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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors
MAILING ADDRESS: 1415 L Street
CITY, STATE, ZIP: Sacramento CA 95814
PHONE: 916 340 3100
CONTACT PERSON: Todd Rudd
SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]
DATE: 4/14/05

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

WASTE TYPE:
- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Jim Manley Trucking
ADDRESS: P.O. Box 292547
CITY, STATE, ZIP: Sacramento CA 95829
PHONE: 916 381 6867
SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]
DATE: 4-14-05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature]
DATE:

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67330

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA. 95814

PHONE: 916 290 3100

CONTACT PERSON: Todd Rudd

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]

DATE: 4/14/05

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

WASTE TYPE:

- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.

– 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tim Manley Trucking

ADDRESS: P.O. Box 292547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 391 6869

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]

DATE: 4-14-05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
4L3044K	M. 21

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☒

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature]

DATE

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67331

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Towers

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA. 95814

PHONE: 916 340 3100

CONTACT PERSON: Todd Pulido

SIGNATURE OF AUTHORIZED AGENT / TITLE: *

DATE: 4/14/05

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

WASTE TYPE:

- ☐ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY:

TRANSPORTER: Jo Marky Trucking

ADDRESS: P.O. Box 292542

CITY, STATE, ZIP: Sacramento CA. 95829

PHONE: 916 391 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: *

DATE: 4-14-5

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
	10

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS:

FACILITY TICKET NUMBER:

SIGNATURE OF AUTHORIZED AGENT: *

DATE:

CUBIC YARDS:

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67332

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15TH & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA 95814

PHONE: 916 340 3100

CONTACT PERSON: TODD RUDD

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]

DATE: 4/14/05

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

WASTE TYPE:

- ☑ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tim Mosley Trucking

ADDRESS: PO Box 292547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]

DATE: 4/14/05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
5K65102	546

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature]

DATE: [illegible]

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67333

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA 95814

PHONE: 916 340 3100

CONTACT PERSON: Todd Budd

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]

DATE: 4/14/05

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

WASTE TYPE:
- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tim Manley Trucking

ADDRESS: P.O. Box 292547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]

DATE: 4-14-05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
	02

END DUMP	BOTTOM DUMP	TRANSFER
☒	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature]

DATE:

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67334

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: [illegible] Industrial

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA 95814

PHONE: 916 393 7100

CONTACT PERSON: TODD ROOD

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [illegible]

DATE: 4/14/05

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

WASTE TYPE:

- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY:

TRANSPORTER: Tim Mosley Trucking

ADDRESS: P.O. Box 292547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [illegible]

DATE: 4/14/05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
9A79968	5-30

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS:

FACILITY TICKET NUMBER:

SIGNATURE OF AUTHORIZED AGENT: * [illegible]

DATE: [illegible]

CUBIC YARDS:

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67335

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: [illegible] & L Trucking

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA. 95814

PHONE: 916 340 3100

CONTACT PERSON: Todd Rodd

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [illegible]

DATE: 4/14/05

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

WASTE TYPE:
- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: — 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY:

TRANSPORTER: Tim Mosby Trucking

ADDRESS: P.O. Box 292542

CITY, STATE, ZIP: Sacramento CA. 95828

PHONE: 916 381 6044

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [illegible]

DATE: 4-14

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
5W 81827	531

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS:

FACILITY TICKET NUMBER:

SIGNATURE OF AUTHORIZED AGENT: * [illegible]

DATE: 4-14

CUBIC YARDS:

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67336

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors
MAILING ADDRESS: 1415 L Street
CITY, STATE, ZIP: Sacramento CA. 95814
PHONE: 916 340 3100
CONTACT PERSON: Todd Rudd
SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]
DATE: 4/14/05

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

WASTE TYPE:
- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: - 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tim Manley Trucking
ADDRESS: P.O. Box 292547
CITY, STATE, ZIP: Sacramento CA. 95729
PHONE: 916 381 6864
SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]
DATE: 4-14-05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
4L30445	M-21

