification: PCB Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 10/12/93 Signature: [signature] ESI Rep (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) FRANK'S VACUUM TRUCK SERVICE, INC.

ADDRESS: 4500 ROYAL AVE., NIAGARA FALLS, N.Y. 14303

Pick-up Date: 17 Nov 93 Truck No. 16 Vehicle Lic. No. PA2611-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 title: Herb Dodge : DRIVER Date: 17 Nov 93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer) [signature]

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-17-93 Total Tons: 19.39 Other (Specify): _____

Signature of authorized agent and title: [signature]

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

557974
DATE: 11/17/93
TIME: 10:57-11:31

CUSTOMER: 161
W/M DOWNING -- BROKER

HAULER:

TRUCK: 16 WASTE: CON CONTAMINATED SOIL

ORIGIN	PCT	WGT/VOL
NEW YORK	100	38780

GROSS: 72640 LBS

TARE: 33860 LBS

NET: 38780 LBS = 19.39 TONS

TONS DUMPED TODAY: 84.16

REMARKS

#1

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

(3) (47)

Manifest NO. 39358

P8

Site Permit No. PA D.E.R. #100329

25

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Printf + Lefebvre PH 149 Tonawanda St. Inc. E.P.A. I.D. NO. _____

Company Address: (Print or Type) 149 (No.) Tonawanda ST. (Street) Buf (City) NY (State) 14207 (Zip Code)

Pick-up Address: Same (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 716. 854-6666

Waste Stream Identification: PCB Contaminated Soil.

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/17/93 Signature: [signature] TSI Rep (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Rohrer Trans

ADDRESS: Waterford, Pa.

Pick-up Date: 11-17-93 Truck No. R-8 Vehicle Lic. No. AB-18098

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: Dave Mann Date: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-17-93 Total Tons: 20.96 Other (Specify): _____

Signature of authorized agent and title: [signature]

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

557975
DATE: 11/17/93
TIME: 10:50-11:20

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: R8 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/YDS
100	41920

GROSS: 76800 LBS

TARE: 34880 LBS

NET: 41920 LBS = 20.96 TONS

TONS DUMPED TODAY: 64.77

000.339 REMARKS _____ STORE

#8 (47) 11-17

Manifest **NO. 39359** R3

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) 189 Tonawanda St. [illegible] E.P.A. I.D. NO. ____

Company Address: (Print or Type) 189 Tonawanda St. Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: Same
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: 716 854 6666

Waste Stream Identification: PCB Contaminated Soil
[illegible]

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22. Other (Specify): ____

Special Handling Instructions, if any: ____

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: 11/17/93 Signature: [signature] ISI REP
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Rohrer Trucking

ADDRESS: 3180 Rt. 6 Waterford Pa

Pick-up Date: 11-17-93 Truck No. R3 Vehicle Lic. No. AB02728 Pa

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] (Driver) Date: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: [illegible] Total Tons: 21.97 Other (Specify): ____

Signature of authorized agent and title: [signature]

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

557946
DATE: 11/17/93
TIME: 09:57-10:11

CUSTOMER: 161
W/M DOWNING - BROKER:

HAULER:

TRUCK: R3 WASTE: CON CONTAMINATED SOIL

ORIGIN	PCT	WGT/VOL
NEW YORK	100	43940

GROSS: 79180 LBS

TARE: 35240 LBS

NET: 43940 LBS = 21.97 TONS

TONS DUMPED TODAY: 21.97

0002339 REMARKS _____ SIGN _____

#14 (2) (47)

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39348794

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) 189 Tonawanda St Inc E.P.A. I.D. NO. Draft + late transfer

Company Address: (Print or Type) 189 Tonawanda St Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: SAME
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 854-6666

Waste Stream Identification: PCB Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify):

Special Handling Instructions, if any: Lime Trucks

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: 11/17/93 Signature: [signature] IST
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Page Etc

ADDRESS: Weedsport N.Y.

Pick-up Date: 11/17/93 Truck No. 8794 Vehicle Lic. No. PD 9655

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: Mark E Fellows Date: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-18 Total Tons: 18.88 Other (Specify):

Signature of authorized agent and title: [signature]

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

58159
/18/93
:14-09:40

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: 8794 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

NET/VOL
37760

GROSS: 70820 LBS

TARE: 33060 LBS

NET: 37760 LBS = 18.88 TONS

TONS DUMPED TO

0002339 REMARKS

SIGN

LAKE VIEW LANDFILL ID:814-825-4338 NOV 29'93 9:15 No.002 P.20

#18 11-14 (1) (47)

Manifest NO. 39349 DE

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-6568
FAX 814/825-4588 - Lab

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) DRAFT + HOTCHKISS 189 Tonawanda St, Inc E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 (No.) Tonawanda (Street) st Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 854-6666

Waste Stream Identification: PCB Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): Line Truck

Special Handling Instructions, if any: _____

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: 11/17/93 Signature: [signature] (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) ROBERT TRANS.

ADDRESS: WATERFORD, PA.

Pick-up Date: 11-17-93 Truck No. R-8 Vehicle Lic. No. AB-4858

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: 11-17-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: _____ Total Tons: 21.64 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

556127

DATE: 11/18/93

TIME: 07:35-07:5..

CUSTOMER: 161
W/M DOWNING - BROKER

HAULER:

TRUCK: RB WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	UGT/YD
100	43.28

GROSS: 78300 LBS

TARE: 35020 LBS

NET: 43280 LBS = 21.64 TONS

TONS DUMPED TODAY: 21.64

0000339 REMARKS _____ SIGN

#20 — (1) (47) 11-19

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39347

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION Pratt & Lechworth

1. Generator of Waste (must be filled in by producer) ~~189 Tonawanda St Erie~~ E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 (No.) Tonawanda St (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854-6666

Waste Stream Identification: PCB contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/18/93 Signature: [signature] ISI (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) [signature]

ADDRESS: 3180 Rt 6 Waterford Pa

Pick-up Date: 11-18-93 Truck No. R3 Vehicle Lic. No. AB02728 Pa

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] (Driver) Date: 11-18-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-19-93 Total Tons: 22.61 Other (Specify): _____

Signature of authorized agent and title: [signature]

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

550404
DATE: 11/19/93
TIME: 08:01-08:30

CUSTOMER: 161
W/M DOWNING - BROKER - ISI

HAULER:

TRUCK: R8 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	MGT/YDS
100	45.52

GROSS: 80020 LBS

TARE: 34500 LBS

NET: 45520 LBS = 22.76 TONS

TONS DUMPED TODAY: 45.37

00002339 REMARKS

SIGN

#23

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest **NO. 39362** 94C

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt & Letchworth E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Tonawanda st Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: GAMC
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854-6664

Waste Stream Identification: P.C.B Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Line truck

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: 11/19/93 Signature: _____ TSL
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Parisi Trucking

ADDRESS: 3649 River Rd.

Pick-up Date: 11-19-93 Truck No. 140 Vehicle Lic. No. PB7142 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: Ronald Zollinski Date: 11-19-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-19-93 Total Tons: ~~22~~ 21.61 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

560552
DATE: 11/19/93
TIME: 12:56-12:56

CUSTOMER: 161
W/M DOWNING - BROKER - ISI

HAULER:

TRUCK: 140 WASTE: CON CONTAMINATED SOIL

ORIGIN	PCT	WGT/VOL
NEW YORK	100	43220

GROSS: 80560 LBS

TARE: 37340 LBS

NET: 43220 LBS = 21.61 TONS

TONS DUMPED TODAY: 130.19

0002339 REMARKS _____ SIGN

Exp #140

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

#24 (3) (47)

Manifest **NO. 39363**

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt + Letchworth E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Tonawanda St Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: SAME
(No.) (Street) (City) (State) (Zip Code)

$

Telephone Number: 854-6666

Waste Stream Identification: P.C.B. Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Line truck

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: 11/19/93 Signature: _____ (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Parisi Trucking

ADDRESS: 3649 River Rd

Pick-up Date: 11-19-93 Truck No. 123 Vehicle Lic. No. PA9962

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: 11/19/93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-19-93 Total Tons: 19.22 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!

