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SITE REMEDIATION REPORT

Medical Center Property
413 Lee Avenue
Crystal Springs, Mississippi

Prepared for

BorgWarner Inc.

April 2001

GeoEnvironmental Associates, LLC | MARTIN&SLAGLE

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Prepared for

BorgWarner Inc.

Prepared by

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April 2001

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SECTION 1.0 EXECUTIVE SUMMARY

The soil on the Medical Center property, located at 413 Lee Avenue, Crystal Springs, Mississippi, and consisting of approximately 0.53 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 169 floor samples and 229 sidewall samples were collected following removal of soil. All soil samples were collected and managed in accordance with USEPA Region IV Environmental Investigation Standard Operating Procedure and Quality Assurance Manual (EISOPQAM) protocols.

Three 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 Medical Center 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.

On October 16, 2000 the Medical Center 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 Medical Center property.

SECTION 2 INTRODUCTION

The soil on the Medical Center 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 Medical Center property is located at 413 Lee Avenue, Crystal Springs, Mississippi. This property is located southeast and adjacent to the Kuhlman property. The site includes a single building situated on approximately 0.53 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 stained 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 Medical Center property consists of 0.53 acres located southeast of the KEC property. The Medical Center property abuts the east side of the south employee parking lot (Figure 1). Storm water runoff from the parking lot flows onto the northwest portion of the Medical Center property.

The Medical Center 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 be impacted with 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 Medical Center property.

SECTION 3.0 SAMPLING PROGRAM – LOCATION AND RATIONALE

Remediation of the Medical Center property, on 413 Lee Avenue, began on October 16, 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 a 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 applies to sites with a surface area greater than 10,890 square feet. The grid spacing is determined by the following equation:

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

where: A = grid area (ft^2)

GI = grid interval

$\pi = 3.14159$

Based on a total remediation area of 13,200 ft^2, the maximum grid sampling grid spacing was determined to be 16.2 ft. 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 229 sidewall samples and 169 excavation floor samples were collected for confirmation of remediation. Sample locations are shown in Figure 2. A total of 40 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 Medical Center 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 Medical Center property, at 413 Lee Avenue, began on October 16, 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.

Three areas totaling approximately 13,200 ft^2 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"™ which is a unique technology adopted specifically for this purpose. The Air Shovel™ 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.