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☒

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature]
DATE: 04/14/05

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67337

☐ Keller Canyon Sanitary Landfill	☐ Ox Mountain Sanitary Landfill	☐ Newby Island Sanitary Landfill	☒ Forward Landfill
901 Bailey Road	12310 San Mateo Road	1601 Dixon Landing Road	9999 S. Austin Road
Pittsburg, CA 94565	Half Moon Bay, CA 94019	Milpitas, CA 95035	Manteca, CA 95336
Phone (925) 458-9800	Phone (650) 726-1819	Phone (408) 945-2800	Phone (209) 982-4298
Fax (925) 458-9891	Fax (350) 726-9183	Fax (408) 262-2871	Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA. 95814

PHONE: 916 340 3100

CONTACT PERSON: Todd Reed

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature] DATE: 4/14/05

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

WASTE TYPE:

- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT ☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tim Manley Trucking

ADDRESS: P.O. Box 292547

CITY, STATE, ZIP: Sacramento CA. 95829

PHONE: 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature] DATE: 4-14-05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
	MFT

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature] DATE: 4/14/05

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67338

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR 15th & L Investors

MAILING ADDRESS 1415 L Street

CITY, STATE, ZIP Sacramento CA. 95814

PHONE 916 340 3100

CONTACT PERSON TODD Rudd

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature] DATE: 4/14/05

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

WASTE TYPE:
- ☐ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY
1501 L Street

WASTE ACCEPTANCE NO.
– 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER Tim Manley Trucking

ADDRESS P.O. Box 292547

CITY, STATE, ZIP Sacramento CA 95829

PHONE 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature] DATE: 4/14/05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
	STU

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature] DATE: 4-14-5

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67339

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA. 95814

PHONE: 916 340 3100

CONTACT PERSON: TODD Rudd

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]

DATE: 4/14/05

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

WASTE TYPE:
- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Jim Manley Trucking

ADDRESS: P.O. Box 292547

CITY, STATE, ZIP: Sacramento CA. 95829

PHONE: 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]

DATE: 4/14/05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
5K60510L	5-16

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature]

DATE: [illegible]

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67340

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: [illegible] Investors

MAILING ADDRESS: 1415 L Street
Sacramento CA 95814

CITY, STATE, ZIP:

PHONE: 916 340 8100

CONTACT PERSON: Todd Rudd

SIGNATURE OF AUTHORIZED AGENT / TITLE: *

DATE: 4/19/05

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

WASTE TYPE:

- ☑ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY:

TRANSPORTER: Tim Mooney Trucking

ADDRESS: PO Box 292547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 381 6869

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: *

DATE: 4-19-05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
	02

END DUMP	BOTTOM DUMP	TRANSFER
☑	☐	☐

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

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

REMARKS:

FACILITY TICKET NUMBER:

SIGNATURE OF AUTHORIZED AGENT: *

DATE: 4/19/05

CUBIC YARDS:

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67341

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA 95814

PHONE: 916 340 3100

CONTACT PERSON: Todd Rudd

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]

DATE: 4/15/05

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

WASTE TYPE:
- ☑ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: - 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tim Manley Trucking

ADDRESS: P.O. Box 292 547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]

DATE: 4/15/05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
9A79968	S-30

END DUMP	BOTTOM DUMP	TRANSFER
☑	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature]

DATE: 4/15

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67342

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA 95814

PHONE: 916 340 9100

CONTACT PERSON: Todd Rudd

SIGNATURE OF AUTHORIZED AGENT / TITLE: *

DATE: 4/15/05

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

WASTE TYPE:

- ☑ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: – 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT

☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Jim Manley Trucking

ADDRESS: P.O. Box 292547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: *

DATE: 4/15/05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
9367289	602

END DUMP	BOTTOM DUMP	TRANSFER
☑	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: *

