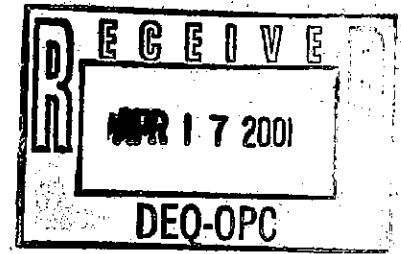


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# **SITE REMEDIATION REPORT**

**Dabney/Smith Property  
215 North Jackson Street  
Crystal Springs, Mississippi**

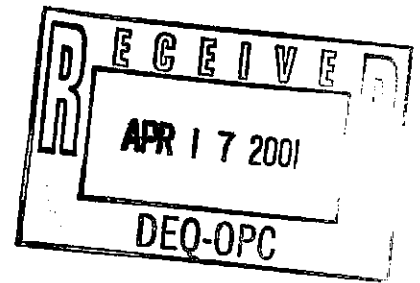
Prepared for

**BorgWarner Inc.**

April 2001

**SITE REMEDIATION REPORT**

**Dabney/Smith Property  
215 North Jackson Street  
Crystal Springs, Mississippi**



Prepared for

**BorgWarner Inc.**

Prepared by

**MARTIN&SLAGLE GeoEnvironmental Associates, LLC  
PO Box 1023  
Black Mountain, North Carolina**

April 2001

A handwritten signature in black ink, appearing to read "Robert L. Martin". The signature is written over a horizontal line.

**Robert L. Martin, P.G.  
Project Manager**

A handwritten signature in black ink, appearing to read "Christine E. Slagle". The signature is written over a horizontal line.

**Christine E. Slagle  
Senior Scientist**

**TABLE OF CONTENTS**

**SITE REMEDIATION REPORT**

**Dabney/Smith Property  
215 North Jackson Street  
Crystal Springs, Mississippi**

<b>1.0</b>	<b>Executive Summary</b>	<b>1-1</b>
<b>2.0</b>	<b>Introduction</b>	<b>2-1</b>
2.1	Background	2-1
2.2	Site Description	2-2
2-2	Investigative Activities	2-3
<b>3.0</b>	<b>Sampling Program</b>	<b>3-1</b>
<b>4.0</b>	<b>Analytical Results</b>	<b>4-1</b>
<b>5.0</b>	<b>Nature and Extent of Contamination</b>	<b>5-1</b>
<b>6.0</b>	<b>Summary and Conclusions</b>	<b>6-1</b>

**SITE MAPS  
TABLES**

<b>APPENDIX 1</b>	<b>Analytical Data Tables</b>
<b>APPENDIX 2</b>	<b>Manifests</b>
<b>APPENDIX 3</b>	<b>Chains of Custody</b>
<b>APPENDIX 4</b>	<b>Photographs</b>

## **SECTION 1.0 EXECUTIVE SUMMARY**

The soil on the Dabney/Smith property, located at 215 North Jackson Street, Crystal Springs, Mississippi, and consisting of approximately 1.2 acres, was found to contain concentrations of polychlorinated biphenyls (PCBs) during sampling events conducted in August and September 2000. The concentrations, in some areas of the property, exceeded the standard of 1.0 mg/kg established by Mississippi Department of Environmental Quality for PCBs in soils on residential properties.

The soil containing concentrations of PCBs in excess of 1.0 mg/kg was remediated by removal and replaced with clean soil. Impacted soil was excavated to the property line common with the Kuhlman Electric Corporation's (KEC) plant property and disposed of in the BFI "Little Dixie" Subtitle D landfill in accordance with all applicable state and federal regulations. Confirmatory soil samples were collected following excavation to confirm that impacted soil had been removed. A total of 64 floor samples and 71 sidewall samples were collected following removal of soil. All soil samples were collected and managed in accordance with US EPA Region IV Environmental Investigation Standard Operating Procedures and Quality Assurance Manual (EISOPQAM) protocols.

Two areas of the site were excavated to an average depth of 2 feet bgs. Excavation continued until on-site laboratory analytical results confirmed that all soil containing concentrations of PCBs exceeding the residential cleanup thresholds was removed. The analytical results indicate that all soil containing 1.0 mg/kg or greater were removed from the Dabney/Smith property. After confirmation results indicated that the remediation objective had been met, the excavation was backfilled with analytically confirmed clean soil. The surface of the remediation area was covered with fresh sod and all structures that were removed during excavation were replaced.

On October 26, 2000 the Dabney/Smith property was effectively remediated by removal of soil containing PCB concentrations in excess of 1.0 mg/kg in accordance with the



residential property cleanup thresholds. No further action is warranted at the Dabney/Smith property.

## **SECTION 2 INTRODUCTION**

The soil on the Dabney/Smith property was found to contain concentrations of polychlorinated biphenyls (PCBs) during sampling events conducted in August and September 2000. The concentrations, in some areas of the property, exceeded the standard of 1.0 milligrams per kilograms (mg/kg) established by Mississippi Department of Environmental Quality for PCBs in soils on residential properties. The soil containing concentrations of PCBs in excess of 1.0 mg/kg was remediated by removal and replaced with clean soil. This report describes the remediation process, results of soil analysis analytical results. The report also includes maps showing sample locations and the areas of remediation.

The Dabney/Smith property is located at 215 North Jackson Street, Crystal Springs, Mississippi. This property is located southeast and adjacent to the Kuhlman property. The site includes a single-family dwelling, two storage buildings, and one vehicle shed situated on approximately 1.2 acres.

### **2.1 Background**

The Kuhlman Electric Corporation (KEC) facility was constructed and has been operated as a transformer manufacturing plant since the 1950s by KEC or its predecessor, a corporate entity also named KEC. KEC continued to own and operate the plant in March 1999 when BorgWarner Inc. purchased Kuhlman Corporation, the parent of KEC, and thereafter as well. Neither BorgWarner nor Kuhlman Corporation has ever owned or operated the plant. Seven months after the purchase, on October 1, 1999, BorgWarner and Kuhlman Corporation sold KEC's stock to the Carlyle Group. BorgWarner and Kuhlman Corporation agreed to indemnify KEC and the Carlyle Group for historic contamination at the site and may, under the purchase agreement, control any remediation of such contamination.

During routine construction activities at KEC's plant in Crystal Springs, Mississippi, construction personnel encountered soil that had been impacted by unknown chemicals. KEC reported that construction activities were immediately halted, and two soil samples were collected by representatives of KEC and sent to an independent laboratory for analysis. KEC reported the detection of the PCB, Aroclor 1268, in the stained soils, along with various chlorinated benzenes.

On April 19, 2000, BorgWarner received notification from KEC in accordance with the purchase agreement that areas of contaminated soil had been found in Crystal Springs, Mississippi. BorgWarner responded by sending a representative to meet with KEC plant representatives and a representative from Mississippi Department of Environmental Quality (MDEQ), Eric Dear, on April 25, 2000. During this meeting all parties were briefed on the existing situation at the plant and MDEQ's expectations regarding assessment of the site.

In May 2000, a preliminary assessment of the KEC property was conducted. The goal of this preliminary assessment was to:

- Determine the character and concentration of the contaminants in various environmental media on-site,
- Determine if contaminants might have migrated from the site, and,
- Identify and conduct any immediate response actions necessary to alleviate public exposure to the contaminants.

The results of the preliminary assessment indicated a likelihood that PCBs had migrated off site and on to adjacent residential properties. An assessment of the adjacent properties was initiated and remedial activities were subsequently completed on three properties with confirmed concentrations of PCBs exceeding the residential cleanup thresholds.

## **2.2 Site Description**

The Dabney/Smith property consists of 1.2 acres located southeast of the KEC property. The Dabney/Smith property abuts the southeast side of the KEC property (Figure 1). Storm water runoff from the KEC property flows onto the northwest portion of the Dabney/Smith property.

The Dabney/Smith property is generally flat, sloping gently to the south toward Lee Avenue. PCB concentrations exceeding the residential cleanup thresholds were found in three separate areas in the northern and eastern portions of the property and the western edge.

## **2.3 Investigative Activities**

Soil samples were collected on a 20-foot grid during the initial assessment activities. Samples were collected using a direct-push soil sampler. A detailed description of sampling techniques used during this investigation is included in the *Preliminary Site Characterization Report* (Ogden 2000). Samples were analyzed by the on site laboratory for PCBs using a modified EPA Method 8080. Ten percent of the samples were split for confirmation analysis by the fixed-base laboratory, Paradigm Analytical Labs (Paradigm) located in Wilmington, North Carolina. All sampling as performed in accordance with EPA Region IV Environmental Investigation Standard Operating Procedures and Quality Assurance Manual (EISQAM).

Remedial activities were initiated in those areas confirmed to contain PCBs in concentrations exceeding the residential cleanup thresholds. Soil was excavated and disposed of at BFI's "Little Dixie" solid waste landfill in Madison County, a Subtitle D landfill, in accordance with all applicable State and federal regulations. Soil samples were collected on an average 10-foot grid following excavation to confirm that all impacted soil had been removed. Excavation continued until on site laboratory analytical

results confirmed that all soil containing concentrations of PCBs exceeding the residential cleanup thresholds was removed.

The following report provides details of the sampling, analytical, and remedial activities performed at the Dabney/Smith property.

### **SECTION 3.0 SAMPLING PROGRAM – LOCATION AND RATIONALE**

Remediation of the Dabney/Smith property, on 215 North Jackson Street, began on October 26, 2000. Remediation of this property involved excavation and disposal of all soil containing 1.0 mg/kg or greater of PCBs in accordance with MDEQ's established clean-up criteria for residential properties. All soils containing greater than 1.0 mg/kg of PCBs were profiled and disposed of at the BFI's "Little Dixie" Subtitle D Landfill in Madison County, Mississippi after MDEQ and US EPA approvals were obtained.

Following excavation, all excavated areas were sampled to confirm that impacted soil had been removed. In correspondence regarding disposal requirements, Craig Brown, of US EPA Region IV, stated that the excavated soils did not meet the definition of "PCB remediation waste." Under this definition, the remediation activities fell under the management criteria and guidelines set by MDEQ. Remediation was based on criteria established in the *State of Michigan Department of Environmental Quality, Waste Management Division, Guidance Document, Verification of Soil Remediation, April 1994, Revision 1*, as adopted by Mississippi DEQ for use on projects of this nature.

The guidance document provides a procedure for establishing a soil-sampling grid for confirmation that cleanup goals have been met or exceeded. The procedure that applies to sites with a surface area less than 10,890 square feet only requires a minimum of 8 samples to be collected from this site. This procedure is a biased sampling methodology and does not necessarily apply to this site since random occurrences of PCBs were expected. The grid spacing determination for medium sized sites presented in the guidance document called for a spacing of 15 feet based on a minimum remediation area of 10,890 square feet. The grid spacing is determined by the following equation:

$$(A/\pi)^{1/2} / 4 = GI$$

where: A = gridded area (ft<sup>2</sup>)

GI = grid interval

$\pi = 3.14159$

A conservative average spacing of 10 ft was used to confirm that impacted soils had been removed from the site. The 10 ft grid spacing applied to the excavation floor samples as well as the excavation sidewall samples.

All samples were collected in accordance with EPA Region IV EISOPQAM. A total of 71 sidewall samples and 64 excavation floor samples were collected for confirmation of remediation. Sample locations are shown in Figure 2. A total of 15 duplicate samples were collected for laboratory quality control. The analytical results indicate that all soil containing 1.0 mg/kg or greater were removed from the Dabney/Smith property. Analytical results are included in Appendix 1.

The sample locations shown on Figure 2 are only those with analytical results less than 1.0 mg/kg and which confirm the removal of PCB contaminated soil. Table 1 contains analytical results that confirm remediation, and Appendix 1 contains data sheets of all samples collected during the remediation process.

#### **SECTION 4.0 ANALYTICAL PROGRAM**

All soil samples were collected and managed in accordance with USEPA Region IV EISOPQAM protocols. Samples were collected using clean sampling equipment. Equipment rinseate samples were collected and analyzed to confirm the effectiveness of the decontamination procedures.

Each sample was assigned a unique sample identification designation in accordance with the labeling requirements under section 3.2.1 of the EISOPQAM. Field records were kept in accordance with procedures specified in section 3.5 of EISOPQAM. The sample identification designation, date, and time of collection was recorded in the field book and on the chain of custody for cross-referencing.

Upon collection, samples were placed in 4 oz amber glass jars, and the jars were transferred to a small sample cooler. Field personnel delivered samples to the mobile lab several times each day. Upon arrival at the mobile lab, the samples were transferred to the ECCS sample custodian who logged each sample on ECCS chains of custody. Each sample was assigned a unique ECCS internal ID for tracking purposes. After analysis, the samples were transferred to either a sample refrigerator in the mobile lab or stored in coolers until they were either sent to Paradigm for confirmation analysis or disposed of on-site. Chains of custody were completed for all samples packaged and shipped to Paradigm for confirmation analysis.

#### **Analytical Procedures**

For analysis of samples in the field lab, ECCS used EPA 8082m, modified for the mini extraction.

Paradigm Analytical also used EPA 8082 for quantitation of PCBs.



## **SECTION 5.0            REMEDIATION AND DISPOSAL**

Remediation of the Dabney/Smith property, at 215 North Jackson Street, began on October 26, 2000. Remediation of this property involved excavation to the property line common with the Kuhlman Electric Corporation's (KEC) plant property and disposal of all soil containing 1.0 mg/kg or greater of PCBs in accordance with MDEQ's established clean-up criteria for residential properties. All soils containing greater than 1.0 mg/kg of PCBs were profiled and disposed of at the BFI's "Little Dixie" Subtitle D Landfill in Madison County, Mississippi after MDEQ and US EPA approvals were obtained.

Two separate areas totaling approximately 6,211 ft<sup>2</sup> were excavated to an average depth of 2 feet bgs. Excavation was accomplished using a track-mounted backhoe and "Bobcat" front-end loader. Excavated soil was placed directly into a plastic lined roll-off box and transported to the landfill when full. Soil was removed from live oak tree roots using an "Air Shovel"<sup>™</sup> which is a unique technology adopted specifically for this purpose. The Air Shovel<sup>™</sup> uses a pressure spray to dislodge soil from around the roots while a vacuum system removes the soil and water by vacuuming into a tank for disposal.

Contaminated soil was removed from the west side of the property to the edge of the property. Soil samples that were collected along the property line that abuts the KEC property had elevated levels of PCB with concentrations above the remediation goal. Excavation was terminated at the property line. The remaining contaminated soil on the property line will be remediated when the KEC property is remediated.

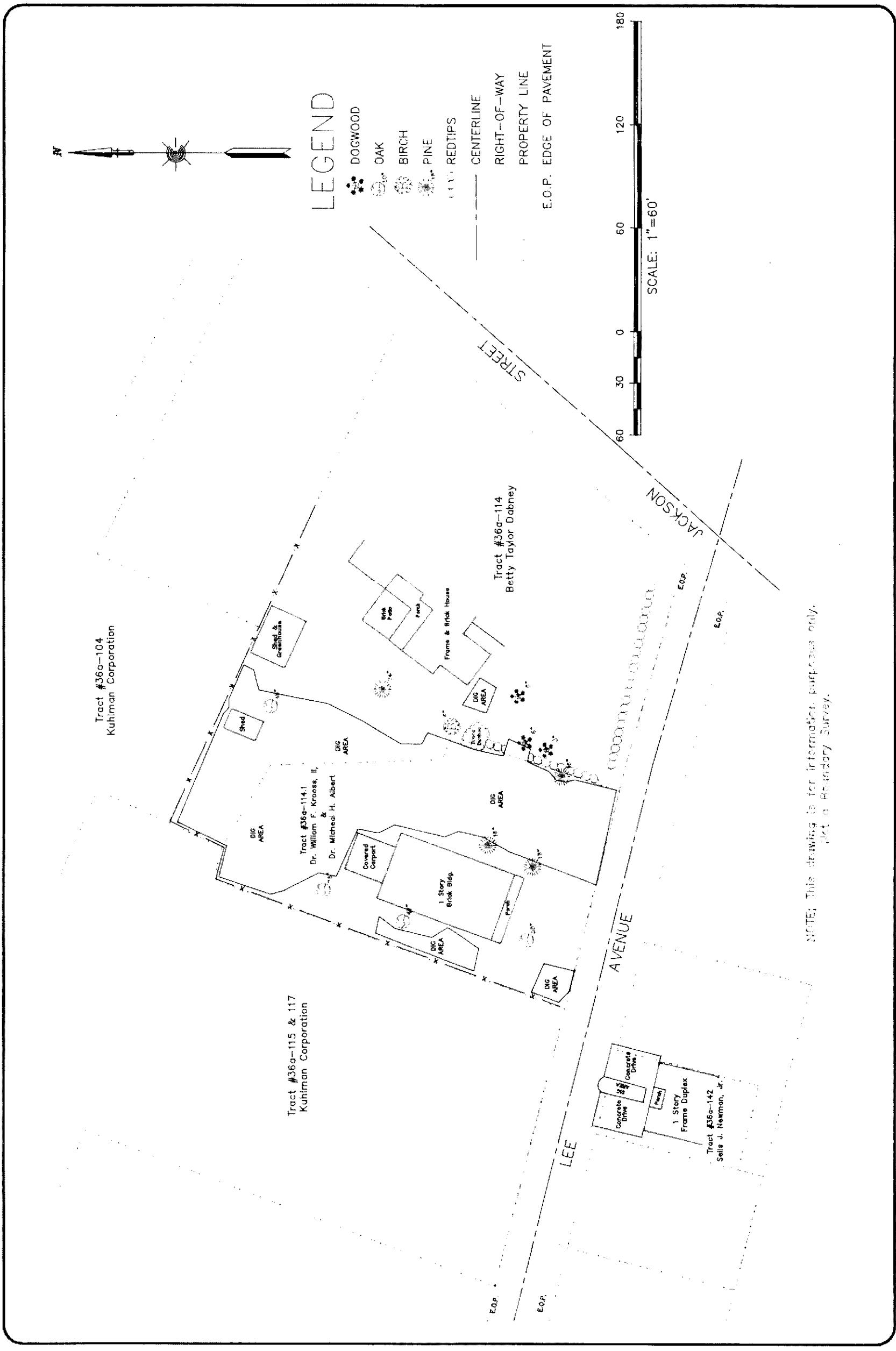
A total of 515.2 tons of soil were removed from the site in 35 20-yd<sup>3</sup> roll-off boxes. Waste manifests are included in Appendix 2.

**SECTION 6.0      SUMMARY AND CONCLUSIONS**

The Dabney/Smith property was effectively remediated of soil containing PCB concentrations of 1 mg/kg or more in accordance with the residential property cleanup thresholds. Confirmation sampling in the impacted area was performed in accordance with applicable state requirements to demonstrate that the remediation goals were met.

No further action is warranted at the Dabney/Smith property.

FIGURE 1	SCALE 1" = 60'	DATE: 4/12/01		DR: RRB	MAPTECH, INC.	PREPARED FOR: <b>BorgWarner Inc.</b>	CARDINAL SURVEYING MARTINSSLAGLE PO Box 1023 Black Mountain NC 28711 828.669.3929 828.669.5289
		PROJECT NO.: BW00-1		CHK: RLM			
SITE REMEDIATION PROPERTY LINE MAP							



Environmental Associates, LLC  
 PO Box 1023  
 Black Mountain NC 28711  
 828.669.3929 828.669.5289

**BorgWarner Inc.**

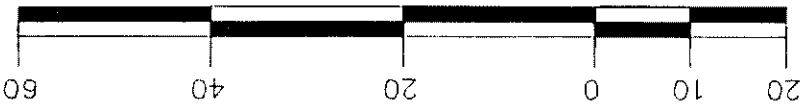
**MAPTECH, INC.**

SURVEYED BY:  
 SITE REMEDIATION  
 SAMPLE LOCATION MAP  
 PROJECT NO.: BWD0-1  
 DWG NO.: 324A-0343-1100-103-016  
 CHK: RLM REV: 0 DATE: 4/12/01

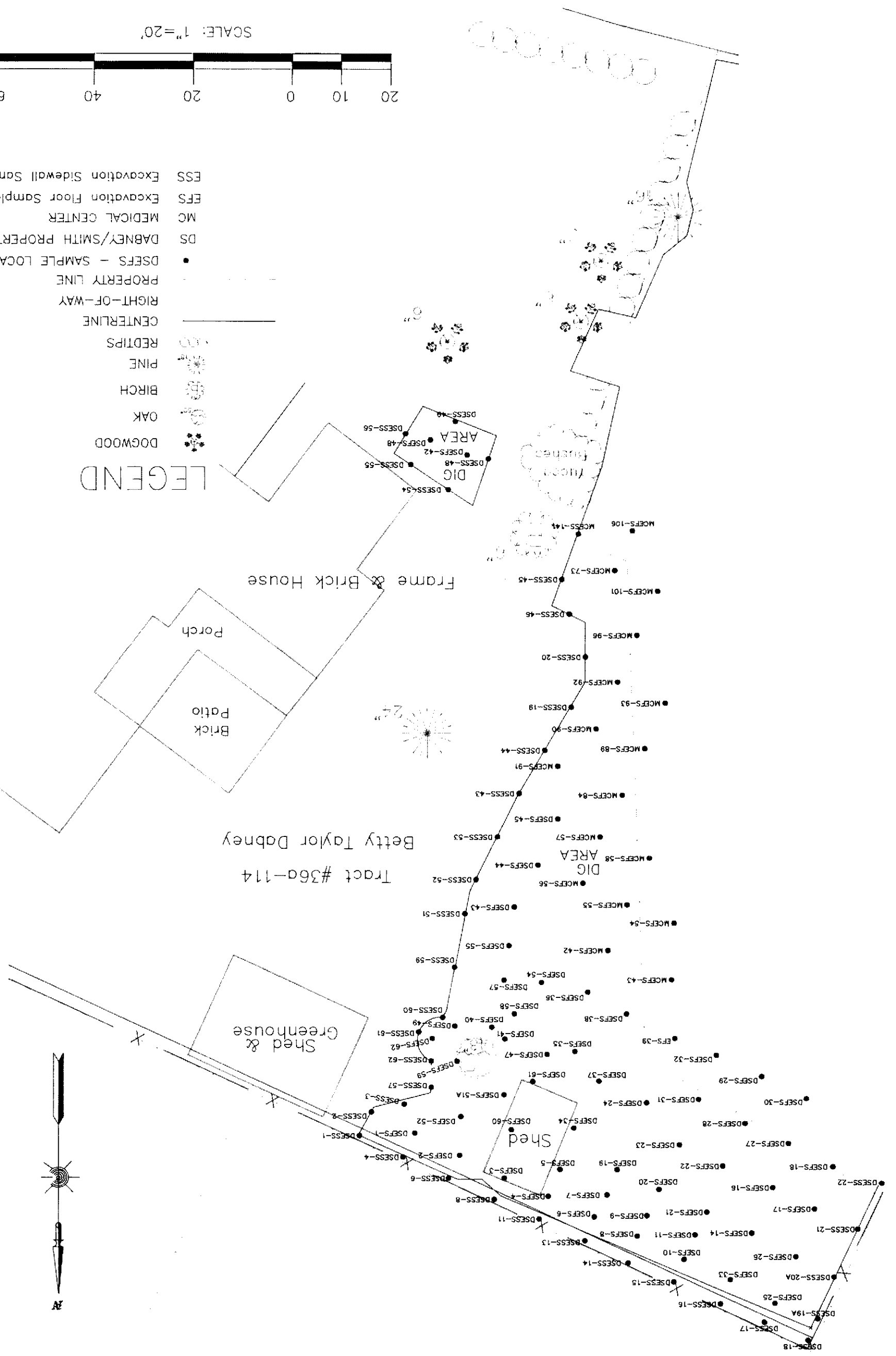
SCALE  
 1"=20'

FIGURE  
 2

SCALE: 1"=20'



- LEGEND**
- DOGWOOD
  - OAK
  - BIRCH
  - PINE
  - REDTIPS
  - CENTERLINE
  - RIGHT-OF-WAY
  - PROPERTY LINE
  - DSEFS - SAMPLE LOCATION
  - DS DABNEY/SMITH PROPERTY
  - MC MEDICAL CENTER
  - EFS Excavation Floor Sample
  - ESS Excavation Sidewall Sample



**TABLE 1**  
**SUMMARY OF DATA SHOWING CONFIRMATION OF REMEDIATION**

				Field Laboratory		Fixed Laboratory	
Field Lab Sample ID	Sample ID	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
1428	DS-ESS-1	29-Oct-00	12:29	29-Oct-00	0.82	14-Nov	0.71
1429	DS-ESS-2	29-Oct-00	12:31	29-Oct-00	< 0.10		
1430	DS-ESS-3	29-Oct-00	12:33	29-Oct-00	0.65		
1431	DS-ESS-4	29-Oct-00	12:34	29-Oct-00	0.99		
1432	DS-ESS-5	29-Oct-00	12:38	29-Oct-00	1.8		
1433	DS-ESS-6	29-Oct-00	12:40	29-Oct-00	0.72		
1435	DS-ESS-8	29-Oct-00	12:42	29-Oct-00	0.93		
1438	DS-ESS-11	29-Oct-00	12:44	29-Oct-00	0.64		
1440	DS-ESS-13	29-Oct-00	12:46	29-Oct-00	2.1		
1441	DS-ESS-14	29-Oct-00	12:47	29-Oct-00	1.9	15-Nov	1.6
1442	DS-ESS-15	29-Oct-00	12:48	29-Oct-00	1.1		
1443	DS-EFS-1	29-Oct-00	12:36	29-Oct-00	< 0.10		
1444	DS-EFS-2	29-Oct-00	12:38	29-Oct-00	< 0.10		
1445	DS-EFS-3	29-Oct-00	12:39	29-Oct-00	0.34		
1446	DS-EFS-4	29-Oct-00	12:41	29-Oct-00	< 0.10		
1447	DS-EFS-5	29-Oct-00	12:46	29-Oct-00	< 0.10		
1448	DS-EFS-6	29-Oct-00	12:43	29-Oct-00	< 0.10		
1449	DS-EFS-7	29-Oct-00	12:48	29-Oct-00	< 0.10		
1450	DS-EFS-8	29-Oct-00	12:44	29-Oct-00	< 0.10		
1451	DS-EFS-9	29-Oct-00	12:54	29-Oct-00	< 0.10		
1452	DS-EFS-10	29-Oct-00	12:50	29-Oct-00	< 0.10		
1453	DS-EFS-11	29-Oct-00	12:52	29-Oct-00	< 0.10		
1467	DS-ESS-19	29-Oct-00	14:36	30-Oct-00	0.60		
1468	DS-ESS-20	29-Oct-00	14:37	30-Oct-00	0.13		
1470	DS-ESS-16	30-Oct-00	12:21	30-Oct-00	1.7		
1471	DS-ESS-17	30-Oct-00	12:29	30-Oct-00	1.9	16-Nov	1.8
1472	DS-ESS-18	30-Oct-00	12:37	30-Oct-00	16 <sup>E</sup>		
1473	DS-ESS-19A	30-Oct-00	12:38	30-Oct-00	22 <sup>E</sup>		
1474	DS-ESS-20A	30-Oct-00	12:38	30-Oct-00	33 <sup>E</sup>		
1475	DS-ESS-21	30-Oct-00	12:41	30-Oct-00	33 <sup>E</sup>		
1476	DS-ESS-22	30-Oct-00	12:42	30-Oct-00	9.2 <sup>E</sup>		
1479	DS-EFS-14	30-Oct-00	12:25	30-Oct-00	0.67		
1481	DS-EFS-16	30-Oct-00	12:27	30-Oct-00	< 0.10	16-Nov	<.096
1482	DS-EFS-17	30-Oct-00	12:33	30-Oct-00	0.18		
1483	DS-EFS-18	30-Oct-00	12:35	30-Oct-00	< 0.10		
1484	DS-EFS-19	30-Oct-00	16:20	30-Oct-00	< 0.10		
1485	DS-EFS-20	30-Oct-00	16:24	30-Oct-00	< 0.10		
1486	DS-EFS-21	30-Oct-00	16:28	30-Oct-00	< 0.10		
1487	DS-EFS-22	30-Oct-00	16:32	30-Oct-00	< 0.10		
1488	DS-EFS-23	30-Oct-00	16:36	30-Oct-00	< 0.10		
1489	DS-EFS-24	30-Oct-00	16:40	30-Oct-00	< 0.10		
1503	DS-EFS-25	31-Oct-00	13:45	31-Oct-00	< 0.10		
1504	DS-EFS-26	31-Oct-00	15:40	31-Oct-00	< 0.10		
1531	DS-EFS-29	01-Nov-00	14:45	01-Nov-00	0.18		
1532	DS-EFS-30	01-Nov-00	14:42	01-Nov-00	0.12		
1533	DS-EFS-27	01-Nov-00	14:40	01-Nov-00	< 0.10		

Samples shown in bold were collected from locations along the common boundary with KEC.