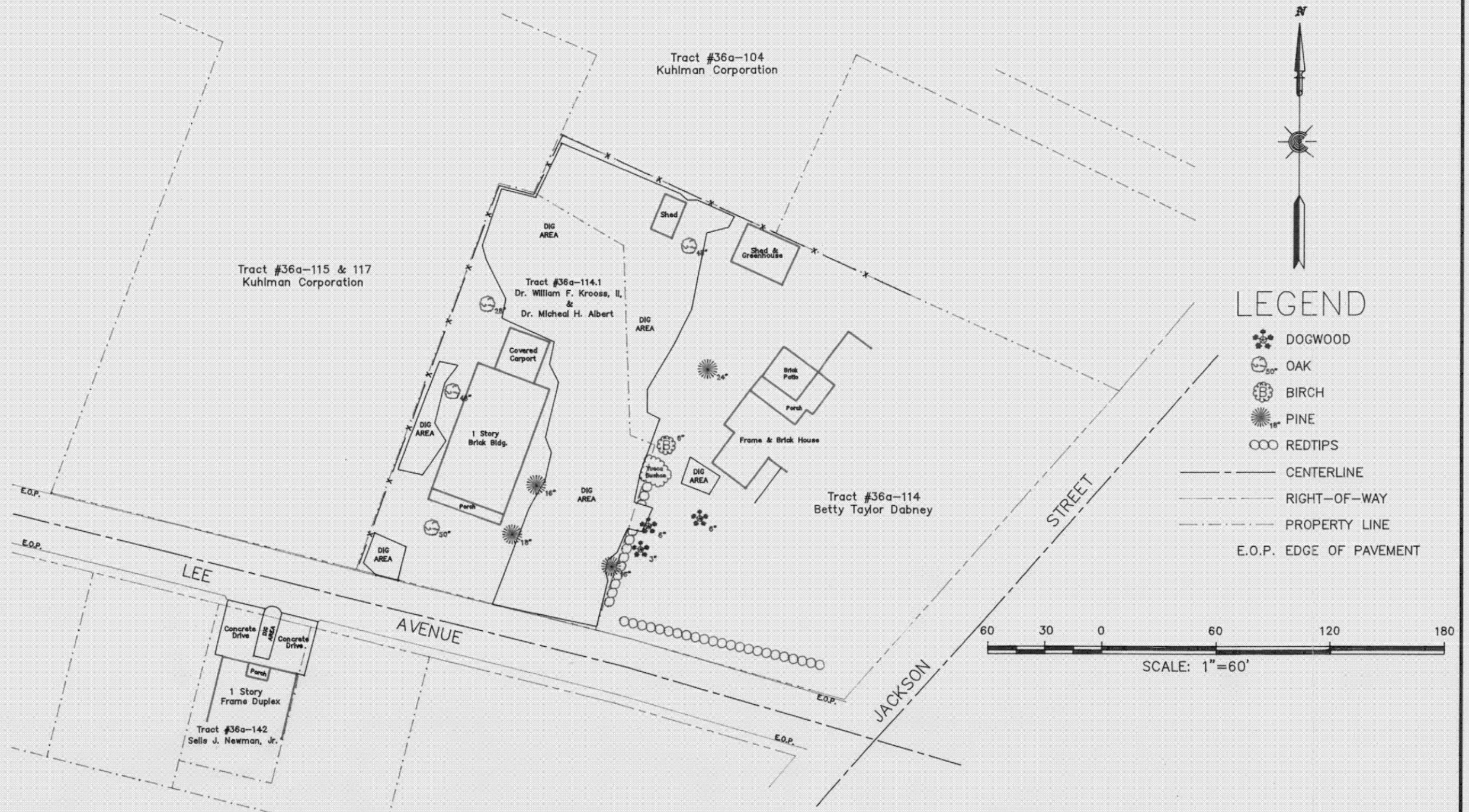
Contaminated soil was removed from the west side of the property to the edge of the property. Soil samples that were collected along the property line that abuts the KEC parking lot had elevated levels of PCB with concentrations above the remediation goal. Excavation was terminated at the property line.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

A total of 1119.57 tons of soil were removed from the site in 80 20-yd^3 roll-off boxes. Waste manifests are included in Appendix 2.

SECTION 6.0 SUMMARY AND CONCLUSIONS

The Medical Center 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 Medical Center property.



NOTE; This drawing is for information purposes only.
Not a Boundary Survey.

FIGURE 1

SCALE 1"=60'

SITE REMEDIATION
PROPERTY LINE MAP

PROJECT NO.: BW00-1

DR: RRB | CHK: RLM | REV: 0 | DATE: 4/12/01

SURVEYED BY: MAPTECH, INC.

PREPARED FOR: BorgWarner Inc.