DATE: 4/15/05

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67343

☐ **Keller Canyon Sanitary Landfill**
901 Bailey Road
Pittsburg, CA 94565
Phone (9[illegible]) 458-9800
Fax (925[illegible]58-9891

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA 95814

PHONE: 916 340 3100

CONTACT PERSON: TODD RUDD

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]

DATE:

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

WASTE TYPE:
- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: - 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY:

TRANSPORTER: Tim Manley Trucking

ADDRESS: P.O. Box 292597

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 391 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]

DATE: 4/15/05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
9B98384	DM-1

4AX2391 TS

END DUMP	BOTTOM DUMP	TRANSFER
☒	☐	☐

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

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

REMARKS:

FACILITY TICKET NUMBER:

SIGNATURE OF AUTHORIZED AGENT: * [signature]

DATE: 4/15/05

CUBIC YARDS:

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 87345

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 15th & L Investors

MAILING ADDRESS: 1415 L Street

CITY, STATE, ZIP: Sacramento CA 95814

PHONE: 916 340 3100

CONTACT PERSON: TODD RUAD

SIGNATURE OF AUTHORIZED AGENT / TITLE: * [signature]

DATE:

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

WASTE TYPE:
- ☐ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: - 5394

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tim Manley Trucking

ADDRESS: P.O. Box 292547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 381 6864

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [signature]

DATE: 4/15/09

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
9A79968	5-30

END DUMP	BOTTOM DUMP	TRANSFER
☒	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: * [signature]

DATE:

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67346

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

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

☐ **Newby Island Sanitary Landfill**
1601 Dixon Landing Road
Milpitas, CA 95035
Phone (408) 945-2600
Fax (408) 262-2671

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: DT & L Investments

MAILING ADDRESS: 1501 L Street

CITY, STATE, ZIP: Sacramento CA 95814

PHONE: 916 340 3100

CONTACT PERSON: Todd Rudd

SIGNATURE OF AUTHORIZED AGENT / TITLE: *

DATE: 4-15-05

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

WASTE TYPE:
- ☐ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1501 L Street

WASTE ACCEPTANCE NO.: - 53914

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tom Manley Trucking

ADDRESS: PO Box 292547

CITY, STATE, ZIP: Sacramento CA 95829

PHONE: 916 381 0869

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: *

DATE: 4-15-05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
1D62989	102

END DUMP	BOTTOM DUMP	TRANSFER
☐	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: *

DATE:

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67347

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

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

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

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR: 1500 L Investors
MAILING ADDRESS: 1451 L Street
CITY, STATE, ZIP: Sacramento CA 95814
PHONE: 916 290-3100
CONTACT PERSON: Todd Rudd
SIGNATURE OF AUTHORIZED AGENT / TITLE: *
DATE: 4/5/05

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

WASTE TYPE:
- ☒ DISPOSAL
- ☐ CONSTRUCTION
- ☐ DEBRIS
- ☐ SPECIAL WASTE
- ☐ SLUDGE
- ☐ WOOD
- ☐ OTHER

GENERATING FACILITY: 1500 L Street

WASTE ACCEPTANCE NO.: - 5399

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
☐ TY-VEK ☐ OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER: Tim Manley trucking
ADDRESS: PO Box 292597
CITY, STATE, ZIP: Sacramento CA 95829
PHONE: 916 381 6564
SIGNATURE OF AUTHORIZED AGENT OR DRIVER: *
DATE: 4/5/05

NOTES:

VEHICLE LICENSE NUMBER	TRUCK NUMBER
9B98384	DM-1

END DUMP	BOTTOM DUMP	TRANSFER
☒	☐	☐

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

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT: *
DATE:

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
☐ SOIL		
☐ CONSTRUCTION DEBRIS		
☐ NON-FRIABLE ASBESTOS		
☐ WOOD		
☐ ASH		
☐ SPECIAL OTHER		