558473
DATE: 11/19/93
TIME: 10:33-11:01

CUSTOMER: 161
U/M DUMPING -- BROKER - ISI

HAULER:

TRUCK: 123 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

	PCT	WGT/VOL
	100	38440

GROSS: 74120 LBS

TARE: 35680 LBS

NET: 38440 LBS = 19.22 TONS

TONS DUMPED TODAY: 85.09

0002370 REMARKS SIGN

Lake ... Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8581
FAX 814/825-4588 - Lab

Manifest NO. 39364

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt + Letchworth P.A. I.D. NO. _____

Company Address: (Print or Type) 184 Tonawanda St (No.) (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854-66066

Waste Stream Identification: P.C.B Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: blue truck

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: 11/19/93 Signature: _____ ESE (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) PARISO

ADDRESS: 3649 River rd

Pick-up Date: 11-19-93 Truck No. 148 Vehicle Lic. No. PP90994

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: 11-19-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-19-93 Total Tons: 21.70 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!

558633
DATE: 11/19/93
TIME: 16:17-16:30

CUSTOMER: 161
W/M DEWITT - BROKER - TSI

HAULER:

TRUCK: 410 WASTE: CON CONTAMINATED SOIL

ORIGIN	PCT	WGT/VOL
NEW YORK	100	43400

GROSS: 80280 LBS

TARE: 36880 LBS

NET: 43400 LBS = 21.70 TONS

TONS DUMPED TODAY: 151.89

0002339 REMARKS _____ SIGN _____

#26 #47

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39365

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Bethlehem Steel E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Tonawanda Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

10

Pick-up Address: ! Same
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854-6666

Waste Stream Identification: P.C.B Contaminated soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, If any: blue tuck

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: 11/20/93 Signature: [signature] (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Parise

ADDRESS: 3649 River rd

Pick-up Date: 11/20/93 Truck No. 135 Vehicle Lic. No. PB7139

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: 11-20-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-20-93 Total Tons: 19.86 Other (Specify): _____

Signature of authorized agent and title: [signature]

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

558722
DATE: 11/20/93
TIME: 11:24-11:38

CUSTOMER: 161
W/M DOWNING - BROKER - ISI

HAULER:

TRUCK: 135 WASTE: CON CONTAMINATED SOIL

ORIGIN	PCT	WGT/VOL
NEW YORK	100	39720

GROSS: 74480 LBS

TARE: 34760 LBS

NET: 39720 LBS = 19.86 TONS

TONS DUMPED TODAY: 19.86

0000233 REMARKS _____ SIGN _____

#27 #1 Manifest NO. 39366 115

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) [illegible] E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 (No.) [illegible] (Street) [illegible] (City) [illegible] (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854-6666

Waste Stream Identification: P.C.B Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Lime stock

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: 11/20/93 Signature: [signature] (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Parisa

ADDRESS: 3649 River Rd

Pick-up Date: 11/20/93 Truck No. 115 Vehicle Lic. No. PA 9961

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: 11-20-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-20-93 Total Tons: 20.53 Other (Specify): _____

Signature of authorized agent and title: [signature]

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

5567C4
DATE: 11/20/93
TIME: 11:26-11:39

CUSTOMER: 161
W/M DOWNING - BROKER - ISI

HAULER:

TRUCK: 115 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	NET YDS
100	41060

GROSS: 79680 LBS

TARE: 38620 LBS

NET: 41060 LBS = 20.53 TONS

TONS DUMPED TODAY:

0002339 REMARKS

SIGN

#47

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest **NO. 39367**

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Ann # Nicholson St E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 Townsend Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: SAME
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854-6666

Waste Stream Identification: P.C.B Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, If any: _____

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: 11/20/93 Signature: _____
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Parisi

ADDRESS: 3649 River rd

Pick-up Date: 11/20/93 Truck No. 123 Vehicle Lic. No. PA9962

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: Dale Hoosier (EMPT) Date: 11-20-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-20-93 Total Tons: 29.06 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!

550725
DATE: 11/20/93
TIME: 11:51-11:49

CUSTOMER: 161
W/M DOWNING - BROKER - ISI

HAULER:

TRUCK: 123 WASTE: CON CONTAMINATED SOIL

ORIGIN	PCT	WEIGHT
NEW YORK	100	58120

GROSS: 93860 LBS

TARE: 35740 LBS

NET 58120 LBS = 29.06 TONS

TONS DUMPED TODAY:

REMARKS: Truck # 123

#29 #41

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39368

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Penn State Pipeline E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 (No.) Tonawanda (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854-6666

Waste Stream Identification: P.C.B. Contam Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Line truck

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: 11/20/93 Signature: K. Kelly (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Parisa

ADDRESS: 3649 River rd

Pick-up Date: 11/20/93 Truck No. 140 Vehicle Lic. No. PB7742

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: Joseph Gilson Date: 11-20-93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-20-93 Total Tons: 26.73 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

50[illegible]25

DATE: 11/20/93

TIME: 11:[illegible]-11:00

CUSTOMER: 161
W/M DOWNINS -- BROKER -- ISI

HAULER:

TRUCK: 140 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT [illegible]/VOL
100 [illegible]

GROSS: 90980 LBS

TARE: [illegible]7320 LBS

[illegible] 53460 LBS = 26.73 TONS

TONS DUMPED TODAY: [illegible]

[illegible] IN [illegible]

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest **NO.** 36927

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) 189 Tonawanda St, Inc Pratt-Lathrop E.P.A. I.D. NO. _____

Company Address: (Print or Type) 189 (No.) Tonawanda St (Street) Buffalo (City) NY (State) 14203 (Zip Code)

Pick-up Address: Same (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 681-3575

Waste Stream Identification: PCB - Contaminated Soils + Debris.

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 15 Other (Specify): _____

Special Handling Instructions, if any: Line Rolloff

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: 11/19/93 Signature: _____ (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Waste Mgt of NY - Downing

ADDRESS: 191 Ganson St Buffalo, NY 14203

Pick-up Date: 11.22.93 Truck No. 476 Vehicle Lic. No. _____

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: Michael Donavan Date: 11.22.93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-22-93 Total Tons: 16.07 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

T 5568622
DATE: 11/22/93
TIME: 10:23-10:38

CUSTOMER: SCA
N-M DRUMMING CONTAINER

HAULER:

TRUCK: 4.6 WASTE: CON CONTAMINATED SOIL

	ORIGIN	PCT	WGT/VOL
	NEW YORK	100	32140

GROSS: 68180 LBS

TARE: 36040 LBS

NET: 32140 LBS = 16.07 TONS

260.33

TONS DUMPED TODAY: 18.50

Manifest NO. 36929

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-6588
FAX 814/825-4588 - Lab

(17)

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) _____ E.P.A. I.D. NO. _____

Company Address: (Print or Type) _____ (No.) _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Pick-up Address: _____ (No.) _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Telephone Number: _____

Waste Stream Identification: _____

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: _____ Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/19/93 Signature: _____ (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) WMI) NY (Dunkirk

ADDRESS: 141 CANDEN ST BUFFALO NY 14203

Pick-up Date: 11.23.93 Truck No. 476 Vehicle Lic. No. PD8469

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: Michael D'Amore DRIVER Date: 11.23.93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-23-93 Total Tons: 16.52 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

HAVE A NICE THANKSGIVING!!