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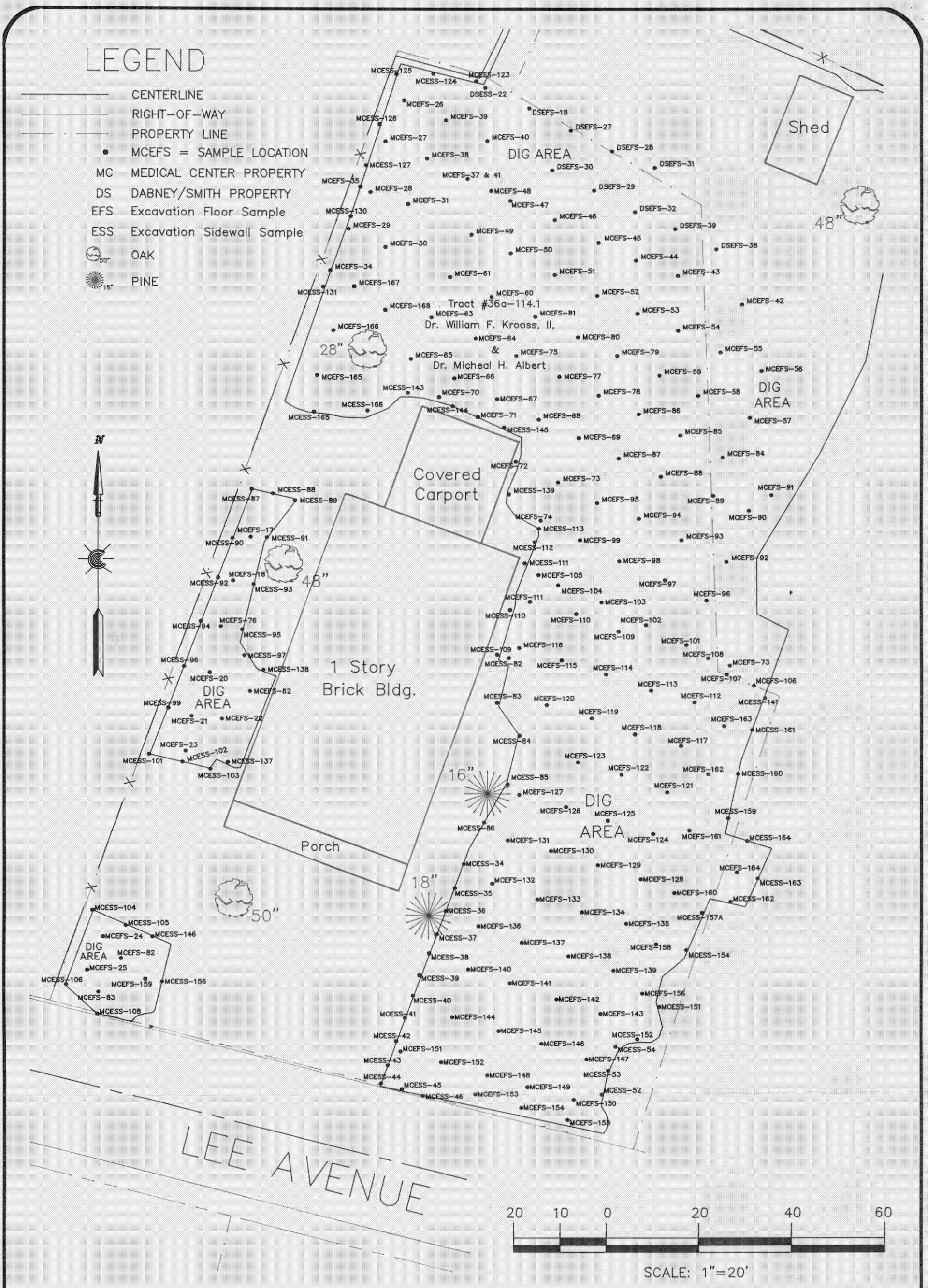


GeoEnvironmental Associates, LLC MARTIN&SLAGLE PO Box 1023 Black Mountain NC 28711 828.669.3929 828.669.5289	PREPARED FOR: BorgWarner Inc.	SURVEYED BY: MAPTECH, INC.	SITE REMEDIATION Medical Center Property SAMPLE LOCATION MAP PROJECT NO.: BW00-1 DWG NO: 324A-0343-1100-102-01c DRWN: RRB CHK: RLM REV: 0 DATE: 4/12/01	SCALE 1"=20'	FIGURE 2