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

TRANSPORTER COPY

MANIFEST # 67348

use print or type. Form designed for use on elite (12-pitch) typewriter.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAC002585526 | Manifest Document No.: 174491 | 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
(RAMCON) 15TH & L STREET INVESTORS
1501 L ST. SACRAMENTO CA - 95814

4. Generator's Phone (916) 372 7535

A. State Manifest Document Number: 24317449

B. State Generator's ID:

5. Transporter 1 Company Name: RAMOS ENVIRONMENTAL SERVICES

6. US EPA ID Number: CAD044003556

C. State Transporter's ID [Reserved]:

D. Transporter's Phone: (916) 371-5747

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID [Reserved]:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
EVERGREEN OIL, INC.
6880 SMITH AVENUE, NEWARK, CA 94560

10. US EPA ID Number: CAD980887418

G. State Facility's ID:

H. Facility's Phone: (510) 795-4410

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number
a. NON-RCRA HAZARDOUS WASTE LIQUID (oily water, sludge) ERG'00 #171	001	TT	00400	G	State 221; EPA/Other N/A
b.					State; EPA/Other
c.					State; EPA/Other
d.					State; EPA/Other

J. Additional Descriptions for Materials Listed Above
11a, 300 G O/W
100G SLUDGE

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
HANDLERS TO BE TRAINED AND USE PPE.
24HR EMERGENCY CONTACT: 916-371-5747
S/O 82503

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a 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 of 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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Andrew White as agent | Signature: [signature] | Month 05 Day 02 Year 05

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL COWDER | Signature: Michael Cowder | Month 05 Day 02 Year 05

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: | Signature: | Month Day Year

DO NOT WRITE BELOW THIS LINE.

Blue: GENERATOR SENDS THIS COPY TO DTSC WITHIN 30 DAYS.
To: P.O. Box 400, Sacramento, CA 95812-0400

DTSC 8022 1/99
EPA 8700-

Environmental Protection Agency
...8 No. 2050-0039 (Expires 9-30-99)
...pe. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

1371-4

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CAC002585526
Manifest Document No.: 27865
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
15th & L Investors
1415 L Street Sacramento CA. 95814
4. Generator's Phone (916) 340 3100 TODD RUDD

A. State Manifest Document Number: 24527865
B. State Generator's ID:

5. Transporter 1 Company Name: Ecology Control Industries
6. US EPA ID Number: CAD982030173
C. State Transporter's ID [Reserved.]:
D. Transporter's Phone: 510-235-1393

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID [Reserved.]:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
Ecology Control Industries
255 Parr Blvd
Richmond, CA 94801
10. US EPA ID Number: CAD009466392
G. State Facility's ID:
H. Facility's Phone: 510-235-1393

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 Number
a. Non-RCRA hazardous waste, solid (waste empty storage tanks)	001	TP	00300	P	State: 512 EPA/Other: NONE
b.					State: EPA/Other:
c.					State: EPA/Other:
d.					State: EPA/Other:

J. Additional Descriptions for Materials Listed Above
QTY 1 tank No. 32483
Job# 52T1783

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
Wear proper protective equipment while handling. Weights or volumes are approximate. 24 Hour emergency telephone number (800) 321-5479 (ECI Dispatcher).
Site Address:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a 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 of 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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X Rollo Stephens AS Agent
Signature: X [signature] AS Agent
Month Day Year: 05 03 05

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Barajas
Signature: [signature]
Month Day Year: 05 03 05

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Month Day Year:

DO NOT WRITE BELOW THIS LINE.

GENERATOR
TRANSPORTER
FACILITY

IN CASE OF EMERGENCY OR SPILL CALL THE NATIONAL RESPONSE CENTER 1-800-...-1-880 ITHIN ...FOR CALL 0-85 0

DTSC 8022A (1/99)
8700—22

Yellow: GENERATOR RETAINS