**TABLE 1**  
**SUMMARY OF DATA SHOWING CONFIRMATION OF REMEDIATION**

				Field Laboratory		Fixed Laboratory	
Field Lab Sample ID	Sample ID	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
1534	DS-EFS-28	01-Nov-00	14:46	01-Nov-00	< 0.10		
1535	DS-EFS-31	01-Nov-00	14:53	01-Nov-00	< 0.10		
1536	DS-EFS-32	01-Nov-00	14:55	01-Nov-00	< 0.10		
1552	DS-ESS-43	02-Nov-00	16:05	02-Nov-00	0.26		
1553	DS-ESS-44	02-Nov-00	16:15	02-Nov-00	0.19		
1555	DS-EFS-33	03-Nov-00	12:30	03-Nov-00	< 0.10		
1556	DS-EFS-34	03-Nov-00	12:35	03-Nov-00	< 0.10		
1557	DS-EFS-35	03-Nov-00	12:40	03-Nov-00	< 0.10		
1558	DS-EFS-36	03-Nov-00	12:45	03-Nov-00	< 0.10		
1559	DS-EFS-37	03-Nov-00	12:55	03-Nov-00	< 0.10		
1560	DS-EFS-38	03-Nov-00	13:00	03-Nov-00	< 0.10		
1561	DS-EFS-39	03-Nov-00	13:20	03-Nov-00	0.44		
1614	DS-ESS-45	07-Nov-00	9:30	07-Nov-00	0.44		
1615	DS-ESS-46	07-Nov-00	9:25	07-Nov-00	0.32		
1697	DS-EFS-40	15-Nov-00	14:15	15-Nov-00	< 0.10		
1698	DS-EFS-41	15-Nov-00	14:17	15-Nov-00	< 0.10		
1776	DS-ESS-51	27-Nov-00	16:38	27-Nov-00	0.17		
1777	DS-ESS-52	27-Nov-00	16:40	27-Nov-00	0.42		
1778	DS-ESS-53	27-Nov-00	16:41	27-Nov-00	0.39	11-Dec	0.21
1779	DS-EFS-43	28-Nov-00	8:54	28-Nov-00	< 0.10		
1780	DS-EFS-44	28-Nov-00	8:55	28-Nov-00	< 0.10		
1781	DS-EFS-45	28-Nov-00	8:56	28-Nov-00	< 0.10		
1786	DS-EFS-47	28-Nov-00	14:02	28-Nov-00	0.31		
1806	DS-EFS-49	30-Nov-00	13:31	05-Dec-00	0.57		
1822	DS-EFS-51A	05-Dec-00	15:50	05-Dec-00	0.29		
1823	DS-EFS-52	05-Dec-00	15:51	05-Dec-00	< 0.10		
1824	DS-ESS-57	06-Dec-00	13:50	06-Dec-00	0.78	11-Dec	<.14
1826	DS-EFS-54	06-Dec-00	14:02	06-Dec-00	0.34		
1827	DS-EFS-55	06-Dec-00	14:06	06-Dec-00	< 0.10		
1829	DS-ESS-59	07-Dec-00	10:04	07-Dec-00	0.92		
1830	DS-EFS-57	07-Dec-00	10:00	07-Dec-00	0.31		
1831	DS-EFS-58	07-Dec-00	10:01	07-Dec-00	0.33		
1832	DS-EFS-59	07-Dec-00	10:02	07-Dec-00	< 0.10	21-Dec	<.20
1833	DS-EFS-60	07-Dec-00	17:00	07-Dec-00	< 0.10		
1834	DS-EFS-61	07-Dec-00	17:01	07-Dec-00	< 0.10	21-Dec	<.20
AA09856	DS-ESS-60	27-Jan-01	8:14	01-Feb-01	0.20		
AA09857	DS-ESS-61	27-Jan-01	8:15	01-Feb-01	0.63		
AA09858	DS-ESS-62	27-Jan-01	8:16	01-Feb-01	0.44		
1566	MC-EFS-42	03-Nov-00	14:05	03-Nov-00	< 0.10		
1567	MC-EFS-43	03-Nov-00	14:10	03-Nov-00	< 0.10		
1573	MC-EFS-54	03-Nov-00	14:48	04-Nov-00	< 0.10		
1574	MC-EFS-55	03-Nov-00	14:50	03-Nov-00	< 0.10		
1575	MC-EFS-58	03-Nov-00	14:58	04-Nov-00	< 0.10		
1582	MC-EFS-56	03-Nov-00	14:52	04-Nov-00	< 0.10		
1583	MC-EFS-57	03-Nov-00	14:55	04-Nov-00	< 0.10		
1650	MC-EFS-84	07-Nov-00	15:50	08-Nov-00	< 0.10		
1655	MC-EFS-89	07-Nov-00	15:56	08-Nov-00	< 0.10		

Samples shown in bold were collected from locations along the common boundary with KEC.

**TABLE 1**  
**SUMMARY OF DATA SHOWING CONFIRMATION OF REMEDIATION**

				Field Laboratory		Fixed Laboratory	
Field Lab Sample ID	Sample ID	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
<b>1656</b>	<b>MC-EFS-90</b>	<b>07-Nov-00</b>	<b>15:57</b>	<b>08-Nov-00</b>	<b>&lt; 0.10</b>	<b>18-Nov-00</b>	<b>&lt;0.11</b>
<b>1657</b>	<b>MC-EFS-91</b>	<b>07-Nov-00</b>	<b>15:58</b>	<b>08-Nov-00</b>	<b>&lt; 0.10</b>		
<b>1658</b>	<b>MC-EFS-92</b>	<b>07-Nov-00</b>	<b>15:59</b>	<b>08-Nov-00</b>	<b>&lt; 0.10</b>		
<b>1659</b>	<b>MC-EFS-93</b>	<b>07-Nov-00</b>	<b>16:00</b>	<b>08-Nov-00</b>	<b>&lt; 0.10</b>		
<b>1662</b>	<b>MC-EFS-96</b>	<b>07-Nov-00</b>	<b>16:03</b>	<b>08-Nov-00</b>	<b>0.11</b>		
<b>1666</b>	<b>MC-EFS-101</b>	<b>07-Nov-00</b>	<b>16:08</b>	<b>08-Nov-00</b>	<b>0.12</b>		
<b>1671</b>	<b>MC-EFS-106</b>	<b>07-Nov-00</b>	<b>16:13</b>	<b>08-Nov-00</b>	<b>0.12</b>		
<b>1602</b>	<b>MC-EFS-73</b>	<b>04-Nov-00</b>	<b>16:37</b>	<b>05-Nov-00</b>	<b>&lt; 0.10</b>		
<b>1616</b>	<b>MC-ESS-141</b>	<b>07-Nov-00</b>	<b>9:20</b>	<b>07-Nov-00</b>	<b>0.73</b>		

Samples shown in bold were collected from locations along the common boundary with KEC.

**DATA REVIEW  
ECCS – MEDICAL CENTER**

	Acceptable	Unacceptable	Control Limits Met
Holding Times	√		
Completeness	√		
LCS	√		Yes
MS/MSD	√		Yes
MS/MSD RPD	√		Yes
Blind Duplicates	√		Yes

**DATA REVIEW  
ECCS – DABNEY SMITH PROPERTY**

	Acceptable	Unacceptable	Control Limits Met
Holding Times	√		
Completeness	√		
LCS	√		Yes
MS/MSD	√		Yes
MS/MSD RPD	√		Yes
Blind Duplicates	√		Yes

**DATA REVIEW  
ECCS – NEWMAN DUPLEX**

	Acceptable	Unacceptable	Control Limits Met
Holding Times	√		
Completeness	√		
LCS	√		Yes
MS/MSD	√		Yes
MS/MSD RPD	√		Yes
Blind Duplicates	√		Yes



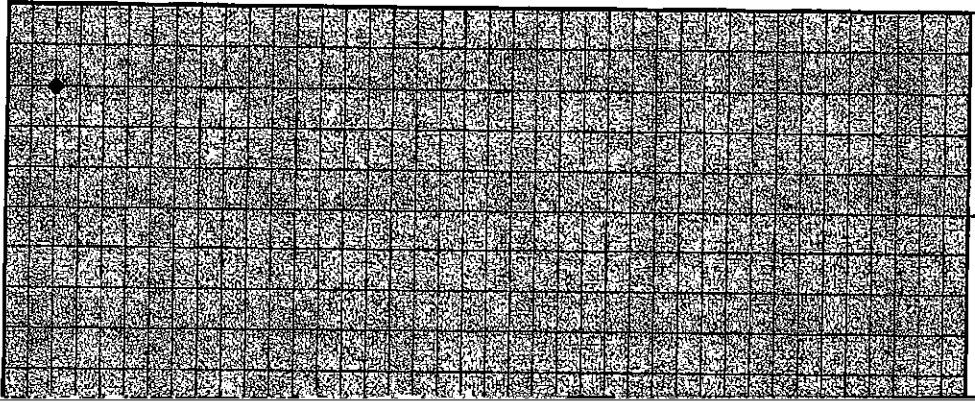
**DATA REVIEW  
PARADIGM ANALYTICAL LABS**

	<b>Acceptable</b>	<b>Unacceptable</b>	<b>Control Limits Met</b>
<b>Holding Times</b>	√		
<b>Completeness</b>	√		
<b>LCS</b>	√		<b>Yes</b>
<b>MS/MSD</b>	√		<b>Yes</b>
<b>MS/MSD RPD</b>	√		<b>Yes</b>
<b>Blind Duplicates</b>	√		<b>Yes</b>

COMPARISON OF FIXED AND FIELD LABORATORY SPLIT SAMPLE DATA

Sample ID	PCBs (1260)		
	Field Lab	Fixed Lab	RPD
MCESS-62	< 0.10	0.10	0%
MCEFS-19	2.10	3.10	38%
MCESS-101	5.50	6.30	14%
DSPA-7	0.55	0.55	0%
DSESS-14	1.90	1.60	17%
DSESS-1	0.82	0.71	14%
MCESS-113	0.18	0.16	12%
MCESS-53 0.1	0.69	0.57	19%
MCESS-58 0.5	0.43	0.34	23%
DSESS-17	1.90	1.50	24%
MCESS-71 0.5	0.34	0.39	14%
MCESS-63 0.1	0.15	< 0.11	< 31%
MCESS-17 0.5	0.80	0.66	19%
MCESS-22 0.5	3.40	3.80	11%
MCESS-28 0.5	< 0.10	< 0.14	< 33%
MCESS-33 0.5	0.13	< 0.10	< 27%
MCESS-40 0.5	0.49	0.96	65%
MCESS-44 0.5	< 0.10	< 0.14	< 33%
MCESS-36 0.1	0.44	0.62	34%
MCESS-68 0.5	< 0.10	< 0.12	< 18%
MCESS-80 0.5	1.20	1.70	34%
MCESS-85 0.1	0.65	0.88	30%
MCEFS-2	0.37	0.41	10%
MCEFS-8	1.70	1.30	27%
MCEFS-11	< 0.10	< 0.12	< 18%
MCDS-2	0.69	0.80	15%
DSESS-17	1.90	1.80	5%
DSEFS-16	< 0.10	< 0.10	< 4%
MCEFS-72	< 0.10	< 0.10	0%
DSESS-36	3.70	4.10	10%
MCESS-118	2.00	1.20	50%
MCEFS-61	< 0.10	< 0.10	< 1%
MCEFS-31	< 0.10	< 0.10	< 2%
DSESS-38	7.60	7.60	0%
MCEFS-127	< 0.10	< 0.11	< 10%
MCEFS-117	< 0.10	< 0.11	< 10%
MCEFS-129	< 0.10	< 0.10	< 0%
MCEFS-108	< 0.10	< 0.11	< 10%
MCEFS-97	< 0.10	< 0.11	< 10%
MCEFS-90	< 0.10	< 0.11	< 10%
MCEFS-147	< 0.10	0.52	NC
MCEFS-134	< 0.10	< 0.12	< 18%
MCEFS-144	< 0.10	< 0.12	< 18%
MCEFS-155	1.30	< 0.11	NC
DSEFS-59	< 0.10	< 0.20	< 67%
DSEFS-61	< 0.10	< 0.20	< 67%
DSESS-53	0.39	0.21	60%
MCEFS-158	< 0.10	< 0.15	< 40%
NDESS-4	0.82	0.22	115%
MCEFS-160	< 0.10	< 0.15	< 40%
MCEFS-164	< 0.10	< 0.11	< 10%
DSESS-57	0.78	< 0.14	NC

Acceptable = RPD <40%  
 Unacceptable = RPD >40% or NC  
 NC = Not confirmed.



8.00

7.00

FIELD LABORATORY BLIND DUPLICATE SAMPLE DATA

SAMPLE ID		PCBs (Aroclor 1260)		
SAMPLE ID		FIELD LAB		
Sample	Duplicate	Sample	Duplicate	RPD
MCESS-62 .5	Dupe 10/25/00	< 0.10	<0.10	0.00%
DSPA7	Dupe 10/28/00	0.59	0.59	0.00%
MCESS-113	Dupe 10/29/00	0.18	0.24	28.57%
MCESS118	Dupe 10/31/00	2.0	1.9	5.13%
DSESS-32	Dupe 11/01/00	4.7 <sup>E</sup>	4.7 <sup>E</sup>	0.00%
DSESS-38	Dupe 11/02/00	7.6 <sup>E</sup>	10 <sup>E</sup>	27.27%
MCEFS-61	Dupe 11/03/00	<0.10	<0.10	0.00%
MCEFS-72	Dupe 11/04/00	<0.10	<0.10	0.00%
MCESS-147	Dupe 11/07/00	1	0.97	3.05%
DSESS-53	Dupe 11/27/00	0.42	0.49	15.38%
MCESS-155	Dupe 11/28/00	1.3	1.3	0.00%

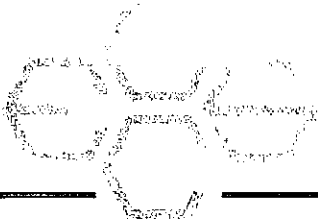
E = VALUE EXCEEDS CALIBRATION RANGE.

Reported in mg/kg

FIXED LABORATORY BLIND DUPLICATE SAMPLE DATA

SAMPLE ID		PCBs (Aroclor1260)		
		FIXED LAB		
Sample	Duplicate	Sample	Duplicate	RPD
MCESS-62 .5	Dupe 10/25/00	<0.10	<.11	0.00%
DSPA7	Dupe 10/28/00	0.55	0.38	36.56%
MCESS-113	Dupe 10/29/00	0.16	0.18	11.76%
MCESS118	Dupe 10/31/00	1.20	1.00	18.18%
DSESS-32	Dupe 11/01/00	<0.32	<0.33	0.00%
DSESS-38	Dupe 11/02/00	7.60	9.40	21.18%
MCEFS-61	Dupe 11/03/00	<0.99	<0.96	0.00%
MCEFS-72	Dupe 11/04/00	<0.10	<0.081	0.00%
MCESS-147	Dupe 11/07/00	0.52	0.42	21.28%
DSESS-53	Dupe 11/27/00	NA	NA	NA
MCESS-155	Dupe 11/28/00	NA	NA	NA

Reported in mg/kg



February 7, 2001

Robert Martin  
Martin & Slagle, LLC  
P.O. Box 1023  
Black Mountain, NC 28711

Dear Mr. Martin,

Enclosed is the final Technical Memorandum for work completed at the former Borg Warner and current Kuhlman Electric facility in Crystal Springs, Mississippi during the months of October through February. If you have any questions concerning this information, please give me a call.

Sincerely,

Richard Johnson

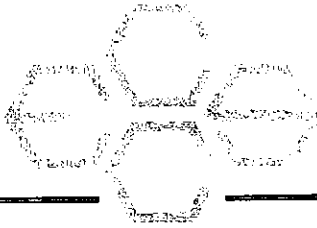
Enclosure

Environmental Chemistry Consulting Services, Inc.

2525 Advance Road • Madison, WI 53718 • Phone (608) 221-8700 • FAX (608) 221-4889

**Technical Memorandum  
DABNE-Smith Property  
Borg Warner / Kuhlman Electric**

**Crystal Springs, Mississippi**



## TECHNICAL MEMORANDUM

February 7, 2001

**To:** Robert Martin  
Martin & Slagle, LLC

**From:** Richard Johnson  
ECCS, Inc. *RW*

**Re:** Field Analytical Methods – QC Summary  
DABNE/Smith Property – 115 North Jackson  
Borg Warner – Kuhlman Electric Facility  
Crystal Springs, Mississippi

### INTRODUCTION

This Technical Memorandum provides documentation of the field analytical test methods used to analyze soil samples collected from October 26, 2000 to February 1, 2001 during a site remediation episode around the former Borg Warner and current Kuhlman Electric facility at 115 North Jackson in Crystal Springs, Mississippi. Soil samples were analyzed for polychlorinated biphenyls (PCBs) by gas chromatography (GC) in accordance with ECCS's Polychlorinated Biphenyl (PCB) Mini Extraction Screening Procedure. A summary of test results is provided in Table 1. A summary of method blanks, laboratory control samples and matrix spike/matrix spike duplicate data is provided in Table 2.

The PCB mini-extraction procedure is based on the existing EPA SW846 methods 8082/8141. The procedure incorporates all the quality control rigors of the full 8082/8141 methods including quantification based on 6-point calibration with continuing calibration verification, surrogate method performance monitoring, method blanks, laboratory control samples (LCS), and matrix spike/matrix spike (MS/MSD) duplicate samples. As such, you should consider these test results as comparable to what you would get from a fixed-based laboratory using the more-widely accepted extraction procedure.

The primary project objective of the sampling and testing episode was to delineate the PCB contamination around the site using the accelerated site characterization approach. The mobile laboratory was required to provide data as quickly as possible to keep the excavation on track while trying to maintain a goal of level three data quality.

Environmental Chemistry Consulting Services, Inc.

2625 Adams Road • Madison WI 53718 • Phone (608) 221-8700 • FAX (608) 221-4889



## **CASE NARRATIVE**

During the episode 145 samples were collected and analyzed. To maintain rapid turnaround and to meet the project objective, two GCs were operated on a nearly continuous basis.

Quality control including proper calibration, continuing calibration verification, surrogates, method blanks, laboratory control samples and matrix spike/matrix spike duplicate samples was performed at the method-specified intervals. Overall quality of the data is very good. The following quality related issues should be noted:

1. All surrogate recoveries were within acceptable ranger.
2. All LCS recoveries were within acceptable ranges. See Table 2.
3. All MS/MSD recoveries were within acceptable ranges. Percent repeatability was also within acceptable ranges. See Table 2.

## **METHOD SUMMARY**

This method employs a mini-extraction procedure and gas chromatography analysis for the detection of PCBs. Reporting limits are provided in the results Tables. Four grams of sample are dried with anhydrous sodium sulfate and extracted with eight mLs of 80/20 iso-octane/acetone. The extract is then analyzed by Gas Chromatography-Electron Capture Detector (GC-ECD).

## **Procedure**

1. **Standards Preparation** - Primary standards are prepared from a solution purchased from various vendors at Certified concentrations. Stock standards are prepared in suitable solvents and stored in a freezer when not in use. Secondary standards are prepared in 80/20 iso-octane/acetone and stored in a freezer when not in use. Standard curve mixes for this project was prepared at six concentrations: PCBs – 0.05, 0.10, 0.20, 0.50, 1.0 and 2.0 ug/ml.

2. **Sample Preparation - SOILS:** Each sample or quality control sample is prepared in identical fashion. Approximately four grams of silica sand (blanks and control spikes) or sample is transferred into a clean scintillation vial. Four grams of anhydrous sodium sulfate are added to the vial and mixed well. Extra sodium sulfate is added when necessary to assure the sample is dried. A surrogate, spike compound mix (if necessary) and eight mLs of 80/20 iso-octane/ acetone are added to the vial. The vial is shaken for 30 seconds, allowed to settle for 2 minutes, shaken again for 30 seconds, and allowed to settle for 10 minutes. An aliquot of the extract is transferred to an autosampler vial for injection into the GC-ECD.

3. **GC-ECD Analysis** - A sample aliquot is injected into an HP5890 GC with an ECD equipped with an HP ChemStation for data processing. PCBs were identified by matching retention times of standards to the same retention time in the sample. Regression analysis was performed on each of the selected peak's height verses concentration of the standard using a LN/LN transformed linear regression. For PCBs nine peaks were selected for quantification. The ug/mL value for each peak was added together and divided by the number of peaks selected to obtain the total PCB ug/mL result. If interference occurred at any of the peaks, these peaks were not included in the total, and the divisor was reduced accordingly.

4. **Quality Control** - Quality control consisted of the following items:

- Continuing calibration standards analyzed every ten samples or less and at the end of a run.
- Blank and LCS samples analyzed every twenty sample or less with a minimum of one per day.
- MS/MSD samples analyzed every twenty samples or less with a minimum of one per day.
- Information is documented in logbook 40 and October to February run sheets.

5. **Instrument Conditions** - Two HP5890 gas chromatographs were equipped with RTX-35 capillary columns. Each system had a Leap Technologies A200S auto-sampler and an HP ChemStation for data handling.