TABLE 1
SUMMARY OF DATA SHOWING CONFIRMATION OF REMEDIATION

					Field Laboratory		Fixed Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
1282	MC- ESS-34	0.1	24-Oct-00	14:02	24-Oct-00	0.68		
1283	MC- ESS-34	0.5	24-Oct-00	14:04	24-Oct-00	0.41		
1284	MC- ESS-35	0.1	24-Oct-00	15:50	24-Oct-00	0.55		
1285	MC- ESS-35	0.5	24-Oct-00	15:52	24-Oct-00	0.16		
1307	MC- ESS-36	0.1	24-Oct-00	15:57	24-Oct-00	0.44	15-Nov-00	0.62
1286	MC- ESS-36	0.5	24-Oct-00	16:00	24-Oct-00	0.44		
1287	MC- ESS-37	0.1	24-Oct-00	16:02	24-Oct-00	0.87		
1288	MC- ESS-37	0.5	24-Oct-00	16:07	24-Oct-00	0.68		
1289	MC- ESS-38	0.1	24-Oct-00	16:10	24-Oct-00	0.42		
1290	MC- ESS-38	0.5	24-Oct-00	16:12	24-Oct-00	0.18		
1291	MC- ESS-39	0.1	24-Oct-00	16:15	24-Oct-00	0.59		
1292	MC- ESS-39	0.5	24-Oct-00	16:17	24-Oct-00	0.25		
1293	MC- ESS-40	0.1	24-Oct-00	16:20	24-Oct-00	0.27		
1294	MC- ESS-40	0.5	24-Oct-00	16:22	24-Oct-00	0.49	15-Nov-00	0.96
1295	MC- ESS-41	0.1	24-Oct-00	16:40	24-Oct-00	0.30		
1296	MC- ESS-41	0.5	24-Oct-00	16:43	24-Oct-00	< 0.10		
1297	MC- ESS-42	0.1	24-Oct-00	16:46	24-Oct-00	0.23		
1298	MC- ESS-42	0.5	24-Oct-00	16:49	24-Oct-00	< 0.10		
1299	MC- ESS-43	0.1	24-Oct-00	16:53	24-Oct-00	< 0.10		
1300	MC- ESS-43	0.5	24-Oct-00	16:55	24-Oct-00	< 0.10		
1301	MC- ESS-44	0.1	24-Oct-00	17:00	24-Oct-00	0.55		
1302	MC- ESS-44	0.5	24-Oct-00	17:03	24-Oct-00	< 0.10	15-Nov-00	<0.14
1303	MC- ESS-45	0.3	24-Oct-00	17:07	24-Oct-00	< 0.10		
1304	MC- ESS-45	0.5	24-Oct-00	17:09	24-Oct-00	< 0.10		
1305	MC- ESS-46	0.3	24-Oct-00	17:12	24-Oct-00	< 0.10		
1306	MC- ESS-46	0.5	24-Oct-00	17:15	24-Oct-00	< 0.10		
1308	MC- ESS-69	0.1	25-Oct-00	11:26	25-Oct-00	0.22		
1343	MC- ESS-52	0.1	26-Oct-00	9:19	26-Oct-00	0.42		
1344	MC- ESS-52	0.5	26-Oct-00	9:21	26-Oct-00	0.46		
1345	MC- ESS-53	0.1	26-Oct-00	9:14	26-Oct-00	0.69	15-Nov-00	0.57
1346	MC- ESS-53	0.5	26-Oct-00	9:16	26-Oct-00	0.35		
1347	MC- ESS-54	0.1	26-Oct-00	9:12	26-Oct-00	0.52		
1348	MC- ESS-54	0.5	26-Oct-00	9:10	26-Oct-00	0.20		
1371	MC- ESS-82	0.1	26-Oct-00	15:12	26-Oct-00	0.57		
1372	MC- ESS-82	0.5	26-Oct-00	15:14	26-Oct-00	0.42		
1373	MC- ESS-83	0.1	26-Oct-00	15:18	26-Oct-00	0.49		
1374	MC- ESS-83	0.5	26-Oct-00	15:20	26-Oct-00	0.55		
1375	MC- ESS-84	0.1	26-Oct-00	15:22	26-Oct-00	0.44		
1376	MC- ESS-84	0.5	26-Oct-00	15:24	26-Oct-00	0.29		
1377	MC- ESS-85	0.1	26-Oct-00	15:27	26-Oct-00	0.65	15-Nov-00	0.88
1378	MC- ESS-85	0.5	26-Oct-00	15:29	26-Oct-00	0.20		
1379	MC- ESS-86	0.1	26-Oct-00	15:34	26-Oct-00	0.35		
1380	MC- ESS-86	0.5	26-Oct-00	15:32	26-Oct-00	0.41		
1389	MC- ESS-87		28-Oct-00	11:42	28-Oct-00	**1.4**		
1390	MC- ESS-88		28-Oct-00	11:44	28-Oct-00	0.32		
1391	MC- ESS-89		28-Oct-00	11:46	28-Oct-00	0.10		
1392	MC- ESS-90		28-Oct-00	11:47	28-Oct-00	**4.8** [E]		