559112
DATE: 11/23/93
TIME: 11:33-11:45

CUSTOMER: 529
W/M-DOWNING CONTAINER

HAULER:

TRUCK: 476 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL
100	33040

GROSS: 69100 LBS

TARE: 36060 LBS

NET: 33040 LBS = 16.52 TONS

267.62

TONS DUMPED TODAY: 22.94

0000883 REMARKS DRAFT + LETCHWORTH SIGN MIKE

Manifest NO. 36928

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

(47) 1 of 1

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) [illegible] E.P.A. I.D. NO. _____

Company Address: (Print or Type) [illegible] (No.) (Street) (City) (State) (Zip Code)

2 Pick-up Address: [illegible] (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 631 3525

Waste Stream Identification: PCB - Contaminated Soils - 50 cu.

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 15 Other (Specify): _____

Special Handling Instructions, if any: [illegible]

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: 11/23/93 Signature: [illegible] (President)
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) WMI/NY/Dawson

ADDRESS: 191 Gansen St Tonawanda NY 14203

Pick-up Date: 11.26.93 Truck No. 476 Vehicle Lic. No. PD8469

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: Michael Donovan (DRR) Date: 11.26.93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11-26-93 Total Tons: 14.09 Other (Specify): _____

Signature of authorized agent and title: [illegible]

LAKE VIEW LANDFILL

559633
DATE: 11/29/93
TIME: 08:46-08:56

CUSTOMER: 161
W/M DOWNING - BROKER - ISI

HAULER:

TRUCK: 477 WASTE: CON CONTAMINATED SOIL

ORIGIN:
NEW YORK

PCT	WGT/VOL
100	29960

GROSS: 65920 LBS

TARE: 35960 LBS

NET: 29960 LBS = 14.98 TONS

TONS DUMPED TODAY: 26.01

02339 REMARKS ISI SIGN MS

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest **NO. 36930**

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) _____ E.P.A. I.D. NO. _____

Company Address: (Print or Type) _____ (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: _____ (No.) (Street) (City) (State) (Zip Code)

Telephone Number: _____

Waste Stream Identification: _____

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: _____ Other (Specify): _____

Special Handling Instructions, If any: _____

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: 11/19/93 Signature: _____ (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) _____

ADDRESS: _____

Pick-up Date: 11-27-93 Truck No. 477 Vehicle Lic. No. PP-7638

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: _____

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) **Lake View Landfill**

Site Location: **851 Robison Road East, Erie, Pennsylvania 16509**

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

Disposal Date: 11-26-93 Total Tons: 11.03 Other (Specify): _____

LAKE VIEW LANDFILL

No. # 559625
DATE: 11/26/93
TIME: 08:30-08:32

CUSTOMER: 161
W/M DOWNING - BROKER - ISI

HAULER:

TRUCK: 477 WASTE: CON CONTAMINATED SOIL

ORIGIN	PCT	WGT/VOL
NEW YORK	100	22060

GROSS: 57580 LBS

TARE: 35520 LBS

NET: 22060 LBS = 11.03 TONS

TONS DUMPED TODAY: 11.03

0002339 REMARKS _____ SIGN _____

Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST = 34931

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) [illegible] E.P.A. I.D. NO. [illegible]

Company Address: (Print or Type) [illegible] (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: Same (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 681-3535

Waste Stream Identification: [illegible]

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 15 Other (Specify): [illegible]

Special Handling Instructions, if any: [illegible]

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: 11/24/93 Signature: [illegible] (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) [illegible]

ADDRESS [illegible]

Pick-up Date: [illegible] Truck No. 472 Vehicle Lic. No. [illegible]

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: [illegible] Date: [illegible]

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11/29/93 Total Tons: 12.50 Other (Specify): [illegible]

Signature of authorized agent and title: [illegible]

White & Canary - Landfill Pink - Hauler Golden Rod - Generator

LAKE VIEW LANDFILL

\# 059946
DATE: 11/29/93
TIME: 11:04-11:06

CUSTOMER: 529
W/H-DOWNING CONTAINER

HAULER:

TRUCK: 477 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL
100	25000

GROSS: 50520 LBS

TARE: 25520 LBS

NET: 25000 LBS = 12.50 TONS

202.50

TONS DUMPED TODAY: 64.07

0000683 REMARKS _______________ SIGN _______________

ST MARYS

St Marys Cement Co.

\# 2026

24 NOV 93 12:46
05774G IL G

11/5/93

389 Ganson Street
Buffalo, N.Y. 14203

TO ORDER: 1-800-443-2759
1-800-HI-EARLY
Outside N.Y. call collect (716) 854-1222

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 39155

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) _____ E.P.A. I.D. NO. _____

Company Address: (Print or Type) _____
(No.) (Street) (City) (State) (Zip Code)

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: _____

Waste Stream Identification: _____

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: _____ Other (Specify): _____

Special Handling Instructions, if any: _____

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: 11/24/93 Signature: _____
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) _____

ADDRESS: _____

Pick-up Date: 11/30 Truck No. 182 Vehicle Lic. No. _____

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: 11/30/93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 11/30/93 Total Tons: 15.25 Other (Specify): _____

Signature of authorized agent and title: _____

St Marys Cement Co.

ST MARYS

#20111

24 NOV 93 10:20

064780 16 6

389 Ganson Street
Buffalo, N.Y. 14203

TO ORDER: 1-800-443-2759
1-800-HI-EARLY

Outside N.Y. call collect (716) 854-1222

560203
DATE: 11/30/93
TIME: 12:17-12:32

PCT WGT/VOL
100 30500

247.05

LAKE VIEW LANDFILL

CUSTOMER: 529
W/M-DOWNING CONTAINER

HAULER:

TRUCK: 477

WASTE CON CONTAINER

GROSS: 66760 LBS

TARE: 36260 LBS

NET: 30500 LBS = 15.25 TONS

TONS DUMPED TODAY: 34.76

00883 REMARKS

SIGN

#30 (47) 34

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 - Lab

Manifest NO. 27 39369

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt + Lambert P.A. I.D. NO. _____

Company Address: (Print or Type) 189 (No.) Tonawanda (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854 6666

Waste Stream Identification: P.C.B. soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Haul truck

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: 12/16/93 Signature: _____ (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) Frank's Vacuum Truck Service

ADDRESS: 4500 Royal avenue Niagara Falls NY 14303

Pick-up Date: 12 16 93 Truck No. 27 Vehicle Lic. No. 803431

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: Clarence Clark Date: 12 16 93

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 12-16-93 Total Tons: 19.96 Other (Specify): _____

Signature of authorized agent and title: _____

WM OF NY DOWNING
01 718 853 6110

03/17/94 17:27

36

36

LAKE VIEW LANDFILL

MERRY CHRISTMAS AND HAPPY NEW YEAR!!