**Table 1**  
**DABNE-Smith Property**  
**Sample Results – October 2000 to February 2001**

**Table 1**  
**DABNE/Smith PROPERTY**  
**215 North Jackson**  
**Crystal Springs, Mississippi**  
**PCB Concentrations Detected in Soil**

				Field Laboratory	
Field Lab Sample ID	Sample ID	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1381	DS-ESS-1	26-Oct-00	17:40	26-Oct-00	2.6
1382	DS-ESS-2	26-Oct-00	17:44	27-Oct-00	1.6
1383	DS-ESS-3	26-Oct-00	17:46	27-Oct-00	0.84
1384	DS-ESS-4	26-Oct-00	17:48	27-Oct-00	< 0.10
1385	DS-EFS-1	26-Oct-00	17:42	27-Oct-00	< 0.10
1420	DS-PA-1	28-Oct-00	14:52	29-Oct-00	0.24
1421	DS-PA-2	28-Oct-00	14:53	29-Oct-00	0.18
1422	DS-PA-3	28-Oct-00	14:54	29-Oct-00	0.32
1423	DS-PA-4	28-Oct-00	14:55	29-Oct-00	0.62
1424	DS-PA-5	28-Oct-00	14:56	29-Oct-00	0.16
1425	DS-PA-6	28-Oct-00	14:57	29-Oct-00	0.42
1426	DS-PA-7	28-Oct-00	15:05	29-Oct-00	0.55
1428	DS-ESS-1	29-Oct-00	12:29	29-Oct-00	0.82
1429	DS-ESS-2	29-Oct-00	12:31	29-Oct-00	< 0.10
1430	DS-ESS-3	29-Oct-00	12:33	29-Oct-00	0.65
1431	DS-ESS-4	29-Oct-00	12:34	29-Oct-00	0.99
1432	DS-ESS-5	29-Oct-00	12:38	29-Oct-00	1.8
1433	DS-ESS-6	29-Oct-00	12:40	29-Oct-00	0.72
1434	DS-ESS-7	29-Oct-00	12:37	29-Oct-00	0.92
1435	DS-ESS-8	29-Oct-00	12:42	29-Oct-00	0.93
1436	DS-ESS-9	29-Oct-00	12:41	29-Oct-00	0.80
1437	DS-ESS-10	29-Oct-00	12:43	29-Oct-00	1.7
1438	DS-ESS-11	29-Oct-00	12:44	29-Oct-00	0.64
1439	DS-ESS-12	29-Oct-00	12:45	29-Oct-00	1.1
1440	DS-ESS-13	29-Oct-00	12:46	29-Oct-00	2.1
1441	DS-ESS-14	29-Oct-00	12:47	29-Oct-00	1.9
1442	DS-ESS-15	29-Oct-00	12:48	29-Oct-00	1.1
1443	DS-EFS-1	29-Oct-00	12:36	29-Oct-00	< 0.10
1444	DS-EFS-2	29-Oct-00	12:38	29-Oct-00	< 0.10
1445	DS-EFS-3	29-Oct-00	12:39	29-Oct-00	0.34
1446	DS-EFS-4	29-Oct-00	12:41	29-Oct-00	< 0.10
1447	DS-EFS-5	29-Oct-00	12:46	29-Oct-00	< 0.10
1448	DS-EFS-6	29-Oct-00	12:43	29-Oct-00	< 0.10
1449	DS-EFS-7	29-Oct-00	12:48	29-Oct-00	< 0.10
1450	DS-EFS-8	29-Oct-00	12:44	29-Oct-00	< 0.10
1451	DS-EFS-9	29-Oct-00	12:54	29-Oct-00	< 0.10
1452	DS-EFS-10	29-Oct-00	12:50	29-Oct-00	< 0.10
1453	DS-EFS-11	29-Oct-00	12:52	29-Oct-00	< 0.10
1464	DS-ESS-16	29-Oct-00	14:32	30-Oct-00	1.3
1465	DS-ESS-17	29-Oct-00	14:34	30-Oct-00	1.9
1466	DS-ESS-18	29-Oct-00	14:35	30-Oct-00	0.67
1467	DS-ESS-19	29-Oct-00	14:36	30-Oct-00	0.60
1468	DS-ESS-20	29-Oct-00	14:37	30-Oct-00	0.13
1469	DS-ESS-21	29-Oct-00	14:38	30-Oct-00	1.6
1470	DS-ESS-16	30-Oct-00	12:21	30-Oct-00	1.7

NA = Not Analyzed

J = Elevated detection limit due to toxaphene interference

E = Estimated value, exceeds calibration range.

**Table 1**  
**DABNE/Smith PROPERTY**  
**215 North Jackson**  
**Crystal Springs, Mississippi**  
**PCB Concentrations Detected in Soil**

				Field Laboratory	
Field Lab Sample ID	Sample ID	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1471	DS-ESS-17	30-Oct-00	12:29	30-Oct-00	1.9
1472	DS-ESS-18	30-Oct-00	12:37	30-Oct-00	16 <sup>E</sup>
1473	DS-ESS-19	30-Oct-00	12:38	30-Oct-00	22 <sup>E</sup>
1474	DS-ESS-20	30-Oct-00	12:38	30-Oct-00	33 <sup>E</sup>
1475	DS-ESS-21	30-Oct-00	12:41	30-Oct-00	33 <sup>E</sup>
1476	DS-ESS-22	30-Oct-00	12:42	30-Oct-00	9.2 <sup>E</sup>
1477	DS-EFS-12	30-Oct-00	12:23	30-Oct-00	1.0
1478	DS-EFS-13	30-Oct-00	12:30	30-Oct-00	13 <sup>E</sup>
1479	DS-EFS-14	30-Oct-00	12:25	30-Oct-00	0.67
1480	DS-EFS-15	30-Oct-00	12:31	30-Oct-00	1.3
1481	DS-EFS-16	30-Oct-00	12:27	30-Oct-00	< 0.10
1482	DS-EFS-17	30-Oct-00	12:33	30-Oct-00	0.18
1483	DS-EFS-18	30-Oct-00	12:35	30-Oct-00	< 0.10
1484	DS-EFS-19	30-Oct-00	16:20	30-Oct-00	< 0.10
1485	DS-EFS-20	30-Oct-00	16:24	30-Oct-00	< 0.10
1486	DS-EFS-21	30-Oct-00	16:28	30-Oct-00	< 0.10
1487	DS-EFS-22	30-Oct-00	16:32	30-Oct-00	< 0.10
1488	DS-EFS-23	30-Oct-00	16:36	30-Oct-00	< 0.10
1489	DS-EFS-24	30-Oct-00	16:40	30-Oct-00	< 0.10
1490	DS-ESS-23	30-Oct-00	16:45	30-Oct-00	4.7 <sup>E</sup>
1491	DS-ESS-24	30-Oct-00	16:55	30-Oct-00	1.1
1492	DS-ESS-25	30-Oct-00	17:05	30-Oct-00	1.6
1493	DS-ESS-26	30-Oct-00	17:15	30-Oct-00	4.9 <sup>E</sup>
1494	DS-ESS-27	31-Oct-00	9:20	31-Oct-00	0.74
1495	DS-ESS-28	31-Oct-00	9:25	31-Oct-00	2.4
1502	DS-Shed-1	31-Oct-00	11:25	31-Oct-00	1.9
1503	DS-EFS-25	31-Oct-00	13:45	31-Oct-00	< 0.10
1504	DS-EFS-26	31-Oct-00	15:40	31-Oct-00	< 0.10
1531	DS-EFS-29	01-Nov-00	14:45	01-Nov-00	0.18
1532	DS-EFS-30	01-Nov-00	14:42	01-Nov-00	0.12
1533	DS-EFS-27	01-Nov-00	14:40	01-Nov-00	< 0.10
1534	DS-EFS-28	01-Nov-00	14:46	01-Nov-00	< 0.10
1535	DS-EFS-31	01-Nov-00	14:53	01-Nov-00	< 0.10
1536	DS-EFS-32	01-Nov-00	14:55	01-Nov-00	< 0.10
1537	DS-ESS-29	01-Nov-00	15:45	01-Nov-00	1.5
1538	DS-ESS-30	01-Nov-00	15:50	01-Nov-00	2.8
1539	DS-ESS-31	01-Nov-00	15:53	01-Nov-00	5.0 <sup>E</sup>
1540	DS-ESS-32	01-Nov-00	15:56	01-Nov-00	4.7 <sup>E</sup>
1541	DS-ESS-33	01-Nov-00	16:05	01-Nov-00	4.9 <sup>E</sup>
1542	DS-ESS-34	01-Nov-00	16:10	01-Nov-00	4.1 <sup>E</sup>
1543	DS-ESS-35	01-Nov-00	16:15	01-Nov-00	5.2 <sup>E</sup>
1545	DS-ESS-36	02-Nov-00	15:05	02-Nov-00	3.7
1546	DS-ESS-37	02-Nov-00	15:15	02-Nov-00	6.4 <sup>E</sup>

NA = Not Analyzed

J = Elevated detection limit due to toxaphene interference

E = Estimated value, exceeds calibration range.

**Table 1**  
**DABNE/Smith PROPERTY**  
**215 North Jackson**  
**Crystal Springs, Mississippi**  
**PCB Concentrations Detected in Soil**

				Field Laboratory	
Field Lab Sample ID	Sample ID	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1547	DS-ESS-38	02-Nov-00	15:20	02-Nov-00	7.6 <sup>E</sup>
1548	DS-ESS-39	02-Nov-00	15:35	02-Nov-00	1.1
1549	DS-ESS-40	02-Nov-00	15:40	02-Nov-00	0.26
1550	DS-ESS-41	02-Nov-00	15:50	02-Nov-00	0.45
1551	DS-ESS-42	02-Nov-00	16:00	02-Nov-00	0.42
1552	DS-ESS-43	02-Nov-00	16:05	02-Nov-00	0.26
1553	DS-ESS-44	02-Nov-00	16:15	02-Nov-00	0.19
1555	DS-EFS-33	03-Nov-00	12:30	03-Nov-00	< 0.10
1556	DS-EFS-34	03-Nov-00	12:35	03-Nov-00	< 0.10
1557	DS-EFS-35	03-Nov-00	12:40	03-Nov-00	< 0.10
1558	DS-EFS-36	03-Nov-00	12:45	03-Nov-00	< 0.10
1559	DS-EFS-37	03-Nov-00	12:55	03-Nov-00	< 0.10
1560	DS-EFS-38	03-Nov-00	13:00	03-Nov-00	< 0.10
1561	DS-EFS-39	03-Nov-00	13:20	03-Nov-00	0.44
1614	DS-ESS-45	07-Nov-00	9:30	07-Nov-00	0.44
1615	DS-ESS-46	07-Nov-00	9:25	07-Nov-00	0.32
1697	DS-EFS-40	15-Nov-00	14:15	15-Nov-00	< 0.10
1698	DS-EFS-41	15-Nov-00	14:17	15-Nov-00	< 0.10
1699	DS-EFS-42	15-Nov-00	16:54	15-Nov-00	0.10
1700	DS-ESS-47	15-Nov-00	16:53	15-Nov-00	2.0
1701	DS-ESS-48	15-Nov-00	16:53	15-Nov-00	0.65
1702	DS-ESS-49	15-Nov-00	16:49	15-Nov-00	< 0.10
1775	DS-ESS-50	27-Nov-00	16:09	27-Nov-00	2.1
1776	DS-ESS-51	27-Nov-00	16:38	27-Nov-00	0.17
1777	DS-ESS-52	27-Nov-00	16:40	27-Nov-00	0.42
1778	DS-ESS-53	27-Nov-00	16:41	27-Nov-00	0.39
1779	DS-EFS-43	28-Nov-00	8:54	28-Nov-00	< 0.10
1780	DS-EFS-44	28-Nov-00	8:55	28-Nov-00	< 0.10
1781	DS-EFS-45	28-Nov-00	8:56	28-Nov-00	< 0.10
1782	DS-ESS-54	28-Nov-00	11:13	28-Nov-00	0.77
1783	DS-ESS-55	28-Nov-00	11:14	28-Nov-00	0.89
1784	DS-ESS-56	28-Nov-00	11:15	28-Nov-00	0.83
1785	DS-EFS-46	28-Nov-00	14:01	28-Nov-00	1.8
1786	DS-EFS-47	28-Nov-00	14:02	28-Nov-00	0.31
1790	DS-EFS-48	28-Nov-00	14:45	28-Nov-00	< 0.10
1806	DS-EFS-49	30-Nov-00	13:31	05-Dec-00	0.57
1807	DS-EFS-50	30-Nov-00	13:32	05-Dec-00	2.1
1808	DS-EFS-51	30-Nov-00	13:33	05-Dec-00	1.3
1822	DS-EFS-51A	05-Dec-00	15:50	05-Dec-00	0.29
1823	DS-EFS-52	05-Dec-00	15:51	05-Dec-00	< 0.10
1824	DS-ESS-57	06-Dec-00	13:50	06-Dec-00	0.78
1825	DS-EFS-53	06-Dec-00	13:52	06-Dec-00	1.8
1826	DS-EFS-54	06-Dec-00	14:02	06-Dec-00	0.34
1827	DS-EFS-55	06-Dec-00	14:06	06-Dec-00	< 0.10
1828	DS-ESS-58	07-Dec-00	10:03	07-Dec-00	1.2

NA = Not Analyzed

J = Elevated detection limit due to toxaphene interference

E = Estimated value, exceeds calibration range.

**Table 1**  
**DABNE/Smith PROPERTY**  
**215 North Jackson**  
**Crystal Springs, Mississippi**  
**PCB Concentrations Detected in Soil**

				Field Laboratory	
Field Lab Sample ID	Sample ID	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1829	DS-ESS-59	07-Dec-00	10:04	07-Dec-00	0.92
1830	DS-EFS-57	07-Dec-00	10:00	07-Dec-00	0.31
1831	DS-EFS-58	07-Dec-00	10:01	07-Dec-00	0.33
1832	DS-EFS-59	07-Dec-00	10:02	07-Dec-00	< 0.10
1833	DS-EFS-60	07-Dec-00	17:00	07-Dec-00	< 0.10
1834	DS-EFS-61	07-Dec-00	17:01	07-Dec-00	< 0.10
AA09856	DS-ESS-60	27-Jan-01	8:14	01-Feb-01	0.20
AA09857	DS-ESS-61	27-Jan-01	8:15	01-Feb-01	0.63
AA09858	DS-ESS-62	27-Jan-01	8:16	01-Feb-01	0.44
AA09859	DS-EFS-61	27-Jan-01	8:10	01-Feb-01	< 0.10

NA = Not Analyzed

J = Elevated detection limit due to toxaphene interference

E = Estimated value, exceeds calibration range.

**Table 1**  
**DABNE/Smith PROPERTY**  
**215 North Jackson**  
**Crystal Springs, Mississippi**  
**PCB Concentrations Detected in Soil**

				Field Laboratory	
Field Lab Sample ID	Sample ID	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1427	Dupe	28-Oct-00		29-Oct-00	0.59
1463	Dupe	29-Oct-00		30-Oct-00	0.24
1497	Dupe	31-Oct-00	9:35	31-Oct-00	1.9
1544	Dupe	01-Nov-00	15:58	01-Nov-00	4.7 <sup>E</sup>
1554	Dupe	02-Nov-00	15:25	02-Nov-00	10 <sup>E</sup>
1613	Dupe	07-Nov-00	9:00	07-Nov-00	0.97
1777A	Dupe	27-Nov-00	16:40	27-Nov-00	0.49
1789A	Dupe	28-Nov-00	14:25	29-Nov-00	1.3

NA = Not Analyzed

J = Elevated detection limit due to toxaphene interference

E = Estimated value, exceeds calibration range.



**Table 2**  
**DABNE-Smith Property**  
**QC Results – October 2000 to February 2001**

**Table 2  
DABNE/Smith Property  
215 North Jackson**

Lab # associated with qc samples: 1381 through 1385

	<b>Matrix Spike</b>	<b>Matrix Spike Duplicate</b>	<b>Blank</b>	<b>LCS</b>
	1385	1385	84	84

<b>Date Analyzed:</b>	10/26/00	10/26/00	10/26/00	10/26/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	97.5		99.9		-2%	< 0.1	103

Table 2  
 DABNE/Smith Property  
 215 North Jackson

Lab # associated with qc samples: 1420 through 1427

	Matrix Spike	Matrix Spike		
	Duplicate	Duplicate	Blank	LCS
	1412	1412	87	87

Date Analyzed:	10/28/00	10/29/00	10/29/00	10/29/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	1.8		1.8		0%	< 0.1	101

Table 2  
 DABNE/Smith Property  
 215 North Jackson  
 Lab # associated with qc samples: 1428 through 1447

	Matrix Spike	Matrix Spike		
Matrix Spike	Duplicate	Duplicate	Blank	LCS
1443	1443	1443	88	88

Date Analyzed:	10/29/00	10/29/00	10/29/00	10/29/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	101		90.7		11%	< 0.1	100



Table 2  
 DABNE/Smith Property  
 215 North Jackson

Lab # associated with qc samples: 1468 through 1469

	Matrix Spike	Matrix Spike Duplicate	Blank	LCS
	1469	1469	90	90

Date Analyzed:	10/30/00	10/30/00	10/30/00	10/29/00
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Compound	% Rec	% Rec	% RPD	mg/kg	% Rec
PCB as 1260	3.2	3.2	0%	< 0.1	90

Table 2  
 DABNE/Smith Property  
 215 North Jackson

Lab # associated with qc samples: 1470 through 1489

	Matrix Spike	Matrix Duplicate		Blank	LCS
	1477	1477		91	91

Date Analyzed:	10/30/00	10/30/00	10/30/00	10/30/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	2.4		2.5		-4%	< 0.1	88.1

Table 2  
 DABNE/Smith Property  
 215 North Jackson  
 Lab # associated with qc samples: 1490 through 1493

	Matrix Spike	Matrix Spike Duplicate	Blank	LCS
	1491	1491	92	92

Date Analyzed:	11/4/00	11/4/00	11/4/00	11/4/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	5.6	E	6.3	E	-12%	< 0.1	80

E = Estimated value, exceeds calibration range.





Table 2  
 DABNE/Smith Property  
 215 North Jackson  
 Lab # associated with qc samples: 1531

	Matrix Spike	Matrix Spike Duplicate	Blank	LCS
	1520	1520	99	99

Date Analyzed:	11/7/00	11/7/00	11/7/00	11/7/00
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Compound	% Rec	% Rec	% RPD	mg/kg	% Rec
PCB as 1260	89.6	96.9	-8%	< 0.1	89

**Table 2**  
**DABNE/Smith Property**  
**215 North Jackson**  
 Lab # associated with qc samples: 1532 through 1544

	Matrix	Matrix		
	Spike	Spike		
	1533	Duplicate		Blank
		1533		101
				LCS
				101

Date Analyzed:	11/1/00	11/1/00	11/1/00	11/1/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	89.8		87.9		2%	< 0.1	83.9

Table 2  
 DABNE/Smith Property  
 215 North Jackson

Lab # associated with qc samples: 1545 through 1554

	Matrix Spike	Matrix Spike		Blank	LCS
	1545	1545		100	100

Date Analyzed:	11/2/00	11/2/00		11/2/00	11/2/00
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Compound	% Rec	% Rec	% RPD	mg/kg	% Rec
PCB as 1260	190	160	17%	< 0.1	91.5

**Table 2**  
**DABNE/Smith Property**  
**215 North Jackson**  
 Lab # associated with qc samples: 1555 through 1561

	Matrix Spike	Matrix Spike Duplicate	Blank	LCS
	1555	1555	108	108

Date Analyzed:	11/3/00	11/3/00	11/3/00	11/3/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	98.1		91.9		7%	< 0.1	83.6

**Table 2**  
**DABNE/Smith Property**  
**215 North Jackson**  
 Lab # associated with qc samples: 1614 through 1615

	Matrix Spike	Matrix Duplicate	Blank	LCS
	1610	1610	126	126

Date Analyzed:	11/14/00	11/14/00	11/14/00	11/14/00
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Compound	% Rec	% Rec	% RPD	mg/kg	% Rec
PCB as 1260	87.6	89	-2%	< 0.1	87.2

Table 2  
 DABNE/Smith Property  
 215 North Jackson

Lab # associated with qc samples: 1697 through 1702

	Matrix Spike	Matrix Spike	Matrix Duplicate	Blank	LCS
	1698	1698		141	141

Date Analyzed:	11/15/00	11/15/00	11/15/00	11/15/00
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Compound	% Rec	% Rec	% RPD	mg/kg	% Rec
PCB as 1260	130	120	8%	< 0.1	96.8

**Table 2**  
**DABNE/Smith Property**  
**215 North Jackson**  
 Lab # associated with qc samples: 1775 through 1778

	Matrix	
Matrix	Spike	
Spike	Duplicate	Blank
1771	1771	148
		LCS
		148

Date Analyzed:	11/15/00	11/15/00
		11/15/00 11/15/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	135		125		8%	< 0.1	87.7





Table 2  
 DABNE/Smith Property  
 215 North Jackson

Lab # associated with qc samples: 1806 through 1808

	Matrix Spike	Matrix Spike	Matrix Duplicate	Blank	LCS
	1800	1800	1800	151	151

Date Analyzed:	11/30/00	11/30/00	11/30/00	11/30/00
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Compound	% Rec	% Rec	% RPD	mg/kg	% Rec
PCB as 1260	129	119	8%	< 0.1	95.4

**Table 2**  
**DABNE/Smith Property**  
**215 North Jackson**  
 Lab # associated with qc samples: 1822 through 1823

	Matrix Spike	Matrix Spike Duplicate	Blank	LCS
	1819	1819	153	153

Date Analyzed:	12/5/00	12/5/00	12/5/00	12/5/00
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Compound	% Rec	% Rec	% RPD	mg/kg	% Rec
PCB as 1260	138	138	0%	< 0.1	97.1

Table 2  
 DABNE/Smith Property  
 215 North Jackson

Lab # associated with qc samples: 1824 through 1827

	Matrix			
	Spike	Matrix		
	1827	Duplicate	Blank	LCS
		1827	154	154

Date Analyzed:	12/6/00	12/6/00	12/6/00	12/6/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	102.0		107		-5%	< 0.1	98.6

Table 2  
DABNE/Smith Property  
215 North Jackson

Lab # associated with qc samples: 1828 through 1834

	Matrix Spike	Matrix Spike		Blank	LCS
	1829	1829		155	155

Date Analyzed:	12/7/00	12/7/00	12/7/00	12/7/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	158		168		-6%	< 0.1	98.2

Table 2  
 DABNE/Smith Property  
 215 North Jackson  
 Lab # associated with qc samples: AA09856 through AA09859

	Matrix Spike	Matrix Duplicate		Blank	LCS
	AA09856	AA09856		2/1/01	2/1/01

Date Analyzed:	2/1/01	12/7/00	12/7/00	12/7/00
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Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	120		123		-2%	< 0.1	103

**PARADIGM ANALYTICAL LABORATORIES, INC.**  
2627 Northchase Parkway S.E.  
Wilmington, North Carolina 28405  
(910) 350-1903  
Fax (910) 350-1557

Mr. Robert Martin  
Martin & Slagle  
Box 1023  
Black Mountain, NC 28711

November 28, 2000

Report Number: G442-1

Client Project ID: BW00-1

Dear Mr. Martin,

Enclosed are the results of the analytical services performed under the referenced project. Copies of this report and supporting data will be retained in our files for a period of five years in the event they are required for future reference. Any samples submitted to our laboratory will be retained for a maximum of thirty (30) days from the date of this report unless other arrangements are requested.

If there are any questions about the report or the services performed during this project, please call for assistance. We will be happy to answer any questions or concerns which you may have.

Thank you for using Paradigm Analytical Labs for your analytical services. We look forward to working with you again on any additional analytical needs which you may have.

Sincerely,

Paradigm Analytical Laboratories, Inc.

  
\_\_\_\_\_  
Laboratory Director  
Mark Randall

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSPA7  
Client Project ID: BW00-1  
Lab Sample ID: 98729  
Lab Project ID: G442-1  
Matrix: Soil

Date Collected: 10/28/00  
Date Received: 10/31/00  
Date Analyzed: 11/14/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 87.5

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	150	BQL
Aroclor-1221	150	BQL
Aroclor-1232	150	BQL
Aroclor-1242	150	BQL
Aroclor-1248	150	BQL
Aroclor-1254	150	BQL
Aroclor-1260	150	BQL
Aroclor-1262	150	550 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	79	79

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:  
BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 



PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DUP 10/28/00  
Client Project ID: BW00-1  
Lab Sample ID: 98730  
Lab Project ID: G442-1  
Matrix: Soil

Date Collected: 10/28/00  
Date Received: 10/31/00  
Date Analyzed: 11/22/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 87.2

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	150	BQL
Aroclor-1221	150	BQL
Aroclor-1232	150	BQL
Aroclor-1242	150	BQL
Aroclor-1248	150	BQL
Aroclor-1254	150	BQL
Aroclor-1260	150	BQL
Aroclor-1262	150	380 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	45	45

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSESS14  
Client Project ID: BW00-1  
Lab Sample ID: 98731  
Lab Project ID: G442-1  
Matrix: Soil

Date Collected: 10/29/00  
Date Received: 10/31/00  
Date Analyzed: 11/15/00  
Analyzed By: CLP  
Dilution: 2

%SOLIDS: 93.8

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	270	BQL
Aroclor-1221	270	BQL
Aroclor-1232	270	BQL
Aroclor-1242	270	BQL
Aroclor-1248	270	BQL
Aroclor-1254	270	BQL
Aroclor-1260	270	BQL
Aroclor-1262	270	1600 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	96	96

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSESS1  
Client Project ID: BW00-1  
Lab Sample ID: 98732  
Lab Project ID: G442-1  
Matrix: Soil

Date Collected: 10/29/00  
Date Received: 10/31/00  
Date Analyzed: 11/14/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 92.7

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	120	BQL
Aroclor-1221	120	BQL
Aroclor-1232	120	BQL
Aroclor-1242	120	BQL
Aroclor-1248	120	BQL
Aroclor-1254	120	BQL
Aroclor-1260	120	BQL
Aroclor-1262	120	710 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	47	47

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:

BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSESS17  
Client Project ID: BW00-1  
Lab Sample ID: 98737  
Lab Project ID: G442-1  
Matrix: Soil

Date Collected: 10/29/00  
Date Received: 10/31/00  
Date Analyzed: 11/15/00  
Analyzed By: CLP  
Dilution: 2

%SOLIDS: 99.6

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	240	BQL
Aroclor-1221	240	BQL
Aroclor-1232	240	BQL
Aroclor-1242	240	BQL
Aroclor-1248	240	BQL
Aroclor-1254	240	BQL
Aroclor-1260	240	BQL
Aroclor-1262	240	1500 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	100	100

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:  
BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: JSESS4  
Client Project ID: BW00-1  
Lab Sample ID: 98750  
Lab Project ID: G442-1  
Matrix: Soil

Date Collected: 10/26/00  
Date Received: 10/31/00  
Date Analyzed: 11/15/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 88.8

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	100	BQL
Aroclor-1221	100	BQL
Aroclor-1232	100	BQL
Aroclor-1242	100	BQL
Aroclor-1248	100	BQL
Aroclor-1254	100	BQL
Aroclor-1260	100	BQL
Aroclor-1262	100	130 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	68	68

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:

BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By:

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: BW00-1  
Lab Sample ID: SQC 20  
Lab Project ID: G442-1  
Matrix: Soil

Date Analyzed: 11/21/00  
Analyzed By: CLP  
Dilution: 10.0

Compound	Sample	MS	%Rec	MSD	%Rec	RPD
Aroclor-1260	3800	3900	93%	3900	93%	0.5

Comments:

BQL = Below Quantitation Limit

Results reported are on-column amounts in µg/L

N.C. Certification #481 S.C. Certification #99029

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: BW00-1  
Lab Sample ID: SLCS 20  
Lab Project ID: G442-1  
Matrix: Soil

Date Analyzed: 11/21/00  
Analyzed By: JPW  
Dilution: 1.0

Compound	Spiked (ug/KG)	Result (ug/KG)	Limits	
			Lower	Upper
Arochlor 1260	313	378	219	406

Reviewed By: *fw*

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: BW00-1  
Lab Sample ID: SQC 19  
Lab Project ID: G442-1  
Matrix: Soil

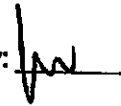
Date Analyzed: 11/21/00  
Analyzed By: CLP  
Dilution: 10.0

Compound	Sample	MS	%Rec	MSD	%Rec	RPD
Aroclor-1260	BQL	889	89%	904	90%	1.7

Comments:

BQL = Below Quantitation Limit

Results reported are on-column amounts in ug/l

Reviewed By: 



**PARRIDIGM ANALYTICAL LABORATORIES, INC.**  
Results for Laboratory Control Spike (LCS)  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: BW00-1  
Lab Sample ID: SLCS 19  
Lab Project ID: G442-1  
Matrix: Soil

Date Analyzed: 11/21/00  
Analyzed By: CLP  
Dilution: 1.0

Compound	Spiked (ug/KG)	Result (ug/KG)	Limits	
			Lower	Upper
Arochlor 1260	313	251	219	406

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: Method Blank  
Client Project ID: BW00-1  
Lab Sample ID: SBLK 110200  
Lab Project ID: G442-1  
Matrix: Soil

%SOLIDS: 100.0

Date Collected:  
Date Received:  
Date Analyzed: 11/21/00  
Analyzed By: CLP  
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	160	BQL
Arochlor-1221	160	BQL
Arochlor-1232	160	BQL
Arochlor-1242	160	BQL
Arochlor-1248	160	BQL
Arochlor-1254	160	BQL
Arochlor-1260	160	BQL
Arochlor-1262	160	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	73	73

Comments:  
BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By:

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: Method Blank  
Client Project ID: BW00-1  
Lab Sample ID: SBLK 110300  
Lab Project ID: G442-1  
Matrix: Soil

%SOLIDS: 100.0

Date Collected:  
Date Received:  
Date Analyzed: 11/21/00  
Analyzed By: CLP  
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	160	BQL
Arochlor-1221	160	BQL
Arochlor-1232	160	BQL
Arochlor-1242	160	BQL
Arochlor-1248	160	BQL
Arochlor-1254	160	BQL
Arochlor-1260	160	BQL
Arochlor-1262	160	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	85	85

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 

Client: Neutria's Slagle Project ID: BAW00-1 Date: 10/29/00 Report To: Robert Martin  
 Address: PO Box 10723 Contact: Robert Martin Turnaround: Standard  
 Address: Blackshear, NC 28711 Phone: 828 669 3928 Job Number: \_\_\_\_\_ Invoice To: SARL  
 Quote #: \_\_\_\_\_ Fax: 828 669 5289 P.O. Number: \_\_\_\_\_

Sample ID	Relinquished By		Received By		Date		Time		Preservatives	Analyses		Comments Please specify any special reporting requirements
	Date	Time	Date	Time	Date	Time	Temperature	State Certification Requested				
CS-1	10/27	1445 S										+ R202
CS-2	10/27	1453 S										Report QC
ACCESS 62	10/25	1517 S										9442-1
DUPE	10/25	<del>1448</del> S										
ACCESS 19	10/28	1203 S										
ACCESS 101	10/28	1343 S										
DS PAT	10/28	1505 S										
Dupe	10/28	<del>1448</del> S										
DS ESS 14	10/29	1247 S										
DS ESS 1	10/29	1229 S										
Relinquished By: <u>[Signature]</u>			Received By: <u>[Signature]</u>		Date:	10/30/00	0930	Temperature:	40°C	State Certification Requested: NC ___ SC ___ Other ___		

ORIGINAL

SEE REVERSE FOR  
TERMS AND CONDITIONS

Client: Martin & Slagle Project ID: BW-00-1 Date: 10/29/00  
 Report To: Robert Martin  
 Address: ON file Contact: Robert Martin Turnaround: Std.  
 Address: ON file Phone: ON file Job Number: \_\_\_\_\_  
 Quote #: \_\_\_\_\_ P.O. Number: \_\_\_\_\_  
 Invoice To: June

Sample ID	Date	Time	Matrix	Preservatives		Analyses		Comments: Please specify any special reporting requirements.
				Received By	Date	Time	Temperature	
ACCESS113	10/29/00	1442	S	—	—	—	—	EHTA2-1
Dup	10/29/00		S	—	—	—	—	
ACCESS530.1	10/26/00	0914	S	—	—	—	—	
ACCESS580.5	10/26/00	0844	S	—	—	—	—	
ACCESS17	10/29/00	1434	S	—	—	—	—	
ACCESS110.5	10/29/00	1117	S	—	—	—	—	
ACCESS630.1	10/25/00	1417	S	—	—	—	—	
ACCESS170.5	10/29/00	0942	S	—	—	—	—	
ACCESS220.5	10/29/00	1051	S	—	—	—	—	
Relinquished By	Date	Time	Received By	Date	Time	Temperature	State Certification Requested	
<u>21 Analytical</u>	10/29/00	1800	<u>John Slagle</u>	10/29/00	0930	40°C	NC	SC

SEE REVERSE FOR TERMS AND CONDITIONS

Client: Martin Skelge  
 Address: OWA file  
 Address: OWA file  
 Phone #: \_\_\_\_\_  
 Project ID: BW-00-1  
 Contact: Martin  
 Phone: OWA file  
 Date: 10/29/00  
 Turnaround: std  
 Job Number: \_\_\_\_\_  
 Report To: Robert Martin  
 Invoice To: John

Sample ID	Date	Time	Matrix	Preservatives		Analyses		Temperature	State Certification Requested	
				Received By	Date	Time	Temperature			
WCESS280.5	10/24	1305	S	---	---	---	---	---	GHHQ-1	
WCESS330.5	10/24	1328	S	---	---	---	---	---		
WCESS400.5	10/24	1622	S	---	---	---	---	---		
WCESS490.5	10/24	1703	S	---	---	---	---	---		
WCESS360.1	10/24	1557	S	---	---	---	---	---		
WCESS680.5	10/25	1347	S	---	---	---	---	---		
WCESS800.5	10/26	1408	S	---	---	---	---	---		
WCESS850.1	10/26	1527	S	---	---	---	---	---		
WCESSA	10/26	1748	S	---	---	---	---	---		
---	---	---	---	---	---	---	---	---		---
Relinquished By	Date	Time	Received By	Date	Time	Temperature	State Certification Requested	NC	SC	Other
<u>M. Skelge</u>	<u>10/29/00</u>	<u>1500</u>	<u>John Skelge</u>	<u>10/31/00</u>	<u>0930</u>	<u>40°C</u>				

Comments:  
 Please specify any special reporting requirements.

SEE REVERSE FOR  
 TERMS AND CONDITIONS

ORIGINAL

**PARADIGM ANALYTICAL LABORATORIES, INC.**  
2627 Northchase Parkway S.E.  
Wilmington, North Carolina 28405  
(910) 350-1903  
Fax (910) 350-1557

Mr. Robert Martin  
Martin & Slagle  
Box 1023  
Black Mountain, NC 28711

November 29, 2000

Report Number: G185-87

Client Project ID: Kuhlman

Dear Mr. Martin,

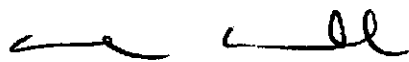
Enclosed are the results of the analytical services performed under the referenced project. Copies of this report and supporting data will be retained in our files for a period of five years in the event they are required for future reference. Any samples submitted to our laboratory will be retained for a maximum of thirty (30) days from the date of this report unless other arrangements are requested.

If there are any questions about the report or the services performed during this project, please call for assistance. We will be happy to answer any questions or concerns which you may have.

Thank you for using Paradigm Analytical Labs for your analytical services. We look forward to working with you again on any additional analytical needs which you may have.

Sincerely,

Paradigm Analytical Laboratories, Inc.



Laboratory Director  
Mark Randall

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSESS17  
Client Project ID: Kuhlman  
Lab Sample ID: 98721  
Lab Project ID: G185-87  
Matrix: Soil

Date Collected: 10/30/00  
Date Received: 10/31/00  
Date Analyzed: 11/16/00  
Analyzed By: CLP  
Dilution: 2

%SOLIDS: 90.9

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	480	BQL
Arochlor-1221	480	BQL
Arochlor-1232	480	BQL
Arochlor-1242	480	BQL
Arochlor-1248	480	BQL
Arochlor-1254	480	BQL
Arochlor-1260	480	BQL
Arochlor-1262	480	1800 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	104	104

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:  
BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 



PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSEFS16  
Client Project ID: Kuhlman  
Lab Sample ID: 98722  
Lab Project ID: G185-87  
Matrix: Soil

Date Collected: 10/31/00  
Date Received: 10/31/00  
Date Analyzed: 11/16/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 92.3

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	96	BQL
Arochlor-1221	96	BQL
Arochlor-1232	96	BQL
Arochlor-1242	96	BQL
Arochlor-1248	96	BQL
Arochlor-1254	96	BQL
Arochlor-1260	96	BQL
Arochlor-1262	96	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	93	93

Comments:  
BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: Kuhlman  
Lab Sample ID: SQC 23  
Lab Project ID: G185-87  
Matrix: Soil

Date Analyzed: 11/21/00  
Analyzed By: CLP  
Dilution: 1.0

Compound	Sample	MS	%Rec	MSD	%Rec	RPD
Aroclor-1260	BQL	867	87%	789	79%	9.4

Comments:

BQL = Below Quantitation Limit

Results reported are on-column amounts in ug/l

N.C. Certification #481 S.C. Certification #99029

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.  
Results for Laboratory Control Spike (LCS)  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: Kuhlman  
Lab Sample ID: SLCS 23  
Lab Project ID: G185-87  
Matrix: Soil

Date Analyzed: 11/16/00  
Analyzed By: CLP  
Dilution: 1.0

Compound	Spiked (ug/KG)	Result (ug/KG)	Limits	
			Lower	Upper
Arochlor 1260	313	283	219	406

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: Method Blank  
Client Project ID: Kuhlman  
Lab Sample ID: SBLK 111300  
Lab Project ID: G185-87  
Matrix: Soil

Date Collected:  
Date Received:  
Date Analyzed: 11/21/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 100.0

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	160	BQL
Arochlor-1221	160	BQL
Arochlor-1232	160	BQL
Arochlor-1242	160	BQL
Arochlor-1248	160	BQL
Arochlor-1254	160	BQL
Arochlor-1260	160	BQL
Arochlor-1262	160	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	92	92

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 

**PARADIGM ANALYTICAL LABORATORIES, INC.**

2627 Northchase Parkway S.E.  
Wilmington, North Carolina 28405  
(910) 350-1903  
Fax (910) 350-1557

Mr. Robert Martin  
Martin & Slagle  
Box 1023  
Black Mountain, NC 28711

November 29, 2000

Report Number: G185-89

Client Project ID: Kuhlman

Dear Mr. Martin,

Enclosed are the results of the analytical services performed under the referenced project. Copies of this report and supporting data will be retained in our files for a period of five years in the event they are required for future reference. Any samples submitted to our laboratory will be retained for a maximum of thirty (30) days from the date of this report unless other arrangements are requested.

If there are any questions about the report or the services performed during this project, please call for assistance. We will be happy to answer any questions or concerns which you may have.

Thank you for using Paradigm Analytical Labs for your analytical services. We look forward to working with you again on any additional analytical needs which you may have.

Sincerely,

Paradigm Analytical Laboratories, Inc.



Laboratory Director  
Mark Randall

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSESS 36  
Client Project ID: Kuhlman  
Lab Sample ID: 99181  
Lab Project ID: G185-89  
Matrix: Soil

Date Collected: 11/2/00  
Date Received: 11/7/00  
Date Analyzed: 11/17/00  
Analyzed By: CLP  
Dilution: 10

%SOLIDS: 91.5

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	950	BQL
Arochlor-1221	950	BQL
Arochlor-1232	950	BQL
Arochlor-1242	950	BQL
Arochlor-1248	950	BQL
Arochlor-1254	950	BQL
Arochlor-1260	950	BQL
Arochlor-1262	950	4100 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	NA	NA

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:  
BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSESS 38  
Client Project ID: Kuhiman  
Lab Sample ID: 99186  
Lab Project ID: G185-89  
Matrix: Soil

Date Collected: 11/2/00  
Date Received: 11/7/00  
Date Analyzed: 11/17/00  
Analyzed By: CLP  
Dilution: 20

%SOLIDS: 84.5

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	2900	BQL
Arochlor-1221	2900	BQL
Arochlor-1232	2900	BQL
Arochlor-1242	2900	BQL
Arochlor-1248	2900	BQL
Arochlor-1254	2900	BQL
Arochlor-1260	2900	BQL
Arochlor-1262	2900	7600 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	NA	NA

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DUPE 11/2-1525  
Client Project ID: Kuhlman  
Lab Sample ID: 99184  
Lab Project ID: G185-89  
Matrix: Soil

Date Collected: 11/2/00  
Date Received: 11/7/00  
Date Analyzed: 11/20/00  
Analyzed By: CLP  
Dilution: 20

%SOLIDS: 83.0

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	2200	BQL
Arochlor-1221	2200	BQL
Arochlor-1232	2200	BQL
Arochlor-1242	2200	BQL
Arochlor-1248	2200	BQL
Arochlor-1254	2200	BQL
Arochlor-1260	2200	BQL
Arochlor-1262	2200	9400 BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	NA	NA

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 



PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: Method Blank  
Client Project ID: Kuhlman  
Lab Sample ID: SBLK 110900  
Lab Project ID: G185-89  
Matrix: Soil

%SOLIDS: 100.0

Date Collected:  
Date Received:  
Date Analyzed: 11/14/00  
Analyzed By: CLP  
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	94	BQL
Arochlor-1221	94	BQL
Arochlor-1232	94	BQL
Arochlor-1242	94	BQL
Arochlor-1248	94	BQL
Arochlor-1254	94	BQL
Arochlor-1260	94	BQL
Arochlor-1262	94	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	69	69

Comments:

BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.  
Results for Laboratory Control Spike (LCS)  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: Kuhlman  
Lab Sample ID: SLCS 21  
Lab Project ID: G185-89  
Matrix: Soil

Date Analyzed: 11/16/00  
Analyzed By: CLP  
Dilution: 1.0

Compound	Spiked (ug/KG)	Result (ug/KG)	Limits	
			Lower	Upper
Arochlor 1260	313	256	219	406

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: Kuhiman  
Lab Sample ID: SQC 21  
Lab Project ID: G185-89  
Matrix: Soil

Date Analyzed: 11/21/00  
Analyzed By: CLP  
Dilution: 1.0

Compound	Sample	MS	%Rec	MSD	%Rec	RPD
Aroclor-1260	BQL	736	74%	765	77%	3.9

Comments:

BQL = Below Quantitation Limit

Results reported are on-column amounts in ug/l

Reviewed By: 

**PARADIGM ANALYTICAL LABORATORIES, INC.**  
2627 Northchase Parkway S.E.  
Wilmington, North Carolina 28405  
(910) 350-1903  
Fax (910) 350-1557

Mr. Robert Martin  
Martin & Slagle  
Box 1023  
Black Mountain, NC 28711

January 5, 2001

Report Number: G442-4

Client Project ID: BW001

Dear Mr. Martin,

Enclosed are the results of the analytical services performed under the referenced project. Copies of this report and supporting data will be retained in our files for a period of five years in the event they are required for future reference. Any samples submitted to our laboratory will be retained for a maximum of thirty (30) days from the date of this report unless other arrangements are requested.

If there are any questions about the report or the services performed during this project, please call for assistance. We will be happy to answer any questions or concerns which you may have.

Thank you for using Paradigm Analytical Labs for your analytical services. We look forward to working with you again on any additional analytical needs which you may have.

Sincerely,

Paradigm Analytical Laboratories, Inc.



Laboratory Director  
Mark Randall

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSEFS-59  
Client Project ID: BW001  
Lab Sample ID: 11644  
Lab Project ID: G442-4  
Matrix: Soil

%SOLIDS: 78.0

Date Analyzed: 12/21/00  
Analyzed By: MRC  
Date Collected: 12/7/00  
Date Received: 12/15/00  
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	200	BQL
Arochlor-1221	200	BQL
Arochlor-1232	200	BQL
Arochlor-1242	200	BQL
Arochlor-1248	200	BQL
Arochlor-1254	200	BQL
Arochlor-1260	200	BQL
Arochlor-1262	200	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	66	66

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSEFS-61  
Client Project ID: BW001  
Lab Sample ID: 11645  
Lab Project ID: G442-4  
Matrix: Soil

Date Analyzed: 12/21/00  
Analyzed By: MRC  
Date Collected: 12/7/00  
Date Received: 12/15/00  
Dilution: 1

%SOLIDS: 76.4

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	200	BQL
Arochlor-1221	200	BQL
Arochlor-1232	200	BQL
Arochlor-1242	200	BQL
Arochlor-1248	200	BQL
Arochlor-1254	200	BQL
Arochlor-1260	200	BQL
Arochlor-1262	200	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	76	76

Comments:

BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.  
Results for Laboratory Control Spike (LCS)  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: BW001  
Lab Sample ID: SLCS 26  
Lab Project ID: G442-4  
Matrix: Soil

Date Analyzed: 12/21/01  
Analyzed By: CLP  
Dilution: 1.0

Compound	Spiked (ug/KG)	Result (ug/KG)	Limits	
			Lower	Upper
Aroclor 1260	313	254	219	406

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: BW001  
Lab Sample ID: SQC 26  
Lab Project ID: G442-4  
Matrix: Soil

Date Analyzed: 12/21/01  
Analyzed By: JPW  
Dilution: 20.0

Compound	Sample	MS	%Rec	MSD	%Rec	RPD
Aroclor-1260	7600	7100	89%	6700	84%	6.2

Comments:

BQL = Below Quantitation Limit

Results reported are on-column amounts in ug/L

Reviewed By: JPW



PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: Method Blank  
Client Project ID: BW001  
Lab Sample ID: SBLK 112700  
Lab Project ID: G442-4  
Matrix: Soil

Date Collected:  
Date Received:  
Date Analyzed: 11/30/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 100.0

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	94	BQL
Aroclor-1221	94	BQL
Aroclor-1232	94	BQL
Aroclor-1242	94	BQL
Aroclor-1248	94	BQL
Aroclor-1254	94	BQL
Aroclor-1260	94	BQL
Aroclor-1262	94	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	73	73

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 

**PARADIGM ANALYTICAL LABORATORIES, INC.**  
2627 Northchase Parkway S.E.  
Wilmington, North Carolina 28405  
(910) 350-1903  
Fax (910) 350-1557

Mr. Robert Martin  
Martin & Slagle  
Box 1023  
Black Mountain, NC 28711

January 8, 2001

Report Number: G442-3

Client Project ID: BW001

Dear Mr. Martin,

Enclosed are the results of the analytical services performed under the referenced project. Copies of this report and supporting data will be retained in our files for a period of five years in the event they are required for future reference. Any samples submitted to our laboratory will be retained for a maximum of thirty (30) days from the date of this report unless other arrangements are requested.

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Thank you for using Paradigm Analytical Labs for your analytical services. We look forward to working with you again on any additional analytical needs which you may have.

Sincerely,

Paradigm Analytical Laboratories, Inc.



Laboratory Director  
Mark Randall

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSESS-53  
Client Project ID: BW001  
Lab Sample ID: 10938  
Lab Project ID: G442-3  
Matrix: Soil

Date Collected: 11/27/00  
Date Received: 12/7/00  
Date Analyzed: 12/11/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 84.2

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	150	BQL
Aroclor-1221	150	BQL
Aroclor-1232	150	BQL
Aroclor-1242	150	BQL
Aroclor-1248	150	BQL
Aroclor-1254	150	BQL
Aroclor-1260	150	210
Aroclor-1262	150	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	89	89

\*Sample was quantitated as Aroclor 1260, but appears to contain a mixture of Aroclor 1260 and Aroclor 1262.

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: DSESS-57  
Client Project ID: BW001  
Lab Sample ID: 10943  
Lab Project ID: G442-3  
Matrix: Soil

Date Collected: 12/6/00  
Date Received: 12/7/00  
Date Analyzed: 12/11/00  
Analyzed By: CLP  
Dilution: 1

%SOLIDS: 72.9

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	140	BQL
Aroclor-1221	140	BQL
Aroclor-1232	140	BQL
Aroclor-1242	140	BQL
Aroclor-1248	140	BQL
Aroclor-1254	140	BQL
Aroclor-1260	140	BQL
Aroclor-1262	140	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	68	68

Comments:

BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: BW001  
Lab Sample ID: SQC 26  
Lab Project ID: G442-3  
Matrix: Soil

Date Analyzed: 12/21/01  
Analyzed By: JPW  
Dilution: 20.0

Compound	Sample	MS	%Rec	MSD	%Rec	RPD
Aroclor-1260	7600	7100	89%	6700	84%	6.2

Comments:

BQL = Below Quantitation Limit

Results reported are on-column amounts in ug/L

N.C. Certification #481 S.C. Certification #99029

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.  
Results for Laboratory Control Spike (LCS)  
by GC 8082

Client Sample ID: Batch QC  
Client Project ID: BW001  
Lab Sample ID: SLCS 26  
Lab Project ID: G442-3  
Matrix: Soil

Date Analyzed: 12/21/01  
Analyzed By: CLP  
Dilution: 1.0

Compound	Spiked (ug/KG)	Result (ug/KG)	Limits	
			Lower	Upper
Aroclor 1260	313	254	219	406

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: Method Blank  
Client Project ID: BW001  
Lab Sample ID: SBLK 112700  
Lab Project ID: G442-3  
Matrix: Soil

%SOLIDS: 100.0

Date Collected:  
Date Received:  
Date Analyzed: 11/30/00  
Analyzed By: CLP  
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	94	BQL
Aroclor-1221	94	BQL
Aroclor-1232	94	BQL
Aroclor-1242	94	BQL
Aroclor-1248	94	BQL
Aroclor-1254	94	BQL
Aroclor-1260	94	BQL
Aroclor-1262	94	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	73	73

Comments:  
BQL = Below Quantitation Limit  
NA = Not applicable, surrogate diluted out.

Reviewed By: 

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs  
by EPA 8082

Client Sample ID: ds-efs-81

Client Project ID: Borg Warner/Crystal Springs

Lab Sample ID: 14001

Lab Project ID: G442-5

Matrix: Soil

%SOLIDS: 77.7

Date Collected: 1/27/01

Date Received: 1/30/01

Date Analyzed: 2/9/01

Analyzed By: CLP

Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	200	BQL
Aroclor-1221	200	BQL
Aroclor-1232	200	BQL
Aroclor-1242	200	BQL
Aroclor-1248	200	BQL
Aroclor-1254	200	BQL
Aroclor-1260	200	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	46	46

Comments:

BQL = Below Quantitation Limit

NA = Not applicable, surrogate diluted out.