563311
DATE: 12/16/93
TIME: 13:14-13:3[illegible]

CUSTOMER: 605
WM/DOWNING BROKER DEC

HAULER:

TRUCK: 27 WASTE: CON CONTAMINATED SOIL

ORIGIN:
NEW YORK

	PCT	WGT/VOL
	100	39920

GROSS: 74380 LBS

TARE: 34460 LBS

NET: 39920 LBS 19.96 TONS

383.35

TONS DUMPED TODAY: 19.96

0003424 REMARKS: $1.00

7+51 #47 ISS

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588
FAX 814/825-4588 · Lab

Manifest No. 39370

Site Permit No. PA D.E.R. #100329

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Buffalo Color Corp. E.P.A. I.D. NO. _____

Company Address: (Print or Type) 159 (No.) Tonawanda (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Pick-up Address: SAME (No.) (Street) (City) (State) (Zip Code)

Telephone Number: 854-6666

Waste Stream Identification: P.C.B. Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Other (Specify): _____

Special Handling Instructions, if any: Wire Tarp

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: 1/6/94 Signature: _____ (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) FRANKS VACUME

ADDRESS: 4500 Royal Ave N. Falls NY 14303

Pick-up Date: 1/6/94 Truck No.: Hy 20201D Vehicle Lic. No. PB2411

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: David F. Chiccone Date: _____

DISPOSAL SITE INFORMATION

3. Disposer of Waste (must be filled in by disposer)

Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 1-6-94 Total Tons: 16.92 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

LANDFILL SPEED LIMIT IS 15 MPH

566002

DATE: 01/06/94

TIME: 15:17-16:04

CUSTOMER: 161
W/M DOWNING - BROKER - 161

HAULER:

TRUCK: 16 WASTE: CON CONTAMINATED SOIL

ORIGIN:
NEW YORK

		PCT	WGT/VOL
GROSS:	67770 LBS	100	33850
TARE:	33920 LBS		
NET:	33850 LBS = 16.92 TONS		

TONS DUMPED TODAY: 16.92

ØØØ2339 REMARKS

SIGN: D. Chiarone

135

Lake View Landfill
851 Robison Road
Erie, PA 16509
(814) 825-8588
(800) 294-3455
Office Fax: (814) 825-4338
Lab Fax: (814) 825-4588

PA D.E.R. Site Permit No. 100329

Landfill Use Only
41 42 43 44 (47) 48 55 ___

Bill to (Must be Filled in by Generator):
Dow Jones IJ
5 TO

Manifest NO. 44842

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt Industries E.P.A. I.D. NO.

Company Address: (Print or Type) (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: 189 Tonawanda St Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 684-3525

Waste Stream Identification: Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations.

Est. Tons: 22 Special Handling Instructions, if any:

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: 2/22/94 Signature: K. Kline
(Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) US Bulk

ADDRESS:

Pick-up Date: 2/22/94 Truck No. 1955 Vehicle Lic. No. ABO5752 PA

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: Daniel P. Pill, Driver Date: 2/22/94

DISPOSAL SITE INFORMATION

3. Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 2-22-94 Total Tons: 22.83 Other (Specify):

Signature of authorized agent and title: Mike Hall

LAKE VIEW LANDFILL

LANDFILL SPEED LIMIT IS 15 MPH

572054
DATE: 03/22/94
TIME: 13:00-14:21

CUSTOMER: 161
W/M DOWNING BROKER - 151

HAULER:

TRUCK: 155 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PLT	NET/VOL
100	45660

GROSS: 80140 LBS

TARE: 34480 LBS

NET: 45660 LBS = 22.83 TONS

TONS DUMPED TODAY: 52.07

0002339 REMARKS

SIGN:

Lake View Landfill
851 Robison Road
Erie, PA 16509
(814) 825-8588
(800) 394-3455
Office Fax: (814) 825-4338
Lab Fax: (814) 825-4588

Landfill Use Only
41 42 43 44 47 48 55

Bill to (Must be Filled in by Generator):

PA D.E.R. Site Permit No. 100329

Manifest NO. 44843

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt-Lehigh E.P.A. I.D. NO.

Company Address: (Print or Type) (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: 189 Tonawanda st Buffalo NY 14207
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 681-3535

Waste Stream Identification: Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Special Handling Instructions, if any:

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: 2/22/94 Signature: (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) US Bulk Transport

ADDRESS: Fairview PA

Pick-up Date 2-22-94 Truck No. 143 Vehicle Lic. No. 33270 (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: Date: 2-22-94

DISPOSAL SITE INFORMATION

3. Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 2-22-94 Total Tons: 19.55 Other (Specify):

Signature of authorized agent and title:

LAKE VIEW LANDFILL

LANDFILL SPEED LIMIT IS 15 MPH

R 572052
DATE: 02/22/94
TIME: 12:57-13:30

CUSTOMER: 161
W/M DOWNING BROKER 161

HAULER:

TRUCK: 123 WASTE1 CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT	WGT/VOL
100	39100

GROSS: 72280 LBS

TARE: 33180 LBS

NET: 39100 LBS = 19.55 TONS

TONS DUMPED TODAY: 33.15

00002339 REMARKS _____ Fred

Lake View Landfill
851 Robison Road
Erie, PA 16509
(814) 825-8588
(800) 394-5455
Office Fax: (814) 825-4338
Lab Fax: (814) 825-4588
PA D.E.R. Site Permit No. 100329

Landfill Use Only
41 42 43 44 47 48 55

Bill to (Must be Filled in by Generator):

Manifest NO. 44844

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Ruth Lidworth E.P.A. I.D. NO.

Company Address: (Print or Type) (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: 189 Tonawanda St Buffalo, NY (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 681-3535

Waste Stream Identification: Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Special Handling Instructions, if any:

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: 2/22/94 Signature: (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) US BULK TRANSPORT, INC.

ADDRESS: 6286 SterrettaniA RD FAIRVIEW PA. 16415

Pick-up Date: 2-22-94 Truck No. 156 Vehicle Lic. No. JV68173

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: Walter G. Conley DRIVER Date: 2-22-94

DISPOSAL SITE INFORMATION

3. Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 2-22-94 Total Tons: 19.69 Other (Specify):

Signature of authorized agent and title:

LAKE VIEW LANDFILL

LANDFILL SPEED LIMIT IS 15 MPH

57033
DATE: 02/22/99
TIME: 12:56:13:29

CUSTOMER: 161
W/N DOWNING -- BROKER -- 151

HAULER:

TRUCK: 156 WASTE WCON CONTAMINATED SOIL

ORIGIN
NEW YORK

	PCT	WST/VOL
	100	SP/WSW

GROSS: 73460 LBS

TARE: 34080 LBS

NET: 39380 LBS = 19.69 TONS

TONS DUMPED TODAY: 19.69

0002339 REMARKS _____ SIGN _____

Lake View Landfill
851 Robison Road
Erie, PA 16509
(814) 825-8588
(800) 394-3455
Office Fax: (814) 825-4338
Lab Fax: (814) 825-4585
PA D.E.R. Site Permit No. 100329

Landfill Use Only:
41 42 43 44 47 48 55

Bill to (Must be Filled in by Generator):

Manifest NO. 14845

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Ft. Edward E.P.A. I.D. NO. _____

Company Address: (Print or Type) _____ (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: 189 Townsend St Buffalo NY 14207 (No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 681-3535

Waste Stream Identification: Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Special Handling Instructions, If any: _____

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: 2/22/94 Signature: _____ (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) US Bulk Transport

ADDRESS: Erie, PA

Pick-up Date: 2/22/94 Truck No. 123 Vehicle Lic. No. PD 68600

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: _____ owner Date: 2-22-94

DISPOSAL SITE INFORMATION

3. Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 2-23-94 Total Tons: 23.29 Other (Specify): _____

Signature of authorized agent and title: _____

LAKE VIEW LANDFILL

LANDFILL SPEED LIMIT IS 15 MPH

57217

DATE: 02/23/94
TIME: 07:37-07:50

CUSTOMER: 161
W/M DOWNING/BROKER-ISI

HAULER:

TRUCK: 123 WASTE: CON CONTAMINATED SOIL

ORIGIN:
NEW YORK

PCT	LB1/VOL
100	46580

GROSS: 80630 LBS

TARE: 34100 LBS

NET: 46580 LBS = 23.29 TONS

TONS DUMPED TODAY: 46.96

0000339 REMARKS _____ SIGN

Lake View Landfill
851 Robison Road
Erie, PA 16509
(814) 825-8588
(800) 394-3455
Office Fax: (814) 825-4338
Lab Fax: (814) 825-4588

PA D.E.R. Site Permit No. 100329

Landfill Use Only:
41 42 43 44 (47) 48 55

Bill to (Must be Filled in by Generator):

Manifest NO. 44345

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt + Letchworth E.P.A. I.D. NO.