Reviewed By: 





# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655111

## Section I: GENERATOR (Generator completes all of Section I)

a. Generator Name: Kuhlman Electric b. Generating Location: Dabney / Smith Property  
 c. Address: 101 Kuhlman Dr. d. Address: 215 N. Jackson  
Crystal Springs Ms 31059 Crystal Springs Ms 31059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

M	S	L	3	8	J	J	-	4	2
---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: oil contaminated rags k. Quantity: 

--	--	--	--	--	--	--	--	--	--

 Units: 

--	--	--	--	--	--	--	--	--	--

 No.: 

--	--	--	--	--	--	--	--	--	--

 TYPE: 

--	--	--	--	--	--	--	--	--	--

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Generator Authorized Agent Name: Alan T. ... Signature: \_\_\_\_\_ Shipment Date: 103000

## Section II: TRANSPORTER (Transporter completes all of Section II)

**TRANSPORTER I**  
 a. Name: Support Services  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Michael Merrell  
 d. Phone No.: 337-194-3743 e. Truck No.: T-02  
 f. Vehicle License No./State: A 37186MS  
 Acknowledgement of Receipt of Materials.  
 g. Driver Signature: Michael Merrell Shipment Date: 103000

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III: DESTINATION (Destination completes all of Section III)

a. Site Name: BFI Hill Drive on Hill c. Phone No.: 601-987-9489  
 b. Physical Address: 171 ... Jackson Ms 31157 d. Mailing Address: 5711 ...

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 103000

## Section IV: SHIPPERS (Shipper completes all of Section IV)

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655110

## Section I: GENERATOR

a. Generator Name: Rubman Electric b. Generating Location: Dubney Smith Property  
 c. Address: 101 Rubman Dr. d. Address: 215 N. Jackson St  
Crystal Springs Ms. 39059 Crystal Springs Ms. 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

BFI WASTE CODE

MS L38 J00042

Containers

Containers

TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG  
 or WRAP  
 T - TRUCK  
 O - OTHER

Description of Waste: Soil Contaminated w/PCBs

k. Quantity: 20 Units: Y No.: \_\_\_\_\_ TYPE: T

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

[Signature] Generator Authorized Agent Name  
[Signature] Signature  
103000 Shipment Date

## Section II: TRANSPORTER

### TRANSPORTER I

a. Name: Support Services  
 b. Address: P.O. Box 59  
New Haven Ms. 39140  
 c. Driver Name/Title: Michael Merrell  
 d. Phone No.: 664-191-2343 e. Truck No.: 1-02  
 f. Vehicle License No./State: A 37186 MS  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
103000 Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: [Signature]  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III: DESTINATION

a. Site Name: BFI Little Dixie Landfill  
 b. Physical Address: 1716 N. County Line Rd.  
Jackson Ms. 39157  
 c. Phone No.: 601-952-7455  
 d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent  
[Signature] Signature  
103000 Receipt Date

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655112

May 7 1991

## GENERATOR

Generator Name: Kubota Electric b. Generating Location: Dobsony / Smith Property  
 Address: 110 Kubota Dr d. Address: Cypress Springs Ms. 3859  
 Phone No.: \_\_\_\_\_ t. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

BFI WASTE CODE: 

M	S	L	7	R	3	T	1	6	1	R
---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 Description of Waste: \_\_\_\_\_ Quantity: \_\_\_\_\_ Units: \_\_\_\_\_ No. \_\_\_\_\_ TYPE: \_\_\_\_\_  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

TYPE: \_\_\_\_\_  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Shipment Date: 103190

## TRANSPORTER I

Name: \_\_\_\_\_  
 Address: New Hill Road Ms. 39140  
 Driver Name/Title: Michael L. McNeill  
 Phone No.: 228-774-3343 e. Truck No.: 1-02  
 Vehicle License No./State: A 37186 MS  
 Acknowledgement of Receipt of Materials.  
 Driver Signature: Michael L. McNeill Shipment Date: 103100

## TRANSPORTER II

Name: \_\_\_\_\_  
 Address: SPM  
 Driver Name/Title: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ I. Truck No.: \_\_\_\_\_  
 Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## DESTINATION

a. Site Name: BFI Little Dixie Landfill c. Phone No.: 228-777-2458  
 b. Physical Address: 711 N. Highway Rd. Tuckson Ms. 39157 d. Mailing Address: SPM  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 103100

Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655113

### Section I: GENERATOR

a. Generator Name: Kuhlman Electric b. Generating Location: Whitely Smith Highway  
 c. Address: 101 Kuhlman Dr. d. Address: Crystal Springs Ms. 39059  
Crystal Springs Ms. 39059

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

M	S	L	3	B	J	0	0	4	2
---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: oil contaminated w/ AB's k. Quantity: 

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 Units: Y No.: \_\_\_\_\_ TYPE: T  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan T. Woods Generator Authorized Agent Name      [Signature] Signature      103100 Shipment Date

### Section II: TRANSPORTER

**TRANSPORTER I**  
 a. Name: Support Services  
 b. Address: P.O. Box 59  
New Hobden Ms. 39140  
 c. Driver Name/Title: Michael Merrell  
 d. Phone No.: 601-694-3347 e. Truck No.: T-02  
 f. Vehicle License No./State: A 37186 MS  
 Acknowledgement of Receipt of Materials.  
 g. Michael Merrell Driver Signature      103100 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

### Section III: DESTINATION

a. Site Name: BFI L.H.C. Div. Landfill c. Phone No.: 800-967-2483  
 b. Physical Address: 1716 N. Country Line Rd. d. Mailing Address: \_\_\_\_\_  
Andover Ms. 39157  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent      [Signature] Signature      103100 Receipt Date

### Section IV: ASBESTOS

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655114

## Section I GENERATOR

a. Generator Name: Kuhlman Electric b. Generating Location: Dobson/Smith Property  
 c. Address: 101 Kuhlman Dr. d. Address: Crystal Springs Ms. 39059  
Crystal Springs Ms. 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

MS	238	JT0042					
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 Containers: \_\_\_\_\_  
 j. Description of Waste: oil contaminated w/ PCB's k. Quantity: 

		20	y				
--	--	----	---	--	--	--	--

 Units: y No.: \_\_\_\_\_ TYPE: T  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 8 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Michael J. Merrell [Signature]

103100
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 Generator Authorized Agent Name Signature Shipment Date

## Section II TRANSPORTER

**TRANSPORTER I**  
 a. Name: Support Services  
 b. Address: 121 Oak St  
New Haven Ms. 39140  
 c. Driver Name/Title: Michael Merrell  
 d. Phone No.: 228-794-2442 e. Truck No.: 4-02  
 f. Vehicle License No./State: A-37186 MS  
 Acknowledgement of Receipt of Materials.  
Michael J. Merrell

103100
--------

  
 Driver Signature Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 

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 Driver Signature Shipment Date

## Section III DESTINATION

a. Site Name: BFI Little Dixie Landfill c. Phone No.: 400-767-7498  
 b. Physical Address: 17th N. County Line Rd. d. Mailing Address: \_\_\_\_\_  
Tockan Ms. 39157  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
[Signature] [Signature]

103100
--------

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655115

### Section I GENERATOR

a. Generator Name: Rubens Electric b. Generating Location: Whitney South Property  
 c. Address: 101 Highway A d. Address: Capital Springs, Mo. 39059  
Capital Springs, Mo. 39059

e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: ME 139 JT004R Containers: \_\_\_\_\_  
 j. Description of Waste: 6 mil. Plastic Bag / PB k. Quantity: \_\_\_\_\_ Units: \_\_\_\_\_ No.: \_\_\_\_\_ TYPE: \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Generator Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Shipment Date: 10/3/00

### Section II TRANSPORTER

**TRANSPORTER I**  
 a. Name: Spit Services  
 b. Address: P.O. Box 59  
New Haven, Mo. 39140  
 c. Driver Name/Title: Lance RBK  
 d. Phone No.: 816-104-7343 e. Truck No.: T-13  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 g. Lance RBK 10/3/00  
 Driver Signature Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

### Section III DESTINATION

a. Site Name: BFI Little Dixie Landfill c. Phone No.: 816-917-2455  
 b. Physical Address: 1716 N. County Line Rd. d. Mailing Address: \_\_\_\_\_  
Rolla, Mo. 39157  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

Name of Authorized Agent: Colleen Kearney Signature: \_\_\_\_\_ Receipt Date: 10/3/00

### Section IV ASBESTOS

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655116

## GENERATOR (Generator responsible for waste)

a. Generator Name: Kubler Electric b. Generating Location: Delroy / with County  
 c. Address: 101 Williams Dr. d. Address: Cystal Springs, Mo. 65019  
Cystal Springs, Mo. 65019

e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE

M	A	S	P	T	T	1	R						
---	---	---	---	---	---	---	---	--	--	--	--	--	--

Containers

**TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG  
 or WRAP  
 T - TRUCK  
 O - OTHER

j. Description of Waste: 1 container of ASP

k. Quantity \_\_\_\_\_ Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_

		70	y				T
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

**UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

Generator Authorized Agent Name

Signature

10	7	1	00
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Shipment Date

## TRANSPORTER (Carrier)

### TRANSPORTER I

a. Name: Cystal Springs  
 b. Address: 101 Williams Dr.  
Cystal Springs, Mo. 65019  
 c. Driver Name/Title: M.K. Marshall  
 d. Phone No.: 64 7743 e. Truck No.: T-2  
 f. Vehicle License No./State: 77126 Mo.

Acknowledgement of Receipt of Materials.

g. Michael Menard

10	7	1	00
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 Driver Signature Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_ 

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 Driver Signature Shipment Date

## DESTINATION

a. Site Name: BFI Little Rock c. Phone No.: 501-27-728  
 b. Physical Address: 171 N. 1st St. Little Rock, AR 72201  
211 West Ave. 72117 d. Mailing Address: \_\_\_\_\_

e. Discrepancy Indication Space: \_\_\_\_\_

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

o. Carlene Henry

10	3	1	00
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 Name of Authorized Agent Signature Receipt Date

Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_

c. Shipper's Address: \_\_\_\_\_

d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.









# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655117

### Section I GENERATOR

a. Generator Name: William Electric b. Generating Location: Dubway 1003 Spring  
 c. Address: Capital Springs, Mo. 65012 d. Address: Capital Springs, Mo. 65012  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 14 278 J0042 Containers: \_\_\_\_\_  
 Description of Waste: Asbestos waste k. Quantity: 170 Units: Y No.: \_\_\_\_\_ TYPE: T

TYPE	
DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	6 MIL. PLASTIC BAG or WRAP
T	TRUCK
O	OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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 269 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS	
P	POUNDS
Y	YARDS
M	CUBIC METERS
Y	CUBIC YARDS
O	OTHER

Generator Authorized Agent Name: Michael Mans Signature: \_\_\_\_\_ Shipment Date: 1/10/00

### Section II TRANSPORTER (Generator's name)

#### TRANSPORTER I

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Michael Mans  
 d. Phone No.: 43843 e. Truck No.: 757  
 f. Vehicle License No./State: A-7711 Mo.

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: same  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.  
X Michael Mans 1/10/00  
 Driver Signature Shipment Date

Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 1/10/00  
 Driver Signature Shipment Date

### Section III DESTINATION (Generator's name)

a. Site Name: IFE c. Phone No.: \_\_\_\_\_  
 b. Physical Address: \_\_\_\_\_ d. Mailing Address: same

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 1/10/00

### Section IV SHIPPERS

a. Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_  
 c. Shipper's Address: \_\_\_\_\_  
 d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655121

## Section I GENERATOR (Generator complete only)

a. Generator Name: Kuhlman Electric b. Generating Location: Liberty Smith Property  
 c. Address: 101 Kuhlman Dr. d. Address: Cystal Springs Ms. 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

1	1	1	1	1	1	1	1	1	1
---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: oil contaminated w/pt k. Quantity: 

1	1	1	1	1	1	1	1	1	1
---	---	---	---	---	---	---	---	---	---

 Units: Y No.: \_\_\_\_\_ TYPE: T  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Paul Thomas Generator Authorized Agent Name  
[Signature] Signature  
110100 Shipment Date

## Section II TRANSPORTER (Carrier complete only)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Supply Services</u>	b. Address: <u>101 Bay St New Haven Ms. 39140</u>	h. Name: _____	i. Address: _____
c. Driver Name/Title: <u>Mike Mitchell</u>	d. Phone No.: <u>702-911-7347</u>	j. Driver Name/Title: _____	k. Phone No.: _____
e. Truck No.: _____	f. Vehicle License No./State: <u>H-27186 Ms.</u>	l. Truck No.: _____	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: <u>[Signature]</u> Driver Signature <u>110100</u> Shipment Date		Acknowledgement of Receipt of Materials: _____ Driver Signature _____ Shipment Date	

## Section III DESTINATION (Receiver complete only)

a. Site Name: PEI Little Dixie Landfill c. Phone No.: 504-917-7444  
 b. Physical Address: 211 N. Highway Line Rd.  
Ridgeland Ms. 39157 d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

Carline Sherry Name of Authorized Agent  
[Signature] Signature  
110100 Receipt Date

## Section IV SHIPPERS (Shipper complete only)

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655120

## GENERATOR

a. Generator Name: KUHLMAN ELECTRIC b. Generating Location: DABNEY Smith Prop  
 c. Address: 101 KUHLMAN DRIVE d. Address: CR  
CRYSTAL SPRINGS MS 39059 CRYSTAL SPRINGS MS 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: MS L38 550042 Containers: \_\_\_\_\_  
 j. Description of Waste: \_\_\_\_\_ k. Quantity: 20 Y Units: \_\_\_\_\_ No.: \_\_\_\_\_ TYPE: T  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

ALAN WILLIAMS Signature: [Signature] Shipment Date: 11/11/00  
 Generator Authorized Agent Name Signature Shipment Date

## Section II TRANSPORTER

### TRANSPORTER I

Name: SUPPORT SERVICES  
 b. Address: P.O. BOX 59  
NEW HEBRON MS 39140  
 c. Driver Name/Title: Michael L. Merrell  
 PRINT/TITLE  
 d. Phone No.: 601 694 2343 e. Truck No.: T-02  
 f. Vehicle License No./State: MSA 37189  
 Acknowledgement of Receipt of Materials.  
 g. Michael L. Merrell Shipment Date: 11/11/00  
 Driver Signature Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date: \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION

a. Site Name: BFI LITTLE DIXIE LANDFILL c. Phone No.: 800-967-2488  
 b. Physical Address: 1716 N. COUNTYLINE RD d. Mailing Address: \_\_\_\_\_  
RIDGELAND MS 39157  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Receipt Date: 11/11/00  
 Name of Authorized Agent Signature Receipt Date

## ASBESTOS

a. Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_  
 c. Shipper's Address: \_\_\_\_\_  
 d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655126

### GENERATOR

a. Generator Name: K. ... b. Generating Location: ...  
 c. Address: ... d. Address: ...  
 e. Phone No.: ... f. Phone No.: ...

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: ... h. Owner's Phone No.: ...

i. BFI WASTE CODE: 

--	--	--	--	--	--	--	--	--	--

 Containers: 

--	--	--	--	--	--	--	--

  
 j. Description of Waste: ... k. Quantity: 

--	--	--	--	--	--

 Units: 

--

 No.: 

--	--

 TYPE: 

--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

ALVIN ... Generator Authorized Agent Name  
[Signature] Signature  
11-11-15 Shipment Date

### TRANSPORTER

#### TRANSPORTER I

a. Name: ...  
 b. Address: ...  
 c. Driver Name/Title: ...  
 d. Phone No.: ... e. Truck No.: T 05  
 f. Vehicle License No./State: ...  
 Acknowledgement of Receipt of Materials:  
[Signature] Driver Signature  
... Shipment Date

#### TRANSPORTER II

h. Name: ...  
 i. Address: ...  
 j. Driver Name/Title: ...  
 k. Phone No.: ... l. Truck No.: ...  
 m. Vehicle License No./State: ...  
 Acknowledgement of Receipt of Materials:  
... Driver Signature  
... Shipment Date

### DESTINATION

a. Site Name: ... c. Phone No.: ...  
 b. Physical Address: ... d. Mailing Address: ...  
 e. Discrepancy Indication Space:  

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

[Signature] Name of Authorized Agent  
[Signature] Signature  
11-24-15 Receipt Date

### SHIPPER

a. Shipper's Name: ... b. Shipper's Phone No.: ...  
 c. Shipper's Address: ...  
 d. Shipper's Special Handling Instructions and additional information:  

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655118

## GENERATOR

a. Generator Name: Kuhlan Electric b. Generating Location: Dorsey / South County  
 c. Address: 101 Williams Dr d. Address: Crystal Springs Rd 29059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

MA	L	P	J	T	1	2
----	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: 4 Submersible pumps k. Quantity: 

70
----

 Units: 

Y
---

 No.: \_\_\_\_\_ TYPE: 

T
---

  
 Legend: TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

PLANTHOMAS Signature: \_\_\_\_\_ Shipment Date: 

1	1	2	0
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## TRANSPORTER

**TRANSPORTER I**  
 Name: Crystal Springs  
 b. Address: 101 Williams Dr 29059  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: A37397 SWS  
 Acknowledgement of Receipt of Materials:  
 g. Driver Signature: [Signature] Shipment Date: 

1	1	2	0
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**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: 

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## DESTINATION

a. Site Name: PEI with Area for Fall c. Phone No.: 803-77-2414  
 b. Physical Address: 101 Williams Dr 29059 d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 Name of Authorized Agent: Carlene Heary Signature: \_\_\_\_\_ Receipt Date: 

1	1	2	0
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Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: 803-77-2414  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655127

### Section I GENERATOR

a. Generator Name: Kubler's Plastics b. Generating Location: 174 K...  
 c. Address: 174 K... d. Address: ...  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

11	02	01	00	00	00	00	00	00	00
----	----	----	----	----	----	----	----	----	----

 Containers: \_\_\_\_\_  
 j. Description of Waste: soil contained in 1 of RB's k. Quantity: 20 Units: y No.: \_\_\_\_\_ TYPE: T  
 Legend:  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan Thomas Generator Authorized Agent Name      \_\_\_\_\_ Signature      \_\_\_\_\_ Shipment Date

### Section II TRANSPORTER

**TRANSPORTER I**  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: T-3  
 f. Vehicle License No./State: A37797 MS  
 Acknowledgement of Receipt of Materials:  
[Signature] Driver Signature      \_\_\_\_\_ Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

### Section III DESTINATION

a. Site Name: ... c. Phone No.: ...  
 b. Physical Address: ... d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent      \_\_\_\_\_ Signature      \_\_\_\_\_ Receipt Date

### Section IV ASBESTOS

a. Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_  
 c. Shipper's Address: \_\_\_\_\_  
 d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655123

### Section I GENERATOR

a. Generator Name: Kuhlman Electric b. Generating Location: Wishney / Smith Property  
 c. Address: 101 Kuhlman Dr. d. Address: Crystal Springs, Ms 39059  
Crystal Springs, Ms 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

M	6	3	8	J	J	0	0	4	2
---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: oil contaminated w/ PCB's k. Quantity: 

--	--	--	--	--	--	--	--	--	--

 Units: y No.: 

--	--	--	--	--	--	--	--	--	--

 TYPE: T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan Thomas Generator Authorized Agent Name      [Signature] Signature      110200 Shipment Date

### Section II TRANSPORTER

#### TRANSPORTER I

a. Name: Truck Service  
 b. Address: PO Box 59  
New Orleans, Ms 39110  
 c. Driver Name/Title: Mike [unclear]  
 d. Phone No.: 504-194-2743 e. Truck No.: T-22  
 f. Vehicle License No./State: A-77186 MS

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.  
Michael P. Menell Driver Signature      110200 Shipment Date

Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

### Section III DESTINATION

a. Site Name: BFI Little Dixie Landfill c. Phone No.: 504-967-2489  
 b. Physical Address: 1716 N. County Line Rd. d. Mailing Address: \_\_\_\_\_  
Andalusa, Ms 39157

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Carline Henry Name of Authorized Agent      [Signature] Signature      110200 Receipt Date

### Section IV ASBESTOS

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.









# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655124

## Section I GENERATOR

a. Generator Name: KUHLMAN ELECTRIC b. Generating Location: DAGNEY - Smith Property  
 c. Address: 101 KUHLMAN DRIVE d. Address: CRYSTAL SPRINGS MS 39059  
CRYSTAL SPRINGS MS 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

MS	L	3	8	J	5	0	0	4	2
----	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil contaminated w/ PCB's k. Quantity: 

2	0
---	---

 Units: 

Y
---

 No.: \_\_\_\_\_ TYPE: 

T
---

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan Morrison Generator Authorized Agent Name  
Alan Morrison Signature  
110200 Shipment Date

## Section II TRANSPORTER

**TRANSPORTER I**  
 a. Name: SUPPORT SERVICES  
 b. Address: P.O. Box 59  
New Hebron MS 39140  
 c. Driver Name/Title: Michael L. Merrell  
 d. Phone No.: 688-694-2343 e. Truck No.: 1-02  
 f. Vehicle License No./State: A 37186 MS  
 Acknowledgement of Receipt of Materials.  
 g. Michael L. Merrell Driver Signature  
110200 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION

a. Site Name: BFI LITTLE DIXIE LANDFILL c. Phone No.: 800-967-2488  
 b. Physical Address: 1716 No. COUNTY LINE RD d. Mailing Address: \_\_\_\_\_  
Ridgeland MS 39157  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

Caroline Henry Name of Authorized Agent  
Caroline Henry Signature  
110200 Receipt Date

## Section IV ASBESTOS

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655125

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: KUHLMAN ELECT'L b. Generating Location: DABNE? - Smith Property  
 c. Address: 101 KUHLMAN DRIVE d. Address: \_\_\_\_\_  
CRYSTAL SPRINGS MS 39059 CRYSTAL SPRINGS MS 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

MS	L	3	6	J	S	0	0	4	2
----	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: CONTAMINATED W/PCBS k. Quantity: 

2	0
---	---

 Units: 

Y
---

 No.: \_\_\_\_\_ TYPE: 

+
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M	- CUBIC METERS
Y	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Generator Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Shipment Date: 

1	1	0	3	0
---	---	---	---	---

### Section II TRANSPORTER (Carrier completes all of Section II)

#### TRANSPORTER I

a. Name: SUPPORT SERVICES  
 b. Address: P.O. Box 59  
New Haven MS 39140  
 c. Driver Name/Title: Michael L. Meekal  
 d. Phone No.: 888-674-2343 e. Truck No.: 1-02  
 f. Vehicle License No./State: A 37186 215  
 Acknowledgement of Receipt of Materials:  
 g. Michael J. Menell

1	1	0	3	0
---	---	---	---	---

  
 Driver Signature Shipment Date

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. \_\_\_\_\_ 

--	--	--	--	--

  
 Driver Signature Shipment Date

### Section III DESTINATION (Carrier completes all of Section III)

a. Site Name: BFL LITTLE DIXIE LANDFILL c. Phone No.: 800-967-2488  
 b. Physical Address: 1716 N. COUNTY LINE RD d. Mailing Address: \_\_\_\_\_  
ADGELAND MS 39157  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
Michael J. Menell

1	1	0	3	0
---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

### Section IV ASBESTOS (Shipper completes all of Section IV)

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655119

### GENERATOR

a. Generator Name: Kubota Electric b. Generating Location: \_\_\_\_\_  
 c. Address: 11111111111111111111 d. Address: \_\_\_\_\_  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

01	2	3	4	5	6	7	8	9	0
----	---	---	---	---	---	---	---	---	---

0123456789  
 j. Description of Waste: oil containing... k. Quantity: 20 Units: Y No.: \_\_\_\_\_ TYPE: T

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Generator Authorized Agent Name: [Signature] Signature: [Signature] Shipment Date: 11/23/00

### TRANSPORTER

**TRANSPORTER I**

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: A37797  
 Acknowledgement of Receipt of Materials.  
 g. Driver Signature: [Signature] Shipment Date: 11/23/00

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### DESTINATION

a. Site Name: BFI K-1111 D.M. Landfill c. Phone No.: 507-777-7777  
 b. Physical Address: 1711 N.E. County Road d. Mailing Address: \_\_\_\_\_

e. Discrepancy Indication Space: \_\_\_\_\_

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

Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/00

a. Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_  
 c. Shipper's Address: \_\_\_\_\_  
 d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

**CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655132

## GENERATOR

a. Generator Name: Kuhman Electric b. Generating Location: Palmyra / South Highway  
 c. Address: 101 Kuhman Dr d. Address: Cystal Springs Ms 39059  
Cystal Springs Ms 39059

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 100 100 T 100 Containers: \_\_\_\_\_  
 j. Description of Waste: Asbestos / PCB k. Quantity: \_\_\_\_\_ Units: Y No.: \_\_\_\_\_ TYPE: T  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan Thomas Generator Authorized Agent Name  
[Signature] Signature  
11/01/85 Shipment Date

## TRANSPORTER I

a. Name: Transport Services  
 b. Address: 1000 N. ...  
 c. Driver Name/Title: Alan Thomas  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: T-03  
 f. Vehicle License No./State: A33797 MS  
 Acknowledgement of Receipt of Materials:  
[Signature] Driver Signature  
11/01/85 Shipment Date

## TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. \_\_\_\_\_  
 Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

a. Site Name: ET Mill / Lake ... c. Phone No.: 907 9055  
 b. Physical Address: ... d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: ...

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

[Signature] Name of Authorized Agent  
[Signature] Signature  
11/01/85 Receipt Date

Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655131

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Kilburn Electric b. Generating Location: Dunwoody/Smith Property  
 c. Address: 101 Kilburn Rd d. Address: Crystal Springs, N.C. 28009  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

M	L	7	9	J	5	1	4	7
---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: 1000 Capacitors / PCB's k. Quantity: 

--	--	--	--	--	--	--	--	--

 Units: Y No.: 

--	--	--	--	--	--	--	--	--

 TYPE: 

--	--	--	--	--	--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

ALAN THOMAS Generator Authorized Agent Name  
[Signature] Signature  
 \_\_\_\_\_ Shipment Date

### Section II TRANSPORTER (Carrier completes all of Section II)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>[Signature]</u>	h. Name: _____
b. Address: <u>News Highway, N.C. 27111</u>	i. Address: _____
c. Driver Name/Title: <u>Robert Barnett</u>	j. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____
e. Truck No.: <u>1-03</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>A33797 MS</u>	m. Vehicle License No./State: _____
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____
Shipment Date: <u>1/20/00</u>	Shipment Date: _____

### Section III DESTINATION (Receiver completes all of Section III)

a. Site Name: \_\_\_\_\_ c. Phone No.: \_\_\_\_\_  
 b. Physical Address: \_\_\_\_\_ d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

Carline Henry Name of Authorized Agent  
[Signature] Signature  
1/20/00 Receipt Date

### Section IV ASBESTOS (Generator completes all of Section IV)

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655130

### Section I GENERATOR (Generator completes all of Sections I, II, III, and IV)

a. Generator Name: Kullman Assoc. b. Generating Location: Adelphi South County  
 c. Address: 101 Kullman Rd. d. Address: Cyral Springs, Mo 63059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

1	3	9	5	1	2
---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Asbestos/HP k. Quantity: \_\_\_\_\_ Unts: \_\_\_\_\_ No.: \_\_\_\_\_ TYPE: \_\_\_\_\_  
 Legend:  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan Thomas Generator Authorized Agent Name  
[Signature] Signature  
 \_\_\_\_\_ Shipment Date

### Section II TRANSPORTER (Carrier completes all of Sections II, III, and IV)

TRANSPORTER I  
 a. Name: [Signature]  
 b. Address: 101 Kullman Rd.  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: T-03  
 f. Vehicle License No./State: A37797  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
 \_\_\_\_\_ Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

### Section III DESTINATION (Carrier completes all of Sections III, IV, and V)

a. Site Name: 101 Kullman Rd. South County c. Phone No.: 314-792-9452  
 b. Physical Address: 101 Kullman Rd. d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Carlton Henry Name of Authorized Agent  
[Signature] Signature  
 \_\_\_\_\_ Receipt Date

### Section IV SHIPPERS (Shipper completes all of Sections IV, V, and VI)

a. Shippers's\* Name: \_\_\_\_\_ b. Shippers's\* Phone No.: \_\_\_\_\_  
 c. Shippers's\* Address: \_\_\_\_\_  
 d. Shippers's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

## No. 655129

### Section I GENERATOR

a. Generator Name: Kuhlman Electric b. Generating Location: Adams South Property  
 c. Address: 101 Kuhlman Dr. Crystal Springs, MS 39059 d. Address: Crystal Springs, MS 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

MS	1	7	3	5	7	0	0	1	7
----	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: oil contaminated w/PCB's k. Quantity: 

--	--	--	--	--	--	--	--	--	--

 Units: Y No.: 

--	--	--	--	--	--	--	--	--	--

 TYPE: T

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

ALAN THOMAS \_\_\_\_\_  
 Generator Authorized Agent Name Signature Shipment Date

### Section II TRANSPORTER

#### TRANSPORTER I

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Robin K. Druette  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: 37797 MS  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] \_\_\_\_\_  
 Driver Signature Shipment Date

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

### Section III DESTINATION

a. Site Name: RFT Little Rock Landfill c. Phone No.: 101.752.9488  
 b. Physical Address: 17th St. County Int. Co. Bogalusa, MS 39017 d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

f. [Signature] \_\_\_\_\_  
 Name of Authorized Agent Signature Receipt Date

### Section IV SHIPPERS

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.





# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655128

## Section I GENERATOR (Generator responsible for waste)

a. Generator Name: Kuhlman Electric b. Generating Location: Barney Smith Property  
 c. Address: 101 Kuhlman Dr. d. Address: Cystal Springs N.C. 28054  
Cystal Springs N.C. 28054  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

0	1	2	3	4	5	6	7	8	9

0139 JT0042 Containers: \_\_\_\_\_  
 j. Description of Waste: oil Contain. metal w/PC k. Quantity: 


30 Units: 


Y No.: 


 TYPE: 


T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

ALAN THOMAS \_\_\_\_\_  
 Generator Authorized Agent Name Signature Shipment Date

## Section II TRANSPORTER

**TRANSPORTER I**  
 a. Name: Transport Services  
 b. Address: 101 Kuhlman Dr.  
101 Kuhlman Dr. 28054  
 c. Driver Name/Title: Rubus Barnett  
 d. Phone No.: 704-234-7343 e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: 32797  
 Acknowledgement of Receipt of Materials:  
[Signature] \_\_\_\_\_  
 Driver Signature Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION

a. Site Name: BFI Hill Drive Landfill c. Phone No.: (704) 234-7343  
 b. Physical Address: 101 N. County Line Rd. d. Mailing Address: \_\_\_\_\_  
101 N. County Line Rd. 28054  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

Carlina Hearn \_\_\_\_\_  
 Name of Authorized Agent Signature Receipt Date

## Section IV SHIPPERS

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.





# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655142

## GENERATOR

a. Generator Name: Kilburn Printing b. Generating Location: 1000 1st St  
 c. Address: 1000 1st St d. Address: 1000 1st St  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

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 Containers 

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 TYPE 

DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

j. Description of Waste: \_\_\_\_\_ k. Quantity 

--	--	--	--	--	--

 Units 

--	--	--	--	--	--

 No. 

--	--	--	--	--	--

 TYPE 

--	--	--	--	--	--

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

ALAN THOMAS [Signature] 110400  
 Generator Authorized Agent Name Signature Shipment Date

## TRANSPORTER

### TRANSPORTER I

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Michael L. Merrell  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 4-02  
 f. Vehicle License No./State: A 37086 MS

Acknowledgement of Receipt of Materials.

g. Michael L. Merrell 110400  
 Driver Signature Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_    
 Driver Signature Shipment Date

## DESTINATION

a. Site Name: \_\_\_\_\_ a. Phone No.: \_\_\_\_\_  
 b. Physical Address: \_\_\_\_\_ d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

Carline Henry [Signature] 100000  
 Name of Authorized Agent Signature Receipt Date

o. Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_  
 c. Shipper's Address: \_\_\_\_\_  
 d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655137

### Section I GENERATOR

a. Generator Name: Kuhlman Electric b. Generating Location: Dubvey Smith  
 c. Address: 101 Kuhlman Dr. d. Address: Cystal Springs Ms. 39059  
Cystal Springs Ms. 39059  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

M	L	P	J	T	2	0	0
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 Containers: \_\_\_\_\_  
 j. Description of Waste: 100 lbs. of lead acid batteries k. Quantity: 100 Units: Y No.: \_\_\_\_\_ TYPE: T  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

ALAN THOMAS Signature: [Signature] Shipment Date: 110400  
 Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

### Section II TRANSPORTER

TRANSPORTER I  
 a. Name: Support Services  
 b. Address: P.O. Box 59  
New Orleans Ms 39110  
 c. Driver Name/Title: Michael L. Merrell  
 d. Phone No.: 504-982-2447 e. Truck No.: 4-02  
 f. Vehicle License No./State: A 31186  
 Acknowledgement of Receipt of Materials.  
Michael L. Merrell Shipment Date: 110400  
 Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date: \_\_\_\_\_  
 Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

### Section III DESTINATION

a. Site Name: BFI N.H. Dixie Landfill c. Phone No.: 601-767-2448  
 b. Physical Address: 3115 N. County Line Rd. d. Mailing Address: \_\_\_\_\_  
Cystal Springs Ms. 39059  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
Carlene Hasky Signature: [Signature] Receipt Date: 110400  
 Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date \_\_\_\_\_

### Section IV ASBESTOS

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655136

## SECTION I GENERATOR (Complete for all waste)

a. Generator Name: Kubamad Electric b. Generating Location: Dalbey / South  
 c. Address: 101 N. Laurel Dr. d. Address: Crystal Springs Dr.  
Crystal Springs, TN  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

01	2	9	5	1	0	4	7
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 Containers: \_\_\_\_\_  
 j. Description of Waste: oil contaminated w/ PCB's k. Quantity: 532 Units: Y No.: \_\_\_\_\_ TYPE: T  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan Morris Signature 110400 Shipment Date  
 Generator Authorized Agent Name Signature Shipment Date

## SECTION II TRANSPORTER (Complete for all waste)

### TRANSPORTER I

a. Name: Exp Services  
 b. Address: 17th Ave  
New Haven, CT 06514  
 c. Driver Name/Title: Michael L. Merrell  
 d. Phone No.: 203-694-2243 e. Truck No.: +02  
 f. Vehicle License No./State: A 37186 MS  
 Acknowledgement of Receipt of Materials.  
Michael L. Merrell 110400  
 Driver Signature Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## SECTION III DESTINATION (Complete for all waste)

a. Site Name: BFI with Dixie Landfill c. Phone No.: 601.767.2458  
 b. Physical Address: 1711 N. County Line Rd. d. Mailing Address: \_\_\_\_\_  
Rockledge, MS 39117  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

Carline Heary Carline Heary 110400  
 Name of Authorized Agent Signature Receipt Date

## SECTION IV ASBESTOS (Complete for all waste)

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655135

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Kublow Electric b. Generating Location: 11111/1073  
 c. Address: 101 Kellaway Drive d. Address: 1073  
Cystal Springs, Florida  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

M	2	7	5	7	5	0	4	2
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 Containers: \_\_\_\_\_  
 j. Description of Waste: seal Coatings (L) / JPP k. Quantity: 

--	--	--	--	--	--	--	--	--	--

 Units: y No.: 

--	--	--	--

 TYPE: 

--	--	--	--	--	--	--	--	--	--

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan Thomas Generator Authorized Agent Name  
[Signature] Signature  
110400 Shipment Date

## Section II TRANSPORTER (Carrier completes all of Section II)

**TRANSPORTER I**  
 a. Name: Cystal Springs  
 b. Address: 1073  
101 Kellaway Dr. #140  
 c. Driver Name/Title: Michael L. Marrell  
 d. Phone No.: 904-254-2343 e. Truck No.: 7-02  
 f. Vehicle License No./State: A 37186 MS  
 Acknowledgement of Receipt of Materials.  
 g.  Driver Signature: \_\_\_\_\_ Shipment Date: 110400

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III DESTINATION (Carrier completes all of Section III)

a. Site Name: BFI 146 Dixie Landfill c. Phone No.: 910-27-2000  
 b. Physical Address: 711 N. County Line Rd. d. Mailing Address: \_\_\_\_\_  
Rockwell, N.C. 27157  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

[Signature] Name of Authorized Agent  
[Signature] Signature  
110400 Receipt Date

## Section IV ASBESTOS (Shipper completes all of Section IV)

a. Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_  
 c. Shipper's Address: \_\_\_\_\_  
 d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. 655133

## Section I GENERATOR

a. Generator Name: Wick Wood Fabric b. Generating Location: 1711 N. County Rd. 21  
 c. Address: Wick Wood Fabric d. Address: Wick Wood Fabric  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

1	2	3	4	5	6	7	8	9	0

 Containers: 

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j. Description of Waste: 0 Mechanical Parts k. Quantity: 


 Units: 


 No.: 


 TYPE: 


TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 8 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Generator Authorized Agent Name: John Thomas Signature: [Signature] Shipment Date: 110600

## Section II TRANSPORTER

### TRANSPORTER I

a. Name: [Name]  
 b. Address: [Address]  
 c. Driver Name/Title: Robus Barnette  
 d. Phone No.: [Phone] e. Truck No.: F-03  
 f. Vehicle License No./State: A37797M

Acknowledgement of Receipt of Materials.  
 g. Driver Signature: [Signature] Shipment Date: 110600

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: 

--	--	--	--	--	--	--	--

## Section III DESTINATION

a. Site Name: FI Mill c. Phone No.: 202-7454  
 b. Physical Address: 1711 N. County Rd. 21 d. Mailing Address: \_\_\_\_\_

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 110600

## Section IV ASBESTOS

a. Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_  
 c. Shipper's Address: \_\_\_\_\_  
 d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655139

### SECTION I - GENERATOR (Generator completes all of Section I)

a. Generator Name: K. Williams & Sons b. Generating Location: 1000 W. 1st St. W. Fargo ND  
 c. Address: 1000 W. 1st St. W. Fargo ND d. Address: 1000 W. 1st St. W. Fargo ND  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Asbestos waste k. Quantity: 

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

 Units: Y No.: 

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

 TYPE: 

DM	DP	B	BA	T	O
----	----	---	----	---	---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Alan Thomas Generator Authorized Agent Name  
[Signature] Signature  
110600 Shipment Date

### SECTION II - TRANSPORTER (Transporter completes all of Section II)

**TRANSPORTER I**  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Michael L. McNeill  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 402  
 f. Vehicle License No./State: A 37186 MS  
 Acknowledgement of Receipt of Materials.  
 g. Michael L. McNeill Driver Signature  
110600 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: SAME  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

### SECTION III - DESTINATION (Destination completes all of Section III)

a. Site Name: \_\_\_\_\_ c. Phone No.: \_\_\_\_\_  
 b. Physical Address: \_\_\_\_\_ d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent  
[Signature] Signature  
110600 Receipt Date

### SECTION IV - SHIPPERS (Shipper completes all of Section IV)

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Qty # 27

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 655140

## Section I GENERATOR (Complete completely all sections)

a. Generator Name: \_\_\_\_\_ b. Generating Location: \_\_\_\_\_  
 c. Address: \_\_\_\_\_ d. Address: \_\_\_\_\_  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

--	--	--	--	--	--	--	--	--	--

 Containers: 

--	--	--	--	--	--

  
 j. Description of Waste: \_\_\_\_\_ k. Quantity: 

--	--	--	--	--	--

 Units:  No. 

--	--	--

 TYPE: 

--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Generator Authorized Agent Name: Michael Tijerina Signature: \_\_\_\_\_ Shipment Date: 110700

## Section II TRANSPORTER (Complete completely all sections)

### TRANSPORTER I

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Michael L. McCrell  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 7-02  
 f. Vehicle License No./State: A 37186 MS

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: Same  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.  
 g. Michael McCrell 110700  
 Driver Signature Shipment Date

Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION (Complete completely all sections)

a. Site Name: \_\_\_\_\_ c. Phone No.: \_\_\_\_\_  
 b. Physical Address: \_\_\_\_\_ d. Mailing Address: Same  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] 110700  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Complete completely all sections)

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.





# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. 655138

## Section I GENERATOR (Complete completely all of Section I)

a. Generator Name: Kublood Electric b. Generating Location: Cherry Hill, NJ  
 c. Address: 171 Kintara Dr. d. Address: Cherry Hill, NJ  
Coydell Group, Inc.

e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	2	3	4	5	6	7
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 Containers 

--	--	--	--	--	--

  
 j. Description of Waste: \_\_\_\_\_ k. Quantity 

--	--	--	--	--	--

 Units 

--	--	--	--	--	--

 No. 

--	--	--	--	--	--

 TYPE 

--	--	--	--	--	--

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

HEAR T 110215 [Signature] 110700  
 Generator Authorized Agent Name Signature Shipment Date

## Section II TRANSPORTER (Complete completely all of Section II)

### TRANSPORTER I

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Michael L. Merrell  
 PRINT/TITLE  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 7-02  
 f. Vehicle License No./State: A 37186 MS

Acknowledgement of Receipt of Materials.  
 g. Michael L. Merrell 110700  
 Driver Signature Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: SIMP  
 PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_    
 Driver Signature Shipment Date

## Section III DESTINATION (Complete completely all of Section III)

a. Site Name: \_\_\_\_\_ c. Phone No.: \_\_\_\_\_  
 b. Physical Address: \_\_\_\_\_ d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

[Signature] 110700  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Complete completely all of Section IV)

a. Shippers' Name: \_\_\_\_\_ b. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.





# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655134

### SECTION I GENERATOR

a. Generator Name: Ridgeway 4, Inc b. Generating Location: 1700 S. County Line Rd. N. 33007  
 c. Address: 1700 S. County Line Rd. N. 33007 d. Address: 1700 S. County Line Rd. N. 33007  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

1	8	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: oil contaminated 55 gal drums k. Quantity: 

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

 Units: 

Y									
---	--	--	--	--	--	--	--	--	--

 No.: 

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

 TYPE: 

T									
---	--	--	--	--	--	--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 5 MIL. PLASTIC BAG or WRAP
UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Generator Authorized Agent Name: Alan Thomas Signature: \_\_\_\_\_ Shipment Date: 11/20/00

### SECTION II TRANSPORTER

TRANSPORTER I  
 a. Name: Exp. Services  
 b. Address: 1700 S. County Line Rd. N. 33007  
 c. Driver Name/Title: Robert Barrett  
 d. Phone No.: 704. 707. 707 e. Truck No.: T-03  
 f. Vehicle License No./State: A37797 MS  
 Acknowledgement of Receipt of Materials.  
 g. Driver Signature: Robert Barrett Shipment Date: 11/20/00

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: SAME  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### SECTION III DESTINATION

a. Site Name: Ridgeway 4, Inc. 1700 S. County Line Rd. N. 33007 c. Phone No.: 704. 707. 707  
 b. Physical Address: 1700 S. County Line Rd. N. 33007 d. Mailing Address: SPM  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/20/00

### SECTION IV ASBESTOS

a. Shipper's Name: \_\_\_\_\_ b. Shipper's Phone No.: \_\_\_\_\_  
 c. Shipper's Address: \_\_\_\_\_  
 d. Shipper's Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

## No. 655177

### Section I GENERATOR

a. Generator Name: Richard Electric b. Generating Location: Way, N.H. Post  
 c. Address: 11 Suburban Dr. d. Address: \_\_\_\_\_  
Crystal Springs N.H. 03021  
 e. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

4	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Asbestos waste k. Quantity: 570 Units: Y No.: \_\_\_\_\_ TYPE: T  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, 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.

Generator Authorized Agent Name: Steve Merrill Signature: \_\_\_\_\_ Shipment Date: 112800

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

### Section II TRANSPORTER

TRANSPORTER I  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Michael L. Merrill  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 7-02  
 f. Vehicle License No./State: A 37196 MS

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.  
 g. Driver Signature: Michael L. Merrill Shipment Date: 112800

Acknowledgement of Receipt of Materials.  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### Section III DESTINATION

a. Site Name: 111 1st St. Dept. 11 c. Phone No.: 603-257-7489  
 b. Physical Address: \_\_\_\_\_ d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

t. Name of Authorized Agent: Colin Heary Signature: Colin Heary Receipt Date: 112800

### Section IV SHIPPERS

u. Shippers' Name: \_\_\_\_\_ v. Shippers' Phone No.: \_\_\_\_\_  
 c. Shippers' Address: \_\_\_\_\_  
 d. Shippers' Special Handling Instructions and additional information: \_\_\_\_\_

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100



GENERATOR

GENERATOR NAME RITTMAN ELECTRIC	GENERATING LOCATION RITTMAN ELECTRIC
ADDRESS 1000 RITTMAN WAY CRYSTAL SPRINGS, MS 39059	ADDRESS <i>Dobson / South Property</i>
PHONE NUMBER 601-932-6182	PHONE NUMBER
	STATE GENERATOR ID NUMBER

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S BFI WASTE CODE: T0142 EXPIRE: 02/01/01	20	YDS
DESCRIPTION OF WASTE		
WASTE CODE		
DESCRIPTION OF WASTE		
WASTE CODE		

- D - DRUM
- C - CARTON
- B - BAG
- T - TRUCK
- P - POUNDS
- Y - YARDS
- O - OTHER

GENERATOR'S CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL IS NOT A HAZARDOUS WASTE AS DEFINED BY 40 CFR PART 261 OR ANY APPLICABLE STATE LAW, 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.

X ALAN THOMAS SIGNATURE [Signature] SHIPMENT DATE 2-1-01

TRANSPORTER

TRUCK NUMBER T02	PHONE NUMBER
TRANSPORTER NAME BRIAN SERVICE	DRIVER NAME Mike Morris II
ADDRESS 2473 MONROE CR PEARLY, MS 39208	VEHICLE LICENSE NO./STATE A-37681 MS
	VEHICLE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

Michael P. Menell DRIVER SIGNATURE SHIPMENT DATE 02-02-01

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

Michael P. Menell DRIVER SIGNATURE DELIVERY DATE 02-02-01

DESTINATION

SITE NAME BFI BFI LITTLE DIXIE LANDFILL	PHONE NUMBER 800-967-2486
ADDRESS 706 FAY COUNTY LINE ROAD, RIDGELAND, MS 39157	

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL HAS BEEN ACCEPTED AND TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND ACCURATE.

Carline Sharry NAME OF AUTHORIZED AGENT SIGNATURE Carline Sharry RECEIPT DATE 2/2/01

TRANSPORTER RETAIN



# NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100



## GENERATOR

GENERATOR NAME ALAN THOMAS ELECTRIC		GENERATING LOCATION ALAN THOMAS ELECTRIC	
ADDRESS 101 RAILROAD RD CRYSTAL SPRINGS, MS 39059		ADDRESS	
PHONE NUMBER ( ) - -	PHONE NUMBER	STATE GENERATOR ID NUMBER	

DESCRIPTION OF WASTE	QUANTITY	UNITS
WASTE DESCRIPTION	20	DRUMS
DESCRIPTION OF WASTE		
DESCRIPTION OF WASTE		
DESCRIPTION OF WASTE		

- D - DRUM
- C - CARTON
- B - BAG
- T - TRUCK
- P - POUNDS
- Y - YARDS
- O - OTHER

GENERATOR'S CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL IS NOT A HAZARDOUS WASTE AS DEFINED BY 40 CFR PART 261 OR ANY APPLICABLE STATE LAW, 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.

ALAN THOMAS \_\_\_\_\_ SIGNATURE \_\_\_\_\_ SHIPMENT DATE 02-05-01  
 GENERATOR AUTHORIZED AGENT NAME

## TRANSPORTER

TRUCK NUMBER T-22	PHONE NUMBER 601-600-2343
TRANSPORTER NAME	DRIVER NAME Michael J. Merrill
ADDRESS	VEHICLE REGISTRATION STATE MS
	VEHICLE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

Michael J. Merrill \_\_\_\_\_ SHIPMENT DATE 02-05-01  
 DRIVER SIGNATURE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

Michael J. Merrill \_\_\_\_\_ DELIVERY DATE 02-05-01  
 DRIVER SIGNATURE

## DESTINATION

SITE NAME BFI BFI LITTLE ROCK LANDFILL	PHONE NUMBER 800-957-2468
ADDRESS 725 N. COLN. TRAILWAY ROAD, RIDGEWAY, MS 39157	

ORIGINAL DOCUMENT IN THIS CONDITION

I HEREBY CERTIFY THAT THE ABOVE-NAMED MATERIAL HAS BEEN ACCEPTED AND TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND ACCURATE.

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ RECEIPT DATE 02/05/01  
 NAME OF AUTHORIZED AGENT

TRANSPORTER RETAIN

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100



## GENERATOR

GENERATOR NAME PINEMAN ELECTRIC		GENERATING LOCATION PINEMAN ELECTRIC	
ADDRESS 101 RUDMAN DR		ADDRESS	
CITY/STATE/ZIP CRYSTAL SPRINGS, MS 39059		CITY/STATE/ZIP	
PHONE NUMBER 601-892-6482	PHONE NUMBER	STATE/GENERATION ID NUMBER	

DESCRIPTION OF WASTE	QUANTITY	UNITS
WASTE CONTAINING VERY LOW LEVELS OF PCB'S		DRUMS
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

- D - DRUM
- C - CARTON
- B - BAG
- T - TRUCK
- P - POUNDS
- Y - YARDS
- O - OTHER

GENERATOR'S CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL IS NOT A HAZARDOUS WASTE AS DEFINED BY 40 CFR PART 261 OR ANY APPLICABLE STATE LAW, 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.

GENERATOR AUTHORIZED AGENT NAME: ALAN THOMAS      SIGNATURE: [Signature]      SHIPMENT DATE: 02-05-01

## TRANSPORTER

TRUCK NUMBER 1-02	PHONE NUMBER 601-894-8343
TRANSPORTER NAME SERVICES	DRIVER NAME Michael L. Menell
ADDRESS MOBILE, MS	VEHICLE LICENSE NO./STATE A 37681 MS
	VEHICLE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael Menell      SHIPMENT DATE: 02-05-01      DRIVER SIGNATURE: Michael Menell      DELIVERY DATE: 02-05-01

## DESTINATION

SITE NAME BFI MOBILE TOXIC LANDFILL	PHONE NUMBER 601-968-9600
ADDRESS 75 N. COMBEE LINE ROAD, RIDGE LAND, MS 39167	ORIGINAL DOCUMENT IN THIS CONDITION

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL HAS BEEN ACCEPTED AND TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND ACCURATE.