Company Address: (Print or Type) (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: 189 Tonawanda st (No.) (Street) Buffalo (City) NY (State) 14207 (Zip Code)

Telephone Number: (716) 681-3535

Waste Stream Identification: Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations.

Est. Tons: 22 Special Handling Instructions, if any:

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: 2-22-94 Signature: (Name and title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) US Rail

ADDRESS:

Pick-up Date: 2-22-94 Truck No. 155 Vehicle Lic. No. A805252 PA

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: Mitchell PPM, Driver Date: 2-22-94

DISPOSAL SITE INFORMATION

3. Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 2-23-94 Total Tons: 22.37 Other (Specify):

Signature of authorized agent and title:

LAKE VIEW LANDFILL

LANDFILL SPEED LIMIT 16 15 MPH

57618

DATE: 06/23/94
TIME: 07:38-07:55

CUSTOMER: 151
W/M DOWNING/BROKER-1ST

HAULER:

TRUCK: 155

WASTE CON CONTAMINATED SOIL

ORIGIN
NEW YORK

PCT 100

WGT/VOL 44560

GROSS: 79220 LBS

TARE: 34560 LBS

NET: 44660 LBS = 22.33 TONS

TONS DUMPED TODAY:

0002339 REMARKS

DRIVER

96

Lake View Landfill

851 Robison Road
Erie, PA 16509
(814) 825-8588
(800) 394-3455
Office Fax: (814) 825-4338
Lab Fax: (814) 825-4588

PA D.E.R. Site Permit No. 100329

Landfill Use Only:
41 42 43 44 (47) 48 55

Bill to (Must be Filled in by Generator):

Manifest NO. 44847

NON-HAZARDOUS RESIDUAL WASTE MANIFEST

GENERATOR INFORMATION

1. Generator of Waste (must be filled in by producer) Pratt + Lethworth E.P.A. I.D. NO.

Company Address: (Print or Type) (No.) (Street) (City) (State) (Zip Code)

Pick-up Address: 189 Tonawanda St Buffalo, NY 14207
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: (716) 681-3535

Waste Stream Identification: Contaminated Soil

This manifest represents a non-hazardous waste as per E.P.A. and PA D.E.R. regulations

Est. Tons: 22 Special Handling Instructions, if any:

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: 2-22-94 Signature: (Name and Title)

TRANSPORTATION INFORMATION

2. Hauler of Waste (must be filled in by hauler) US BULK TRANSPORT, INC.

ADDRESS: 6286 STERRETTANIA RD. FAIRVIEW PA. 16415

Pick-up Date: 2-22-94 Truck No. 136 Vehicle Lic. No. TV68173 PA

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: Wesley L. Culp OWNER OPER. Date: 2-22-94

DISPOSAL SITE INFORMATION

3. Company Name: (Print or Type) Lake View Landfill

Site Location: 851 Robison Road East, Erie, Pennsylvania 16509

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

Disposal Date: 2-23-94 Total Tons: 23.67 Other (Specify):

Signature of authorized agent and title:

LAKE VIEW LANDFILL

LANDFILL SPEED LIMIT 15 15 MPH

57216

DATE: 02/23/94

TIME: 07:36 07:57

CUSTOMER: 161
W/M DOWNING/BROKER-1ST

HAULER:

TRUCK: 156 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

		YCY	WGT/VOL
		100	47340

GROSS: 82760 LBS

TARE: 35420 LBS

NET: 47340 LBS = 23.67 TONS

TONS DUMPED TODAY: 23.67

0002339 REMARKS _____ SIGN Evelyn Carlson

FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

NYDEC #9A-332
EPA ID# NYD982792814

24556

DATE 2/22/94

PICK UP	DELIVERY
NAME PRATT & LETCHWORTH	NAME LAKEVIEW LANDFILL
STREET 189 TONAWANDA STREET	STREET 851 ROBISON ROAD
CITY BUFFALO STATE NY ZIP CODE	CITY ERIE STATE PA ZIP CODE
CONTACT NAME	CONTACT NAME
SCHEDULED TIME 02/22/94	SCHEDULED TIME 02/23/94 8:00 AM
ADDITIONAL INFORMATION	ADDITIONAL INFORMATION

THIRD PARTY

CONSIGNEE

CUSTOMER P.O. NO.	WORK ORDER NUMBER	MANIFEST NUMBER	BILLING REFERENCE
	24556	NOV	WM209
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
5590	24	203-D	Frank Wasik

NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR	CUSTOMER CODE
			Contaminated Soil	
			P.C.B. NON-HAZ-	
			LESS THAN 50 PPM	
			25.17 tons	

TYPE (CIRCLE ONE)	PLACARDS PROVIDED OR AFFIXED		WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	CHECK SHIPPING PAPER FOR PROPER EMERGENCY RESPONSE GUIDE NUMBER
TANK (S/S) (R/L)				
VAC	SHIPPER'S CHECK LIST			
DUMP	DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS		
VAN	PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING		
ROLL-OFF				
FLATBED				

PICK UP

ARRIVAL DATE 2-22-94

ARRIVAL TIME 4 — AM PM RELEASE TIME 6 AM PM

TRAILER EMPTY UPON ARRIVAL ☐ YES ☐ NO
(If not, explain below)

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) _____

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and

DELIVERY

DRIVER Jeff Villeneuve DATE 2-23-94

ARRIVAL TIME 12:30 AM RELEASE TIME 3:00 PM

TRAILER EMPTY UPON DEPARTURE ☒ YES ☐ NO
(If not, explain below)

COMMENTS: (EXPLAIN ALL DELAYS) _____

Wait load + paperwork

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE IN-

MAR-04-1994 11:39 FROM FRANK'S VACUUM TRUCK SVC TO 18148254588 P.03

LAKE VIEW LANDFILL

LANDFILL SPEED LIMIT IS 15 MPH

572269
DATE: 02/23/94
TIME: 14:31-14:47

CUSTOMER: 161
W/M DOWNING/BROKER-ISI

HAULER:

TRUCK: 20 WASTE: CON CONTAMINATED SOIL

ORIGIN
NEW YORK

		PCT	WGT/VOL
GROSS:	84600 LBS	100	50340
TARE:	34260 LBS		
NET:	50340 LBS = 25.17 TONS		

TONS DUMPED TODAY: 94.46

0002339 REMARKS _____ SIGN Robert Garner

Section H

Hazardous Waste Manifests

DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

28378-1 CWM

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No.: NYD092938286 | 001 CM

2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
PRATT & LECHWORTH CORP.
189 TONAWANDA STREET
BUFFALO NY 14201
4. Generator's Phone (716) 681-3535

A. State Manifest Document No.: NY B 6491232

B. Generator's ID: SAME

5. Transporter 1 (Company Name) | 6. US EPA ID Number: NYD092026891
CHEMICAL WASTE MANAGEMENT, INC.

C. State Transporter's ID: NY PA 5310

D. Transporter's Phone: 716 879-0600

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 | 10. US EPA ID Number: NYD049836579
CWM CHEMICAL SERVICES, INC.
1550 BALMER RD.
MODEL CITY NY 14107

G. State Facility's ID

H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
GENERATOR a. RQ, Environmentally Hazardous Substance, Solid, N.O.S., 9, UN3077, III (POLYCHLORINATED BIPHENYLS)	001	CM	EST 8.06 Tons		EPA STATE 9007
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials Listed Above
a. Soil contaminated w/ PCB's
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. L
b.
c.
d.

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713 RQ, 9, III ERG #31
Profile # BB9457
Service Request # Accumulation Start Date: 9-13-93

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 and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Mo.	Day	Year
Charles T. Titus		09	13	93

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
MARTIN SAFFORD		09	13	93

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space
731 K

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	Mo.	Day	Year
		09	14	93

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 7—Transporter Copy—retained by transporter

INT D 04U1737

Transporter Log

CWM Chemical Services, Inc.
Model City, NY

59300 LB 6 2
13:31
09/14/93
43180 LB 6 1
14:44
09/14/93 16120

81404111 | BR9457 | 1 of 5
Work Order # | Profile # | Permit #

CLINT | 34665/7336/34654
Transporter Name | Trailer/Roll-off #

AMRHEIN | DRAIL
Driver's Name | Generator

Scheduled Arrival: 9-14 (Date) 12:00 (Time)

Actual Arrival: 9-14 (Date) 13:00 (Time)

Date | Time In | Time Out

Receiving: JC
Initials | Comments
1:35

☐ Leaker ☐ Permit Violation ☐ Placarding/Veh. I.D. Violation
☐ Other (specify)

☒ Bulk to Landfill ☐ No wet line ☐ Flatbed ☐ Stabilization ☐ Drums ☐ Tanker ☐ Transformers

Laboratory LD

Time In | Time Out | Initials | Comments

Stabilization

Time In | Time Out | Initials | Gross Wt. | Comments

Landfill 2:09PM | | JW | 54

Time In | Time Out | Initials | Comments

Other

Time In | Time Out | Initials | Comments

Truck Wash

Time In | Time Out | Signature (NO Initials) | Comments

Facility Personnel (please initial)

- ___ Smoking or eating in prohibited areas
- ___ Leaving truck unattended
- ___ Failure to obey instructions of facility personnel
- ___ Failure to display overweight flag
- ___ Failure to wear appropriate PPE
- ___ Improper tarping or detarpin
- ___ Unsafe driving practices
- ___ Overweight upon arrival
- ___ Other (specify)

Driver's Comments

White: Records | Green & Canary: Accts Rec. | Pink: Environmental | Goldenrod: Driver

DIVISION OF HAZARDOUS ... REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

28378-6

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NY D002103828
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
PRATT & LETCHWORTH CORP.
189 TONAWANDA STREET
BUFFALO NY 14207

4. Generator's Phone 716 681-3535

A. State Manifest Document No. NY B 6401259

B. Generator's ID SAME

5. Transporter 1 (Company Name) CHEMICAL WASTE MANAGEMENT, INC.
6. US EPA ID Number ILD099202681

C. State Transporter's ID

D. Transporter's Phone 716 879-0600

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
CWM CHEMICAL SERVICES, INC.
1550 BALMER RD.
MODEL CITY NY 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Environmentally Hazardous Substance, Solid, N.O.S., 9, UN3077, III (POLYCHLORINATED BIPHENYLS)			[illegible]	EST	EPA / STATE B007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

10.3 Tons

J. Additional Descriptions for Materials Listed Above
a. Soil contaminated w/ PCB's
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. [illegible] b. c. d.

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713 ERG #31
Profile # BB9457
Service Request # Accumulation Start Date: 9/12/93

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 and state laws and regulations.

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Printed/Typed Name [illegible] | Signature [signature] | Mo. Day Year [illegible]

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name [illegible] WILSON | Signature [signature] | Mo. Day Year [illegible]

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name | Signature | Mo. Day Year

FACILITY

19. Discrepancy Indication Space
[illegible] 9304 [illegible]

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name [illegible] | Signature [signature] | Mo. Day Year [illegible]

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 7—Transporter Copy—retained by transporter

Transporter Log

CWM Chemical Services, Inc.
Model City, NY

66000 LB G 2
13:01
09/14/93

8140410Z B89457 1201
Work Order # Profile # Permit #

CWM/NY 314662/7159/377693
Transporter Name Trailer/Roll-off #

MARVIN PRATT
Driver's Name Generator

45400 LB G 1
14:29
09/14/93 20600
9340

Scheduled Arrival: 9-14 11:45
Date Time

Actual Arrival: 9-14 11:25
Date Time In Time Out

Receiving
105 Initials Comments

☐ Leaker ☐ Permit Violation ☐ Placarding/Veh. I.D. Violation

☐ Other (specify

☒ Bulk to Landfill ☐ No wet line ☐ Flatbed ☐ Stabilization ☐ Drums ☐ Tanker ☐ Transformers

Laboratory 1:15
Time In Time Out Initials Comments

Stabilization
Time In Time Out Initials Gross Wt. Comments

Landfill 1:17 PM MW 48
Time In Time Out Initials Comments

Other
Time In Time Out Initials Comments

Truck Wash
Time In Time Out Signature (NO Initials) Comments

Facility Personnel (please initial)

Smoking or eating in prohibited areas
Leaving truck unattended
Failure to obey instructions of facility personnel
Failure to display overweight flag
Failure to wear appropriate PPE
Improper tarping or detarpin
Unsafe driving practices
Overweight upon arrival
Other (specify)

Driver's Comments

White: Records Green & Canary: Accts Rec Pink: Environmental Goldenrod: Driver

2850 10-0

CCWM

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: N Y D 0 0 2 1 0 3 8 2 8 — 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:
PRATT & LECHWORTH CORP.
109 TONAWANDA STREET
BUFFALO NY 14201

4. Generator's Phone (716) 881-3535

A. State Manifest Document No. NY B 6401268

B. Generator's ID: SAME

5. Transporter 1 (Company Name): CHEMICAL WASTE MANAGEMENT, INC.
6. US EPA ID Number: I L D 0 0 0 6 7 2 1 2 1

C. State Transporter's ID: NY ...
D. Transporter's Phone: 716 ...

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:
CWM CHEMICAL SERVICES, INC.
1550 BALMER RD.
MODEL CITY NY 14107

10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID
H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Environmentally Hazardous Substance, Solid, N.O.S., 9,UN3077,III (POLYCHLORINATED BIPHENYLS)	001	CM	[illegible]	T	EPA; STATE B007
b. 10.04 tons					EPA; STATE
c.					EPA; STATE
d.					EPA; STATE

J. Additional Descriptions for Materials listed Above
a. Soil contaminated w/ PCB's
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713 — 6143107 — ERG #31
Profile # BB9457
Service Request # — Accumulation Start Date: 9-13-93