NAME OF AUTHORIZED AGENT: Calvin Sherry      SIGNATURE: Calvin Sherry      RECEIPT DATE: 02/05/01

TRANSPORTER RETAIN



NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURES 0656496-100



GENERATOR

GENERATOR NAME PULLEY ELECTRIC		GENERATING LOCATION PULLEY ELECTRIC	
ADDRESS 10. WILSON DR		ADDRESS	
CITY/STATE/ZIP CONIAL SURFAS, MS 39059		CITY/STATE/ZIP	
PHONE NUMBER 601-604-2542	PHONE NUMBER	STATE GENERATOR ID NUMBER	

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S BFI WASTE CODE: 0000 545 PCB 02/11/01	80	YDS
DESCRIPTION OF WASTE		
WASTE CODE		
DESCRIPTION OF WASTE		
WASTE CODE		

- D - DRUM
- C - CARTON
- B - BAG
- T - TRUCK
- P - POUNDS
- Y - YARDS
- O - OTHER

GENERATOR'S CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL IS NOT A HAZARDOUS WASTE AS DEFINED BY 40 CFR PART 261 OR ANY APPLICABLE STATE LAW, 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.

GENERATOR AUTHORIZED AGENT NAME: ALAN THOMAS      SIGNATURE: [Signature]      SHIPMENT DATE: 2/5/01

TRANSPORTER

TRUCK NUMBER +02	PHONE NUMBER 601-604-2542
TRANSPORTER CLASSIFICATION SERVICES	DRIVER NAME MICHAEL C. MENARD
ADDRESS PULLEY ELECTRIC	VEHICLE COMPANY AND STATE 137186 MS
	VEHICLE REGISTRATION STATE Mississippi

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael Menard      SHIPMENT DATE: 2/5/01

DRIVER SIGNATURE: Michael Menard      DELIVERY DATE: 2/5/01

ORIGINAL DOCUMENT

DESTINATION

SITE NAME (BFI)	PHONE NUMBER
ADDRESS	

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL HAS BEEN ACCEPTED AND TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND ACCURATE.

NAME OF AUTHORIZED AGENT: [Signature]      SIGNATURE: [Signature]      RECEIPT DATE: 02/05/01

TRANSPORTER RETAIN



**Environmental Chemistry  
Consulting Services, Inc.**

2525 Advance Road,  
Medison, WI 53718  
Phone 608-221-9700 FAX 608-221-4989

**CHAIN OF CUSTODY**

No. 002737 \*

Page 1 of 1

Turn Around (circle one) Normal Rush  
Report Due

Project Number:		Mail Report To:						
Project Name: <b>WILSON EVELAK</b>		Company: <b>COHEN / MARTIN STAGLE</b>						
Project Location: <b>CRYSTAL SPRINGS, MS</b>		Address:						
Sampled By (Print): <b>AGILEY PHILLIPS</b>		P.O. No.:						
Quote No.:		Laboratory Number						
Sample Description	Collection		Matrix	Total Bottles	Preserv.	Analysis Requested	Comments	Laboratory Number
	Date	Time						
MCESS-85-01	1/20/85	1527	S	1	NA	PCBS		1377
85-05		1529						1378
86-01		1530						1379
86-05		1532						1380
JSESS-1		1740						1381
-2		1744						1382
-3		1746						1383
-4		1748						1384
JSESS-1		1742						1385
Relinquished By: <b>Agiley Phillips</b>		Date/Time: <b>10/24/80</b>		Received By: <b>Spencer E. Adams</b>		Date/Time: <b>10/24/80</b>		
Relinquished By:		Date/Time:		Received By:		Date/Time:		
Intact/Not Intact		Seal #'s		Receipt Temp		Temp Blank		Y N
Custody Seal: Present/Absent		Shipped Via:		Received Temp		Temp Blank		Y N

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**CHAIN OF CUSTODY**

No. 002860 \*

Page 3 of 4

280C00

Turn Around (circle one) Normal Rush  
Report Due:

Project Number:		Mail Report To:		P.O. No.:		Quote No.:	
Project Name: <b>KUALAHAN ELECTRAIC</b>		Company: <b>ODDEN MARTIN SCAGLE</b>		Company:		Laboratory Number	
Project Location: <b>CITY OF SPAINOS MISS</b>		Address:		Address:		Date/Time	
Sampled By (Print): <b>ROBERT MARTIN</b>		Analysis Requested:		Comments:		Date/Time	
Sample Description		Collection		Total Bottles		Preserv'	
		Date		Matrix			
		Time					
MCSS -104		1430		S		NA PCB2	
-105		1434					
-106		1436					
-107		1437					
-108		1438					
MC-EFS -24		1432					
-25		1435					
DS-PA -1		1452					
-2		1453					
-3		1454					
-4		1455					
-5		1456					
*Preservation Code		Relinquished By:		Date/Time:		Received By:	
A=None B=HCL C=H2SO4		<i>Robert Martin</i>		10/25/00		<i>R. Odgen</i>	
D=HNO3 E=EnCore F=Methanol		Relinquished By:		Date/Time:		Received By:	
G=NaOH O=Other(Indicate)				11/10			
Custody Seal: Present/Absent		Intact/Not Intact		Seal #'s		Date/Time:	
Shipped Via:						Date/Time: 11/10	

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CHAIN OF CUSTODY

No. 002861 \*  
Page 4 of 4

Turn Around (circle one) Normal  Rush   
Report Due:

Project Number: \_\_\_\_\_  
 Project Name: RUNCHEM ELECTRIC  
 Project Location: CHESSIC SPRING MISS  
 Mailed Report To: \_\_\_\_\_  
 Company: OGDENT MARTIN SCAGLE  
 Address: \_\_\_\_\_

Sampled By (Print): ROBERT MARTIN  
 P.H.T.S.  
 P.O. No.: \_\_\_\_\_  
 Quote No.: \_\_\_\_\_

Sample Description	Collection		Matrix	Total Bottles	Preserv'	Analysis Requested	Laboratory Number
	Date	Time					
DS-PA-6	2800	1457	S	1	NA	PGB2	1425
DS-PA-7	↓	1505	↓	↓	↓	↓	1426
DUP 281000	↓	-	↓	↓	↓	↓	1427

Received By: \_\_\_\_\_  
 Date/Time: 10/25/00 16:23  
 Received By: K Johnson  
 Date/Time: 10/23/00  
 Received By: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 Receipt Temp: \_\_\_\_\_  
 Temp Blank Y N  
 Shipped Via: \_\_\_\_\_  
 intact/Not Intact Seal #'s  
 Custody Seal: Present/Absent  
 \*Preservation Code  
 A=None B=HCL C=H2SO4  
 D=HNO3 E=EnCore F=Methanol  
 G=NaOH O=Other(Indicate)

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② 4/28/71 11 1279000  
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**CHAIN OF CUSTODY**

No. 002863  
 Page 1 of 4

Turn Around (circle one) Normal Rush  
 Report Due:

290000

Project Number:		Mail Report To:		P.O. No.:		Quote No.:		Laboratory Number	
Project Name: KULHMAN ELECTRIC		Company: DEAN WARTINSKALE		P.O. No.:		Quote No.:		Laboratory Number	
Project Location: CRYSTAL SPRINGS MISS		Address:		P.O. No.:		Quote No.:		Laboratory Number	
Sampled By (Print): SUBAL MARTIN		Address:		P.O. No.:		Quote No.:		Laboratory Number	
Sample Description		Collection		Matrix		Total Bottles		Analysis Requested	
		Date		Time		Preserv'		Comments	
DS-ESS-1		1200		1219		S		NA PCB <sup>2</sup>	
DS-ESS-2		1231		1233		1234		1428	
-2-3		1238		1240		1242		1429	
-3-4		1241		1243		1244		1430	
-4-5		1245		1247		1248		1431	
-5-6		1249		1250		1251		1432	
-6-7		1252		1253		1254		1433	
-7-8		1255		1256		1257		1434	
-8-9		1258		1259		1260		1435	
-9-10		1261		1262		1263		1436	
-10-11		1264		1265		1266		1437	
12		1267		1268		1269		1438	
13		1270		1271		1272		1439	
*Preservation Code		Relinquished By:		Date/Time:		Received By:		Date/Time:	
A=None B=HCL C=H2SO4		[Signature]		10/29/10		[Signature]		10/29/10	
D=HNO3 E=EnCore F=Methanol		Relinquished By:		Date/Time:		Received By:		Date/Time:	
G=NaOH O=Other(Indicate)				1/24		[Signature]		1/24	
Custody Seal: Present/Absent		Intact/Not Intact		Seal #'s		Receipt Temp:		Temp Blank Y N	
Shipped Via:									

① Shipped 1st place by meeting 1/29/10  
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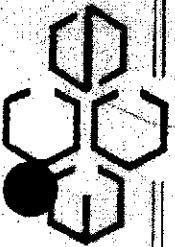
**CHAIN OF CUSTODY**

No. 002864

Page 2 of 4

Turn Around (Circle one) Normal Rush  
Report Due:

Project Number:		Mail Report To:		P.O. No.:		Quote No.:		Laboratory Number	
Project Name: <b>KUAC MAP PLECRIC</b>		Company: <b>COX/W HARBIND SCAGER</b>		Total Bottles		Analysis Requested		Comments	
Project Location: <b>CITICUS SPRINGS MISC</b>		Address:		Matrix		Preserv*		Laboratory Number	
Sampled By (Print): <b>ROBERT MARLIN</b>		Address:		Date		Time		Laboratory Number	
Sampled By (Print): <b>CHRIS SLAGGE</b>		Address:		Date		Time		Laboratory Number	
Sample Description		Collection		Date		Time		Laboratory Number	
DS-ESS-13		29	0600	1246	S	1	NA	PLA2	1440
✓ -14				1247					1441
✓ -15				1248					1442
DS-ESS-1				236					1443
-2				1238					1444
-3				1239					1445
-4				1241					1446
-5				246					1447
-6				243					1448
-7				248					1449
✓ -8				244					1450
✓ -9				154	✓				1451
*Preservation Code		Relinquished By:		Date/Time:		10/29/00		Received By:	
A=None B=HCL C=H2SO4		D=HNO3 E=EnCore F=Methanol		G=NaOH O=Other(Indicate)		Seal #'s		Temp Blank Y N	
Custody Seal: Present/Absent		Intact/Not Intact		Date/Time:		1430		Received By:	
Shipped Via:		Seal #'s		Date/Time:		1430		Received By:	



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CHAIN OF CUSTODY

No. 002865 \*  
Page 3 of 4

290000

Turn Around (circle one) Normal Rush  
Report Due:

Project Number:		Mail Report To:		P.O. No.:		Quote No.:	
Project Name: <b>KUHLMAN ELECTRIC</b>		Company: <b>DOBER/ HAN/INT SCABLE</b>		Laboratory Number:		Date/Time:	
Project Location: <b>CRYSTAL SPRING MISS</b>		Address: <b>MI/CS</b>		Comments:		Date/Time: <b>1435</b>	
Sampled By (Print): <b>CHRIS SCABLE</b>		Matrix:		Analysis Requested:		Date/Time:	
<b>ROBERT HARTMAN</b>		S		HA PCB <sup>2</sup>		Date/Time: <b>1435</b>	
Sample Description	Collection		Total Bottles	Preserv	Analysis Requested	Laboratory Number	Date/Time
	Date	Time					
DS-EFS-10	8/20	1250	1	HA	PCB <sup>2</sup>	1452	
V-11		PS2				1453	
PC-ESS-109		1445				1454	
110		1444				1455	
111		1443				1456	
112		1442				1457	
113		1442				1458	
114		1436				1459	
115		1435				1460	
116		1433				1461	
117		1439				1462	
DUP 10-19-00		-				1463	
*Preservation Code		Relinquished By:		Date/Time:		Received By:	
A=None B=HCL C=H2SO4	Chris Scable		10/29/00		1435		R. Johnson
D=HNO3 E=EnCore F=Methanol	Relinquished By:		Date/Time:		Received By:		Date/Time:
G=NaOH O=Other (Indicate)							
Custody Seal: Present/Absent	Intact/Not Intact		Seal #'s		Receipt Temp:		Temp Blank Y N
Shipped Via:							

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**CHAIN OF CUSTODY**

No. **272886** \*  
Page **4** of **4**

Turn Around (circle one)  Normal  Rush  
Report Due:

Project Number:		Mail Report To:		P.O. No.:		Quote No.:	
Project Name: <b>KULMAN ELECTRIC</b>		Company: <b>OGDEN/ MARINUSAGE</b>		Laboratory Number:		Date/Time:	
Project Location: <b>CYSSAL SPRINGS MISS</b>		Address: <b>AM/CS</b>		Comments:		Date/Time:	
Sampled By (Print): <b>ROBERT MARTIN</b>		Matrix:		Analysis Requested:		Date/Time:	
Sampled By (Print): <b>CHRIS S. NOLE</b>		Matrix:		Analysis Requested:		Date/Time:	
Sample Description	Collection		Total Bottles	Preserv'	Analysis Requested	Laboratory Number	Date/Time
	Date	Time					
<b>DB-ESS-16</b>	<b>27</b>	<b>0600</b>	<b>1</b>	<b>NA</b>	<b>PCB<sup>2</sup></b>	<b>1464</b>	<b>1630</b>
<b>-17</b>		<b>1434</b>				<b>1465</b>	
<b>-18</b>		<b>1435</b>				<b>1466</b>	
<b>-19</b>		<b>1436</b>				<b>1467</b>	
<b>-20</b>		<b>1437</b>				<b>1468</b>	
<b>-21</b>		<b>1438</b>				<b>1469</b>	
<b>DB WLONG LETTER</b>							
<b>BY 290000</b>							
*Preservation Code		Relinquished By:		Date/Time:		Received By:	
A=None B=HCL C=H2SO4		<b>Chris Nole</b>		<b>16/29/10</b>		<b>Ryphon</b>	
D=HNO3 E=EnCore F=Methanol		Relinquished By:		Date/Time:		Received By:	
G=NaOH O=Other(Indicate)							
Custody Seal: Present/Absent		Intact/Not Intact		Seal #'s		Receipt Temp:	
Shipped Via:						Temp Blank Y N	



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**CHAIN OF CUSTODY**

No. 002867 \*

Page 1 of 2

300000

Turn Around (circle one) Normal Rush  
Report Due:

Project Number:		Mail Report To:		P.O. No.:		Quote No.:		Laboratory Number	
Project Name: KUCHTA ELECTRIC		Company: OGDON / MARTINISAGE		P.O. No.:		Quote No.:		Laboratory Number	
Project Location: CRYSTAL SPANOS HA		Address:		P.O. No.:		Quote No.:		Laboratory Number	
Sampled By (Print): ROBERT MARTIN		KMA		P.O. No.:		Quote No.:		Laboratory Number	
Sample Description	Collection		Matrix	Total Bottles	Preserv	Analysis Requested	Comments	Laboratory Number	Date/Time
	Date	Time							
DS ESS - 16	3/20	1211	S	1	NA	PCB		1470	
- 17		1229	S	1				1471	
- 18		1237	S	1				1472	
- 19		1238	S	1				1473	
- 20		1238	S	1				1474	
- 21		1241	S	1				1475	
↓ - 22	↓	1242	S	1	↓	↓		1476	
DS EFS - 12		1223	S	1				1477	
- 13		1230	S	1				1478	
- 14		1225	S	1				1479	
- 15		1231	S	1				1480	
↓ - 16	↓	1227	S	1	↓	↓		1481	
*Preservation Code	Retrieved By: Robert Martin		Date/Time: 10/30/00		1426		Received By: R. Johnson		Date/Time: 10/30/00
A=None B=HCL C=H2SO4	Retrieved By:		Date/Time:				Received by:		Date/Time:
D=HNO3 E=EnCere F=Methanol	Intact/Not Intact		Seal #'s				Receipt Temp:		Temp Blank Y N
G=NaOH O=Other(indicate)	Intact/Not Intact		Seal #'s				Receipt Temp:		Temp Blank Y N
Custody Seal: Present/Absent	Intact/Not Intact		Seal #'s				Receipt Temp:		Temp Blank Y N
Shipped Via:	Intact/Not Intact		Seal #'s				Receipt Temp:		Temp Blank Y N

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**CHAIN OF CUSTODY**

No. 002868

Page 2 of 2

Turn Around (circle one) Normal Rush  
Report Due: 200000

Project Number:		Mail Report To:		P.O. No.:		Quote No.:	
Project Name: <u>KILBURN ELECTRIC</u>		Company: <u>OGDEN/Martin &amp; Skale</u>		Laboratory Number:		Date/Time:	
Project Location: <u>CRYSTAL SPRINGS MI</u>		Address: <u>RM</u>		Comments:		Date/Time:	
Sampled By (Print): <u>Robert Martin</u>		Analysis Requested:		Laboratory Number:		Date/Time:	
Sample Description	Collection		Matrix	Total Bottles	Preserv	Analysis Requested	Laboratory Number
	Date	Time					
<u>DS EES - 17</u>	<u>3006</u>	<u>1233</u>	<u>S</u>	<u>1</u>	<u>NA</u>	<u>PCB's</u>	<u>1482</u>
<u>- 18</u>	<u>L</u>	<u>1235</u>	<u>S</u>	<u>1</u>	<u>NA</u>	<u>L</u>	<u>1483</u>
<u>DS EES - 19</u>		<u>1620</u>					<u>1484</u>
<u>- 20</u>		<u>1624</u>					<u>1485</u>
<u>- 21</u>		<u>1628</u>					<u>1486</u>
<u>- 22</u>		<u>1632</u>					<u>1487</u>
<u>- 23</u>		<u>1636</u>					<u>1488</u>
<u>- 24</u>		<u>1640</u>					<u>1489</u>
<u>NESS - 23</u>		<u>1645</u>					<u>1490</u>
<u>- 24</u>		<u>1655</u>					<u>1491</u>
<u>- 25</u>		<u>1705</u>					<u>1492</u>
<u>- 26</u>		<u>1715</u>	<u>✓</u>				<u>1493</u>
*Preservation Code	Relinquished By: <u>Robert Martin</u>		Date/Time: <u>10/26/00 1426</u>		Received By: <u>R. Johnson</u>		Date/Time: <u>11/15/00</u>
A=None B=HCL C=H2SO4 D=HNO3 E=ErCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By:		Date/Time:		Received By:		Date/Time:
Custody Seal: Present/Absent	Intact/Not Intact		Seal #/s		Receipt Temp:		Temp Blank Y N
Shipped Via:							

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**CHAIN OF CUSTODY**

No. **002739**

Page **1** of **2**

**310000**

Turn Around (circle one) Normal  Rush   
 Report Due:

Project Number:		Mail Report To:		P.O. No.:		Quote No.:	
Project Name: <b>KUNLHAN ELECTRIC</b>		Company: <b>OGDEN/METINA SLAGER</b>		Laboratory Number:		Comments:	
Project Location: <b>CRYSTAL SPRINGS, MS</b>		Address:		Laboratory Number:		Comments:	
Sampled By (Print): <b>KELLY PHILLIPS</b>		K.P.		Laboratory Number:		Comments:	
Sample Description	Collection		Matrix	Total Bottles	Preserv	Analysis Requested	Laboratory Number
	Date	Time					
<b>DS ESS - 27</b>	<b>9/20</b>	<b>0920</b>	<b>S</b>	<b>1</b>	<b>NA</b>	<b>PCB</b>	<b>1494</b>
<b>↓ -28</b>		<b>0925</b>					<b>1495</b>
<b>MC ESS - 118</b>		<b>0932</b>					<b>1496</b>
<b>DUP 1031</b>		<b>0935</b>					<b>1497</b>
<b>MC ESS - 119</b>		<b>1130</b>					<b>1498</b>
<b>↓ 120</b>		<b>1134</b>					<b>1499</b>
<b>↓ 121</b>		<b>1140</b>					<b>1500</b>
<b>↓ 122</b>		<b>1145</b>					<b>1501</b>
<b>SHEO-1</b>		<b>1125</b>					<b>1502</b>
<b>DSEFS - 25</b>		<b>1345</b>					<b>1503</b>
<b>↓ -26</b>		<b>1530</b>					<b>1504</b>
<b>MC ESS - 123</b>		<b>1509</b>					<b>1505</b>
*Preservation Code		Relinquished By: <b>Kelly Phillips</b>		Date/Time: <b>10/3/00 11:00</b>		Relinquished By: <b>R. Phillips</b>	
A=None B=HCL C=H2SO4		Relinquished By:		Date/Time:		Relinquished By:	
D=HNO3 E=EnCore F=Method		Intrac/Not Intrac		Date/Time:		Date/Time:	
G=NaOH O=Other (Indicate)		Seal #6		Date/Time:		Date/Time:	
Custody Seal: Present/Absent		Shipped Via:		Date/Time:		Date/Time:	



CHAIN OF CUSTODY

No. 002857 \*

Page 2 of 3

100 00

Turn Around (starts with) Normal Rush  
Report Due:  
Invoice To:  
Company:  
Address:

DEW/INITIAL SAMPLE

171

P.O. No.:  
Quota No.:

Analysis Requested

Comments

Laboratory Number

PCB2

1524

1515

1526

1527

1528

1529

1530

1531

1532

1533

1534

1535

Requested By: R. Polon

Requested By: [Signature]

Date/Time: 1/14/97

Date/Time:

Request Form

Form Blank Y N



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**CHAIN OF CUSTODY**

No. 002854 \*  
Page 3 of 3

Turn Around (circle one) Normal Rush

Project Number:		Mail Report To:		Company: CODR / HMP / INSEGLE		P.O. No.:		Quote No.:		Laboratory Number	
Project Name: KUHLMAN ELECTRIC		Company: CODR / HMP / INSEGLE		Address:		P.O. No.:		Quote No.:		Laboratory Number	
Project Location: CRYSTAL SPRINGS, MS		Company: CODR / HMP / INSEGLE		Address:		P.O. No.:		Quote No.:		Laboratory Number	
Sampled By (Print): KELLY PHILLIPS		Company: CODR / HMP / INSEGLE		Address:		P.O. No.:		Quote No.:		Laboratory Number	
Sample Description	Collection		Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number			
	Date	Time									
DS-FIS-32	6/20	1455	S	1	BA	PCB2		1536			
PS ESD-29		1545						1537			
-30		1550						1538			
-31		1553						1539			
-32		1556						1540			
-33		1605						1541			
-34		1610						1542			
-35		1615						1543			
DUPE 11/1		1558						1544			
*Preservation Code		Relinquished By: Kelly Phillips		Date/Time: 11/16/00 / 1549		Received By: Johnson		Date/Time: 11/16/00			
A=None B=HCL C=H2SO4	Intact/Not Intact		Seal #'s		Received By:		Date/Time:				
D=HNO3 E=EnCore F=Methanol	Intact/Not Intact		Seal #'s		Received By:		Date/Time:				
G=NaOH O=Other (Indicate)	Intact/Not Intact		Seal #'s		Receipt Temp:		Temp Blank Y N				
Custody Seal: Present/Absent	Intact/Not Intact		Seal #'s		Receipt Temp:		Temp Blank Y N				
Shipped Via:	Intact/Not Intact		Seal #'s		Receipt Temp:		Temp Blank Y N				



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**CHAIN OF CUSTODY**

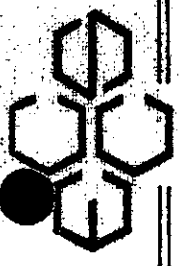
No. 002882 \*

Page 1 of 1

Turn Around (circle one) Normal Rush  
Report Due: 2:00 00

Project Number:		Mail Report To:		P.O. No.:		Quote No.:	
Project Name: KWITMAN ELECTRIC		Company: OGDEN/MARINTEC AGCB		Laboratory Number:		Date/Time: 10/58	
Project Location: CRYSTAL SPRINGS MISS		Address:		Comments:		Date/Time: 10/58	
Sampled By (Print): KELLY PHILLIPS		Analysis Requested:		Laboratory Number:		Date/Time:	
Sample Description	Collection		Matrix	Preserv*	Total Bottles	Analysis Requested	Laboratory Number
	Date	Time					
DISS 36	7/10	1515	S	BA	1	PIB <sup>2</sup>	1545
37		1515					1546
38		1520					1547
39		1525					1548
40		1540					1549
41		1550					1550
42		1600					1551
43		1605					1552
44		1615					1553
DUP 11/2 1525		1525					1554
*Preservation Code	Relinquished By: Kelly Phillips		Date/Time: 11/26/1058		Received By: R. Johnson		Date/Time: 10/58
A=None B=HCL C=H2SO4	Relinquished By:		Date/Time:		Received By:		Date/Time:
D=HNO3 E=EnCore F=Methanol	Intact/Not Intact		Seal #'s		Temp Blank Y N		Date/Time:
G=NaOH O=Other (Indicate)	Intact/Not Intact		Seal #'s		Temp Blank Y N		Date/Time:
Custody Seal: Present/Absent	Intact/Not Intact		Seal #'s		Temp Blank Y N		Date/Time:
Shipped Via:	Intact/Not Intact		Seal #'s		Temp Blank Y N		Date/Time:

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**CHAIN OF CUSTODY**

No. **002889**

Page **1** of **3**

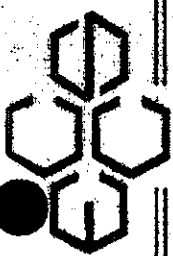
Run Accord (circle one)  Normal  Rush

**03 No 60**

Report Date:

Project Number:		Mail Report To:		F. D. No.:		Quota No.:	
Project Name: <b>KOHLMAN FLEETIC</b>		Company: <b>COXEN MARINE SLUGS</b>		Laboratory Number:			
Project Location: <b>CAYMAN SPANES PASS</b>		Address:		Comments:			
Sampled By (Print): <b>KELLY PHILLIPS</b>		K.P.		Analysis Requested:			
Sample Description	Collection		Matrix	Total Bottles	Preserv	Analysis Requested	Laboratory Number
	Date	Time					
<b>OS EFS-2733</b>	<b>03NOV</b>	<b>1230</b>	<b>S</b>	<b>1</b>	<b>NA</b>	<b>PBS</b>	<b>1555</b>
<b>-2734</b>		<b>1235</b>					<b>1556</b>
<b>-2735</b>		<b>1240</b>					<b>1557</b>
<b>-2736</b>		<b>1245</b>					<b>1558</b>
<b>-2737</b>		<b>1255</b>					<b>1559</b>
<b>-2738</b>		<b>1300</b>					<b>1560</b>
<b>39</b>		<b>1330</b>					<b>1561</b>
<b>MCEFS 38</b>		<b>1335</b>					<b>1562</b>
<b>39</b>		<b>1340</b>					<b>1563</b>
<b>40</b>		<b>1350</b>					<b>1564</b>
<b>41</b>		<b>1400</b>					<b>1565</b>
<b>42</b>		<b>1405</b>					<b>1566</b>
Retrievable By: <b>Kelly Phillips</b>		Retrievable By: <b>T. Phillips</b>		Date/Time: <b>11-3-00/1310</b>		Date/Time: <b>1310</b>	
"Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Metformin G=NaOH Q=Other (Indicate) Custody Seal: Present/Absent Shipped Via:		Initial/No. Inset		Seal #s		Date/Time:	

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CHAIN OF CUSTODY

No. 002913

Page 1 of 1

07 NO 00

Turn Around (circle one) Normal Rush  
Report Due:

Project Number:		Mail Report To:		Company:		Address:		P.O. Box No.:		Laboratory Number:	
Project Name: <b>KATHAN ELECTRIC</b>		Company: <b>DODEN / MINIMA S&amp;A</b>		Address:		P.O. Box No.:		Comments:		Date/Time:	
Project Location: <b>CYSTAL SPAINS / MISS</b>		Address:		Company:		P.O. Box No.:		Comments:		Date/Time:	
Sampled By (Print): <b>KELLY PHILLIPS</b>		Address:		Company:		P.O. Box No.:		Comments:		Date/Time:	
Samples Description	Collection		Total Bottles	Preserv*	Analysis Requested	Laboratory Number					
	Date	Time									
MCESS-76	07/20/00	0810	1	PA	PCB	1610					
MCESS-146		0730				1611					
-147		0855				1612					
DUPE 11/7/00		0900				1613					
DS ESS - 45		0930				1614					
- 46		0925				1615					
MCESS - 141		0920				1616					
MCESS - 77		1230				1617					
- 78		1230				1618					
- 79		1235				1619					
- 80		1240				1620					
- 81		1245				1621					
*Preservation Code	Reference By: <b>Kelly Phillips</b>		Received By: <b>T. Marks</b>		Date/Time: <b>11/10/03</b>						
A=None B=HCL C=H2SO4	Reference Date:		Received Date:		Date/Time:						
D=HNO3 E=EnCore F=Methanol	Reference Time:		Received Time:		Date/Time:						
G=NaOH O=Other (Indicate)	Reference Initial:		Received Initial:		Date/Time:						
Custody Seal: Present/Absent	Reference Seal #:		Received Seal #:		Date/Time:						
Shipped Via:	Reference Signature:		Received Signature:		Date/Time:						

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 FAX 808-221-4889

**CHAIN OF CUSTODY**

No. **002937**  
 Page **15** of **1**

Turn Around (circle one)  Normal  Rush  
 Report Due:

Project Number: \_\_\_\_\_  
 Project Name: **KUHMAN ELECTRIC**  
 Project Location: **CRYSTAL SPRINGS, MS**  
 Sampled By (Print): **ROBERT MARTIN**  
 Mail Report To: \_\_\_\_\_  
 Company: **OGDEN / MARTIN + SCAGLE**  
 Address: \_\_\_\_\_

Sample Description	Collection		Matrix	Total Bottles	Preserv	Analysis Requested	Comments	Laboratory Number
	Date	Time						
DSEFS-40	15 Nov	1415	S	1	NA	PCB <sub>2</sub>		1697
✓ -41		1417		1				1698
✓ -42		1654		1				1699
DSESS-47		1653		1				1700
✓ -48		1653		1				1701
✓ -49		1649		1				1702

P.O. No.: \_\_\_\_\_ Quote No.: \_\_\_\_\_  
 Invoice To: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Received By: **1438 T. Roberts** Date/Time: **15/11/00**  
 Relinquished By: **Sobacki Mark** Date/Time: **11/15/00 1438**  
 Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Receipt Temp: \_\_\_\_\_  
 Temp Blank:  Y  N  
 Intact/Not Intact: \_\_\_\_\_ Seal #'s: \_\_\_\_\_  
 Custody Seal: Present/Absent: \_\_\_\_\_  
 Shipped Via: \_\_\_\_\_



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**CHAIN OF CUSTODY**

No. 002957

Page 1 of 1

Turn Around (circle one) Normal Rush  
Report Due:

27 Nov 00

Project Number:		Project Name: <b>KOHLHAAS ECR, INC</b>		Mail Report To:		Company: <b>SEDENY MARTIN LEAGE</b>		P.O. No.:		Quote No.:		Laboratory Number:	
Project Location: <b>CASSIA SPRINGS MSK</b>		Address:		Company:		Address:		P.O. No.:		Quote No.:		Laboratory Number:	
Sampled By (Print): <b>ROBERT MARTIN</b>		Collection Date		Matrix		Total Bottles		Priority		Analysis Requested		Comments	
Sample Description		Time											
MCES - 150		1205		S		1		NA		PCB <sub>2</sub>		1769	
- 151		1206										1770	
- 152		1207										1771	
- 153		1211										1772	
MCES - 156		1204										1773	
- 157		1212										1774	
DESS - 50		1609										1775	
- 51		1638										1776	
- 52		1640										1777	
- 53		1641										1778	
*Preservation Code		Requested By: <b>Robert Martin</b>		Date/Time: <b>11/28/00 1505</b>		Received By: <b>Rydrew 15105</b>		Date/Time: <b>12 Nov 00</b>					
A=None B=HCL C=H2SO4		Requisitioned By:		Date/Time:		Received By:		Date/Time:					
D=HNO3 E=EnCore F=Methand		Requested By:		Date/Time:		Received By:		Date/Time:					
G=NaOH O=Other(Includes)		Inp/Out/In/Out		Seal #'s		Receipt Taken		Temp. Maint		Y		N	
Custody Seal: Present/Absent		Shipped Via:											

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CHAIN OF CUSTODY

No. 002959

Page 1 of 1

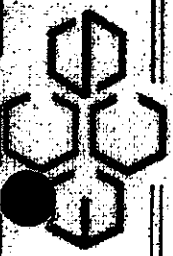
Turn Around (circle one) Normal Rush  
Report Due:

28 NO 00

Project Number:		Mail Report To:		P.O. No.:		Quote No.:		Laboratory Number	
Project Name: KULMINA ELECTRIC		Company: AMERK / MARTIN SCAGG		P.O. No.:		Quote No.:		Laboratory Number	
Project Location: CAYEN SPRINGS MISS		Address:		P.O. No.:		Quote No.:		Laboratory Number	
Sampled By (Print): ROBERT MARTIN		Matrix:		P.O. No.:		Quote No.:		Laboratory Number	
Sample Description	Collection		Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number	
	Date	Time							
DS EFS - 453	11/20/00	0854	S	1	UR	PCB <sup>2</sup>		1779	
↓ - 44		0855						1780	
↓ - 45		0856						1781	
DS EFS - 54		1113						1782	
↓ - 55		1114						1783	
↓ - 56		1115						1784	
DS EFS - 46		1401						1785	
↓ - 47		1402						1786	
MC EFS - 158		1404						1787	
MC EFS - 154		1416						1788	
↓ - 155		1425						1789	
DS EFS - 48		1445N						1790	
*Preservation Code		Requisitioned By:		Date/Time:		Requisitioned By:		Date/Time:	
A=None B=HCL C=H2SO4		Robert Martin		11/20/00 0930		Robert Martin		11/20/00 0933	
D=HNO3 E=EnCora F=Methanol		Requisitioned By:		Date/Time:		Requisitioned By:		Date/Time:	
G=NaOH O=Other (Indicate)									
Custody Seal: Present/Absent		Initial/Not Initialed		Seal #s					
Shipped Via:									

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**CHAIN OF CUSTODY**  
30 AU 00

No. 002952  
Page 1 of 2

Project Number:	Project Name:	Project Location:	Sampled By (Print):	Collection		Total Bottles	Matrix	Preserv	Analysis Requested	Comments	Laboratory Number
				Date	Time						
002952	WOLFRUM ELECTRIC	CAYTON SPRINGS MISS	ROBERT MARTIN	8/26	10:49	1	S	WA	PCBP		1795
					0950						1796
					0950						1797
					1012						1798
					1012						1799
					1015						1800
					1013						1801
					1012						1802
					1015						1803
					1321						1806
					1322						1807
					1323						1808
*Preservation Code				Relinquished By:		Date/Time:		Relinquished By:		Date/Time:	
A=None B=HCL C=H2SO4				Robert Martin		8/26/00 10:14		Robert Martin		8/26/00 10:14	
D=HNO3 E=EtOH F=MeOH				Relinquished By:		Date/Time:		Relinquished By:		Date/Time:	
G=NaOH H=Other (Specify)											
Custody Seal: Present/Absent				Initial/Not Initial		Seal #s		Project Temp		Temp Start Y, N	
Shipped Via:											

① Where DATED EARLY TIME INITIALS BY 302000  
 WHITE REPORT COPY YELLOW LABORATORY COPY PINK - SAMPLE SUBMITTER

Client: North Carolina Dept of Transportation Project ID: PAV00-1 Report To: Robert Martin  
 Address: PO Box 1023 Contact: Robert Martin Date: 10/29/00  
 Address: Blacksburg, NC 28711 Phone: 828 669 3928 Turnaround: Standard  
 Note #: \_\_\_\_\_ Fax: 828 669 5289 Job Number: \_\_\_\_\_ P.O. Number: \_\_\_\_\_  
 Invoice To: SARL

Sample ID	Date	Time	Lot	Lab	Analyst	Method	Result	Unit	Remarks
S-1	10/27	1445	S						+1262
S-2	10/27	1453	S						Report QC
CESS62	10/25	1517	S						9442-1
ZUPE	10/25	1518	S						
CE:519	10/28	1203	S						
CESS101	10/28	1343	S						
SPA7	10/28	1505	S						
ZUPE	10/28	1517	S						
SESS14	10/29	1247	S						
SESS1	10/29	1229	S						

Relinquished By: T. J. [Signature] Date: 10/26/00 1520  
 Date Rec'd By: [Signature] Date: 10/31/00 0930  
 Date Reported: 10/31/00 1000  
 Unit Certification Requested: \_\_\_\_\_  
 NC \_\_\_\_\_ SC \_\_\_\_\_ Other \_\_\_\_\_  
 SEE REVERSE FOR TERMS AND CONDITIONS

ORIGINAL

Client: Martin & Slagle Project ID: 19W-00-1 Date: 10/29/00 Report To: Robert Martin  
 Address: OM file Contact: Robert Martin Turnaround: S&D. Invoice To: Same  
 Phone: OM file Job Number: \_\_\_\_\_ P.O. Number: \_\_\_\_\_

Sample ID	Date	Time	Matrix	Received By	Date	Time	Temperature
CESS113	10/29/00	1442	S				
XUP	10/29/00		S				
CESS530.1	10/29/00	0914	S				
CESS580.5	10/29/00	0844	S				
BESS17	10/29/00	1434	S				
CESS110.5	10/29/00	1117	S				
CESS103.0.1	10/29/00	1417	S				
CESS170.5	10/29/00	0942	S				
CESS220.5	10/29/00	1051	S				

Relinquished By: 21 P. P. Slagle Date: 10/29/00 Time: 1500  
 Received By: John Date: 10/29/00 Time: 0930 Temperature: 40°C  
 State Certification Requested: NC \_\_\_ SC \_\_\_ Other \_\_\_  
 SEE REVERSE FOR TERMS AND CONDITIONS

GHT-1



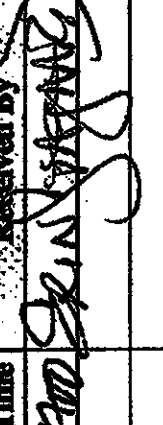
Client: Ogden Environmental Project ID: Kahlan Date: 10/30/00 Report To: Tim Fitzpatrick  
 Address: PO Box 3142 Contact: Tim Fitzpatrick Turnaround: \_\_\_\_\_  
 Address: Huntersville NC 28090 Phone: 704 756 2951 Job Number: \_\_\_\_\_  
 Quote #: \_\_\_\_\_ P.O. Number: \_\_\_\_\_ Invoice To: \_\_\_\_\_ Fax: \_\_\_\_\_

Sample ID	Date	Time	Matrix	Preservatives	Analyses				Comments: Please specify any special reporting requirements
					Date	Time	Temperature	State Certification Requested	
DS EFS 17 DFTF	10/30/00	1209	S	✓					61825 - 87 + 1262
DS EFS 16	10/31/00	1227	S	X					POB's 1262 per T. Fitzpatrick
Relinquished By	Date	Time	Received By	Date	Time	Temperature	State Certification Requested		
<u>Tim Fitzpatrick</u>	<u>10/31/00</u>	<u>1530</u>	<u>Jodie Johnson</u>	<u>10/31/00</u>	<u>0730</u>	<u>4.0°C</u>	NC _____ SC _____ Other _____		

SEE REVERSE FOR  
TERMS AND CONDITIONS

Chain-of Custody Record & Analytical Request

Client: Ogden Project ID: Kuhlman Date: 11-6-00 Report To: Same  
 Address: PO Box 3142 Contact: Tom Fitzpatrick Turnaround: Std  
 Address: \_\_\_\_\_ Phone: 704 786 2951 Job Number: \_\_\_\_\_ Invoice To: Same  
 Note #: \_\_\_\_\_ Fax: \_\_\_\_\_ P.O. Number: \_\_\_\_\_

Sample ID	Date	Time	Matrix	Received By	Date	Time	Temperature	State Certification Requested
MCES 72	11/7/00	1636	S	 11/6/00 1600 0935 4.8°C	11/6/00	0935	4.8°C	NC
DUP 11/11-11/12	11/7	1642						
DUP 11/3-1508	11/3	1508						
DUP 10/31-0935	10/31	0935						
DSES 36	11/2	1505						
MCES 118	10/21	0932						
MCES 61	11/3	1509						
DUP 11/2-1525	11/2	1525						
MCES 31	11/1	1344						
DSES 38	11/2	1800						

Contributor:  
 Please specify any special handling requirements

61185-37



Client: Martin & Slagle Project ID: BW001 Date: 12/06/00 Report To: Robert Martin  
 Address: PO Box 1023 Contact: Robert Martin Turnaround: Standard  
 Address: Black Mt., NC 28711 Phone: 828/669-5288 Job Number: \_\_\_\_\_  
 Quote #: \_\_\_\_\_ P.O. Number: \_\_\_\_\_ Invoice To: Martin & Slagle

Sample ID	Date	Time	Received By	Date	Time	Temperature	Comments
DSESS-53	11/27/00	1641					6442-3
MCEFS-150	11/28/00	1424					
NDESS-4	11/30/00	0953					
MCEFS-160	11/30/00	1410					
MCEFS-164	12/05/00	1541					
DSESS-57	12/06/00	1350					

Relinquished By: Robert Dault Date: 12/06/00 1625 Time: \_\_\_\_\_  
 Received By: Julie Johnson Date: 12/7/00 0930 Time: \_\_\_\_\_ Temperature: 46°C  
 State Certification Requested: NC \_\_\_\_\_ SC \_\_\_\_\_ Other \_\_\_\_\_  
 SEE REVERSE FOR TERMS AND CONDITIONS

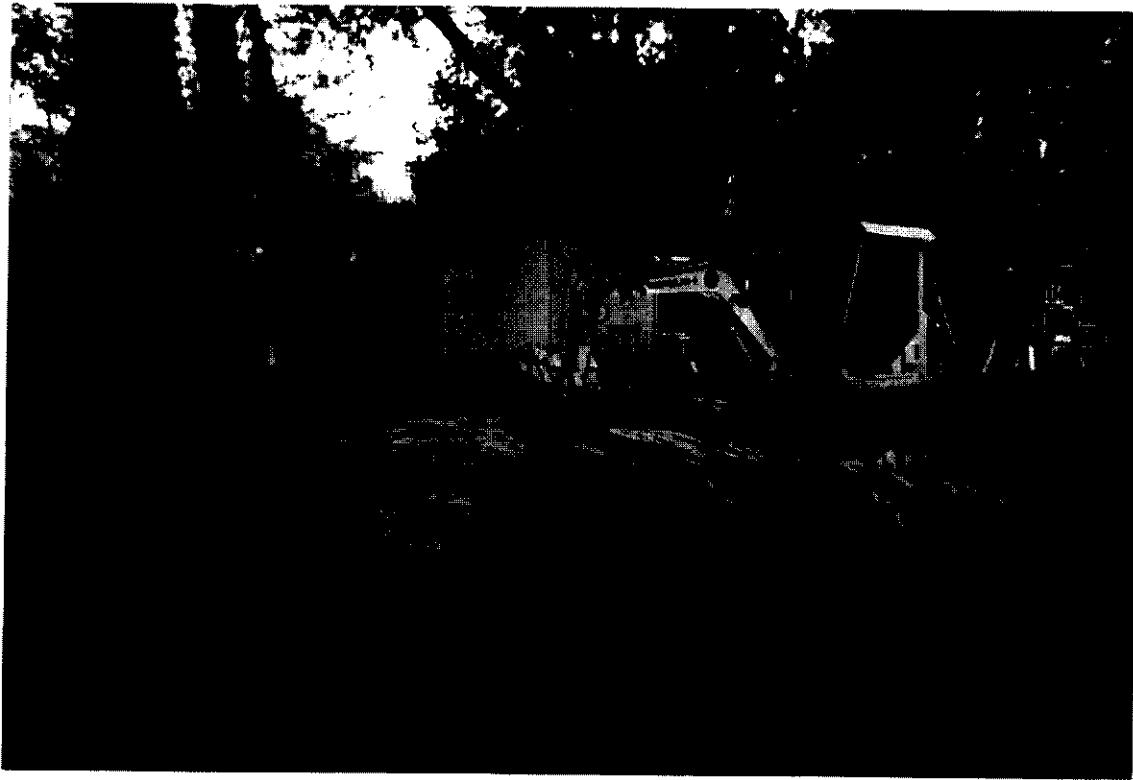
ORIGINAL







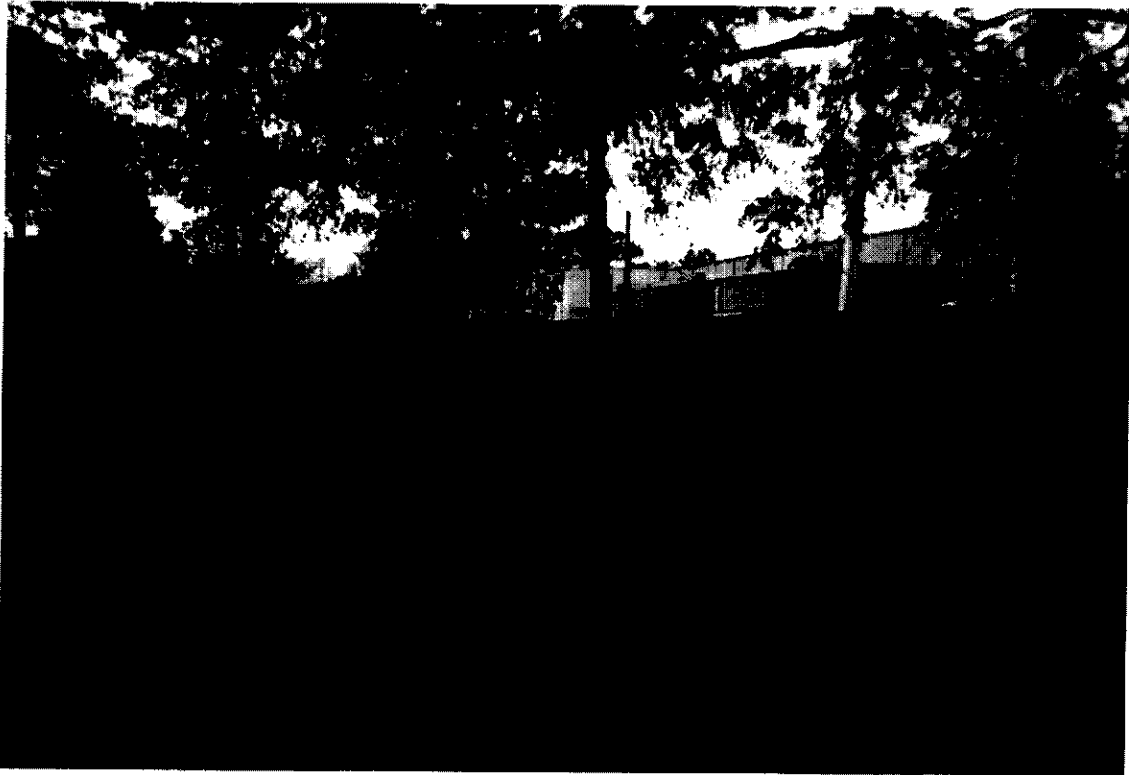
Dabney/Smith property looking west toward the KEC parking lot showing dismantling of structures, preparing for excavation.



Dabney/Smith site looking east along the north fence and property line showing excavation of contaminated soil.



Dabney/Smith site looking east along the north fence and property line showing the base of excavation and soil sampling of the base.



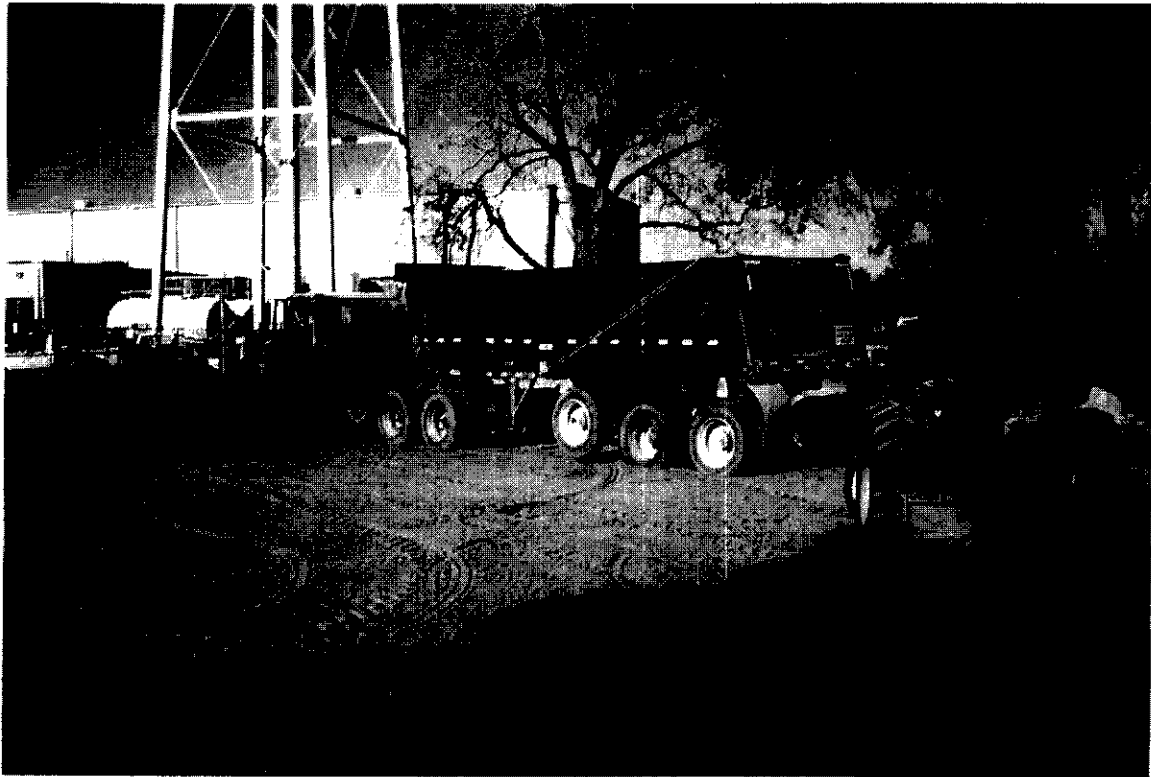
Dabney/Smith site looking west along the north fence and property line showing the base of excavation and sampling locations marked by red flags.



Dabney/Smith site looking north toward the KEC plant showing the cleaning of live oak tree roots using an Air Shovel™ to hydraulically remove soil without damaging the roots.



Dabney/Smith site showing a detail of soil removal using an Air Shovel™.



Dabney/Smith site looking northwest toward the KEC plant showing the placement of clean backfill following confirmation that all contaminated soil was removed.



Dabney/Smith site looking north toward the residence showing installation of new sod on the Medical Center property and the adjacent Dabney/ Smith property.