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 and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [signature] — Mo. Day Year

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: [illegible] — Signature: [signature] — Mo. Day Year

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space: [illegible handwriting] 01006

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 7—Transporter Copy—retained by transporter

0071040

Transporter Log
CWM Chemical Services, Inc.
Model City, NY

81404107 | BB9457 | IL015
Work Order # | Profile # | Permit #

66600 LB 6 2

CWM/[illegible] 346660/7323/ 341007
Transporter Name | Trailer/Roll-off # | TRK

13:20

46520 LB 6 1

14:32
09/14/93

[illegible] | PLATT
Driver's Name | Generator

09/14/93 20080

Scheduled Arrival: 9-14 | D25
Date | Time

9108

Actual Arrival: 9-14 | 1206
Date | Time In | Time Out

Receiving: [illegible]
123 | Initials | Comments

☐ Leaker ☐ Permit Violation ☐ Placarding/Veh. I.D. Violation

☐ Other (specify)

☑ Bulk to Landfill ☐ No wet line ☐ Flatbed ☑ Stabilization ☐ Drums ☐ Tanker ☐ Transformers

Laboratory
1:37 | [illegible]
Time In | Time Out | Initials | Comments

Stabilization
Time In | Time Out | Initials | Gross Wt | Comments

Landfill
1:52 PM | | JW | 50
Time In | Time Out | Initials | Comments

Other
Time In | Time Out | Initials | Comments

Truck Wash
Time In | Time Out | Signature (NO Initials) | Comments

Facility Personnel (please initial)

____ Smoking or eating in prohibited areas ____ Leaving truck unattended

____ Failure to obey instructions of facility personnel ____ Failure to display overweight flag

____ Failure to wear appropriate PPE ____ Improper tarping or detarpin

____ Unsafe driving practices ____ Overweight upon arrival

____ Other (specify)

Driver's Comments

White: Records Green & Canary: Accts Rec. Pink: Environmental Goldenrod: Driver

01/19/94 13:42 CWM NY TRANSPORTATION → 716 681 5665 NO.681 P2

48-14-1 (3/89)

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

59757

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD002103826 — Manifest Document No.: 00007
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: PRATT & LETCHWORTH CORP. 189 TONAWANDA STREET BUFFALO, NY 14207
4. Generator's Phone: 716 881-3535

A. State Manifest Document No.: NY B 6393168

B. Generator's ID

5. Transporter 1 (Company Name): CHEMICAL WASTE MANAGEMENT, INC.
6. US EPA ID Number: ILD000420063
7. Transporter 2 (Company Name)
8. US EPA ID Number

C. State Transporter's ID: NY8643LZ

D. Transporter's Phone: 716 879-0600

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: CWM CHEMICAL SERVICES, INC. 1550 BALMER RD. MODEL CITY NY 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S., 9, UN3077, III (polychlorinated biphenyls)	001	CM	EST. KK 13200	K	EPA / STATE B007
b. 20.34 tons					EPA / STATE
c. ENTERED					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials Listed Above: a. PCB contaminated soil

K. Handling Codes for Wastes Listed Above: a. L

15. Special Handling Instructions and Additional Information: SR# 59757-1
CWM Emergency Response information (800)765-8713 erg # 31
profile # BB9457 [illegible] 9-13-93 [illegible]

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 and state laws and regulations.

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Printed/Typed Name: Ken Keller — Signature: [illegible] for [illegible] — Mo. Day Year: 01 06 93

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: R C Carey — Signature: R.C. Carey — Mo. Day Year: 01 06 94

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space: [illegible] 18453 K

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] Villa[illegible] — Signature: [illegible] — Mo. Day Year: 01 07 94

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362

Transporter Log

CWM Chemical Services, Inc.
Model City, NY

D

86380 LB G 1
11:02
01/06/94

45700 LB G 1
14:45
01/06/94 L/0680
18452K

Work Order #	Profile #	Permit #	
81110F1	BB9457	11015	864312(NY)

Transporter Name: CWM/NY
Trailer/Rolloff #: 34658/364/341684
Driver's Name: COONEY
Generator: PRATT + LECHWORTH

Scheduled Arrival: Date 1-6 Time 10:30

Actual Arrival: Date 1-6 Time In 10:55 Time Out

Receiving: JL Initials 1157 Comments

☐ Leaker ☐ Permit Violation ☐ Placarding/Veh. I.D. Violation

☐ Other (specify)

☒ Bulk to Landfill ☐ No wet line ☐ Flatbed ☐ Stabilization ☐ Drums ☐ Tanker ☐ Transformers

	Time In	Time Out	Initials	Gross Wt.	Comments
Laboratory					
Stabilization					
Landfill	1:25 PM		JW	16	20.34 tons
Other					
Truck Wash			Signature (NO Initials)		

Facility Personnel (please initial)

_____ Smoking or eating in prohibited areas

_____ Leaving truck unattended

_____ Failure to obey instructions of facility personnel

_____ Failure to display overweight flag

_____ Failure to wear appropriate PPE

_____ Improper tarping or detarpin

_____ Unsafe driving practices

_____ Overweight upon arrival

_____ Other (specify)

Driver's Comments

White: Records Green & Canary: Accts Rec Pink: Environmental Goldenrod: Driver

Section I

Errata

Waste Management of New York-Buffalo
191 Ganson Street
Buffalo, New York 14203
716/853-6117 • 716/853-6121 • FAX: 716/853-6110

A Waste Management Company

Mr. A. Robert Elia
Pratt & Letchworth Corporation
189 Tonawanda Street
Buffalo, NY 14201

Dear Mr. Elia:

This letter is to certify that the load of soil removed on 11-19-93 was transported and disposed of on 11/26/93 by Mike Kromke not 11/27/93. This is supported by the disposal manifest and weight ticket generated. Our driver failed to sign and note the correct date on the manifest & log.

However as you can see via the log listing, weight ticket and disposal site information the load was delivered on 11/26/93. We appologize for any inconveinence and if further information is needed I can be reached at (716) 853 - 6121.

Manifest # 36930

Sincerely,

Brian R. Hanaka
Senior Account Represenative

Jack Sturm
Operations Manager

Taken and Sworn and Subscribed before me, this 18th day of March 1994

Notary State of New York
Erie County

Term Expires 2/14/96

Donald J Dwyer

ID # 01DW5023646

4Y 56

Lake View Landfill Receipt Sample Logbook

Book No. 11

Page No. 26

Sequence Number	Date	Generator	Hauler	Driver	Time In	Manifest No.	Comments	Physical Description	pH	Cyanide (ppm)	Sulfide (ppm)	Pd. Flam.	Water Mix	Rad Meter	Analyst
56	11-24-93	[illegible]	Panido	Chris	3:50	40087		Black - moist rocky soil solid / misc. debris - no odor	7.5	NP	NP	NEG	[illegible]	[illegible]	[illegible]
57	11-24	[illegible]	[illegible]	[illegible]	4:00	40088		↓	7.0	NP	NP	NEG	NEG	[illegible]	[illegible]
58	11-24	[illegible]	BMK	Conley	4:00	40089		↓	7.0	NP	NP	NEG	NEG	[illegible]	[illegible]
58	11/24	[illegible]	[illegible]	Dave	4:05	40090		↓	7.0	NP	NP	NEG	NEG	[illegible]	[illegible]
	11-26-93	Daily	QA/QC	checks				Blank / QA/QC		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5?	11-27-93	[illegible]	[illegible]	[illegible]	1:00	36930		Black - rocky frozen soil / solid / no odor	[illegible]	NP	NP	NEG	NEG	[illegible]	[illegible]
5D.?	11-27-93	[illegible]	Duplicate			36930	[illegible]	S / Dup	8.0	NP	NP	NEG	NEG	[illegible]	[illegible]
51	11-29	[illegible]	WM	[illegible]	8:50	[illegible]		Black rocky soil [illegible] solid [illegible]	7.0	NP	NP	NEG	NEG	[illegible]	[illegible]
	11-30	[illegible]	BFI	Bill	8:45	36019		office waste - [illegible] / [illegible] misc. to compactor	← count check →						[illegible]
4Y	11/29/93	PHB [illegible]	WMI	Dave	9:05	4324		[illegible] sludge [illegible] / no odor	6.5	<10	<3	NEG	NEG	[illegible]	[illegible]
	11/30/93	[illegible]	[illegible]	Mike	9:30	0705		General plant refuse	← visual OK →						[illegible]
	11-30-93	[illegible]	WM	Mike	10:00	0706		General plant refuse / to compactor	← couldn't check →						[illegible]
52	11-26-93	[illegible]	BFI	R Casey	10:30	40091		Black - moist rocky soil solid / misc. debris - no odor	7.0	NP	NP	NEG	NEG	[illegible]	[illegible]
53	[illegible]	[illegible]	BFI	[illegible]	10:45	40092		↓	7.0	NP	NP	NEG	NEG	[illegible]	[illegible]
54	11-30	[illegible]	BFI	[illegible]	11:14	10110		↓	6.5	NP	NP	NEG	NEG	[illegible]	[illegible]
	11/30/93	Grimm	WMI	[illegible]	11:00	2136		General plant refuse / to compactor	← couldn't check →						[illegible]
	11/30/93	[illegible]	SAME	SAME	11:10	2806		Non-friable asbestos load [illegible] / inspected	← Asbestos OK →						[illegible]
55	11/30	Schreck	[illegible]	[illegible]	11:30	40108		Black moist rocky soil solid / misc. debris - no odor	7.0	NP	NP	NEG	NEG	[illegible]	[illegible]

Signature [illegible] Date 11-26-93 Received By [illegible] 1-17-94

Lake View Landfill
851 Robison Road East
Erie, Pennsylvania 16509
814/825-8588

A Waste Management Company

March 4, 1994

Mr. A. Robert Elia
Pratt & Letchworth Corporation
189 Tonowanda Street
Buffalo, NY 14201

Dear Mr. Elia:

This letter is to certify that seven loads of PCB contaminated soil from your company were received by Lake View Landfill on February 22nd and 23rd of this year. The attached Lake View Landfill manifests document the receipt of the first six loads. The final load, hauled by Frank's Vacuum Truck Service, was accepted for disposal on February 23, 1994 and contained 25.17 tons of soil as documented by the attached Frank's Vacuum Trucking manifest and Lake View Landfill Disposal ticket.

Also, attached you will find copies of the pages from Lake View Landfill Laboratory's residual waste receipt logbook which documents the drivers signing in for all seven loads.

If you have any questions pertaining to this matter, please contact me at your earliest convenience.

Sincerely,

Lake View Landfill

Stephan F. Dunn
Laboratory Manager

cc: Judy Walker
file

Charles M. Derrick

Notarial Seal
Charles M. Derrick, Notary Public
Summit Twp., Erie County
My Commission Expires Aug. 18, 1997
Member, Pennsylvania Association of Notaries

3/4/94

FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2182
NYDEC #SA-332
EPA ID# NYD982792814

DATE 2/22/94

PICK UP	DELIVERY
NAME PRATT & LETCHWORTH	NAME LAKEVIEW LANDFILL
STREET 149 TONAWANDA STREET	STREET 851 ROBISON ROAD
CITY BUFFALO STATE NY ZIP CODE	CITY ERIE STATE PA ZIP CODE
CONTACT NAME	CONTACT NAME
SCHEDULED TIME 02/22/94	SCHEDULED TIME 02/23/94 8:00 AM
ADDITIONAL INFORMATION	ADDITIONAL INFORMATION

CUSTOMER P.O. NO.	SHIPPER TICKET NUMBER	MANIFEST NUMBER	BILLING REFERENCE
	24556	NOL	WM209
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
5599	24	203-D	Frank Wasik

NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTES PER 49 CFR	CUSTOMER CODE #
			Contaminated Soil P.C.B. Non-Haz- Less than 50 PPM	
			25.17 tons	

TYPE (CIRCLE ONE)	PLACARDS PROVIDED OR AFFIXED	WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	SHIPPER'S CHECK LIST DOT LABELS APPLIED AND SECURE — DOT AUTHORIZED CONTAINERS PROPER DOT NAME ON ALL PACKAGES — CHECKED FOR PROPER SEALING	CHECK SHIPPING PAPER FOR PROPER EMERGENCY RESPONSE GUIDE NUMBER

PICK UP	DELIVERY
ARRIVAL DATE 2-22-94	DRIVER Frank Wasik DATE 2-23-94
ARRIVAL TIME 4 — AM PM RELEASE TIME 6 AM PM	ARRIVAL TIME 12:30 AM PM RELEASE TIME 3:00 AM PM
TRAILER EMPTY UPON ARRIVAL ☐ YES ☐ NO (If not, explain below)	TRAILER EMPTY UPON DEPARTURE ☒ YES ☐ NO (If not, explain below)
DIP MEASUREMENT (Tankers Only) _____ INCHES	COMMENTS: (EXPLAIN ALL DELAYS) waiting + paperwork
COMMENTS: (EXPLAIN ALL DELAYS)	
CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.	I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.
X	X

03/18/94 12:58 ☎1 716 853 6110 WM OF NY DOWNING

Lake View Landfill Receipt Sample Logbook

Sequence Number	Date	Generator	Hauler	Driver	Time In	Manifest No.	
669	2-23-94	ZURN FOUNDRY	LIBERTY IRON	FREDDIE	8:50 AM	44149	
670	2-23-94	WASTE H2O	COE	NINO	9:05	44138	
671 ~~711~~ RM 2-23-94	2-23-94	CTS	S. Hon	Chuck	9:16	41418	
672	2-23-94	ZURN FOUNDRY	LIBERTY IRON	FREDDIE	9:50 AM	37488	
673	2-23	EMI	HINKLER	T.M.	9:53	42034	
674	2-23-94	CTS	S. Hon ~~A. H~~	Chuck	10:35	41419	
675	2-23	SCM Chemical	ROHRER	CTeresa	10:40	48783	
676	2-23-94	ZURN FOUNDRY	LIBERTY IRON	FREDDIE	11:42 AM	44165	
677	2-23	SCM Chem. Co	Rohrer	Ron	10:48	48784	
678	2-23	AMSCORE	CWMTF	SAm	10:50	42404	
679	2/23	Amscore	WMI	Whitt	10:50	42405	
680	2-23	SCM Chemical	Rohrer	Jeff	11:25	48785	
681	2-23-94	ZURN FOUNDRY	LIBERTY IRON	FREDDIE	11:47 AM	44186	
682	2-23	S.C.M. Chemical	Rohrer	Jason	11:46	48786	
683	2-23	EMI	HINKLER	T.M.	11:50	42035	
684	2-23	AMER Recl	WMI	MIKE K	12:15	3581	
685	2-23	Recl	WMI	MIKE K	12:15	3582	
686	2-23	Pratt+Lad	Franks	Joe V.	12:28	24556	