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	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
1393	MC- ESS-91		28-Oct-00	11:52	28-Oct-00	0.21		
1394	MC- ESS-92		28-Oct-00	11:54	28-Oct-00	**4.4** [E]		
1395	MC- ESS-93		28-Oct-00	11:57	28-Oct-00	0.22		
1396	MC- ESS-94		28-Oct-00	11:58	28-Oct-00	**3.6**		
1397	MC- ESS-95		28-Oct-00	12:05	28-Oct-00	0.23		
1398	MC- EFS-17		28-Oct-00	11:49	28-Oct-00	0.38		
1399	MC- EFS-18		28-Oct-00	11:55	28-Oct-00	0.65		
1400	MC- EFS-19		28-Oct-00	12:03	28-Oct-00	**2.1**	15-Nov-00	**3.1**
1401	MC- ESS-96		28-Oct-00	13:35	28-Oct-00	**8.1** [E]		
1402	MC- ESS-97		28-Oct-00	13:39	28-Oct-00	0.64		
1404	MC- ESS-99		28-Oct-00	13:41	28-Oct-00	**12** [E]		
1406	MC- ESS-101		28-Oct-00	13:43	28-Oct-00	**5.5** [E]	15-Nov-00	**6.3**
1407	MC- ESS-102		28-Oct-00	13:45	28-Oct-00	0.50		
1408	MC- ESS-103		28-Oct-00	13:43	28-Oct-00	0.58		
1409	MC- EFS-20		28-Oct-00	13:37	29-Oct-00	0.13		
1410	MC- EFS-21		28-Oct-00	13:42	29-Oct-00	0.18		
1411	MC- EFS-22		28-Oct-00	13:44	29-Oct-00	< 0.10		
1412	MC- EFS-23		28-Oct-00	13:47	29-Oct-00	0.85		
1413	MC- ESS-104		28-Oct-00	14:31	29-Oct-00	0.78		
1414	MC- ESS-105		28-Oct-00	14:34	29-Oct-00	0.34		
1415	MC- ESS-106		28-Oct-00	14:36	29-Oct-00	0.61		
1417	MC- ESS-108		28-Oct-00	14:38	29-Oct-00	**2.3**		
1418	MC- EFS-24		28-Oct-00	14:32	29-Oct-00	< 0.10		
1419	MC- EFS-25		28-Oct-00	14:35	29-Oct-00	< 0.10		
1454	MC- ESS-109		29-Oct-00	14:45	30-Oct-00	0.53		
1455	MC- ESS-110		29-Oct-00	14:44	30-Oct-00	0.22		
1456	MC- ESS-111		29-Oct-00	14:43	30-Oct-00	0.25		
1457	MC- ESS-112		29-Oct-00	14:42	30-Oct-00	0.47		
1458	MC- ESS-113		29-Oct-00	14:42	30-Oct-00	0.18	15-Nov-00	0.16
1505	MC- ESS-123		31-Oct-00	15:09	31-Oct-00	**17** [E]		
1506	MC- ESS-124		31-Oct-00	15:15	31-Oct-00	**21** [E]		
1507	MC- ESS-125		31-Oct-00	15:20	31-Oct-00	**17** [E]		
1508	MC- ESS-126		31-Oct-00	15:23	31-Oct-00	**17** [E]		
1509	MC- ESS-127		31-Oct-00	15:27	31-Oct-00	**23** [E]		
1512	MC- ESS-131		01-Nov-00	10:54	01-Nov-00	**3.7**		
1518	MC- EFS-26		01-Nov-00	11:25	01-Nov-00	< 0.10		
1519	MC- EFS-27		01-Nov-00	11:27	01-Nov-00	< 0.10		
1520	MC- EFS-28		01-Nov-00	11:29	01-Nov-00	< 0.10		
1521	MC- EFS-29		01-Nov-00	11:32	01-Nov-00	< 0.10		
1522	MC- ESS-130		01-Nov-00	10:50	01-Nov-00	**8.1** [E]		
1523	MC- EFS-30		01-Nov-00	13:40	01-Nov-00	0.17		
1524	MC- EFS-31		01-Nov-00	13:44	01-Nov-00	< 0.10	17-Nov-00	<0.098
1525	MC- EFS-32		01-Nov-00	13:47	01-Nov-00	**2.8**		
1526	MC- EFS-33		01-Nov-00	13:50	01-Nov-00	**9.2** [E]		
1527	MC- EFS-34		01-Nov-00	14:00	01-Nov-00	**6.9** [E]		
1528	MC- EFS-35		01-Nov-00	14:05	01-Nov-00	**9.1** [E]		

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	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
1529	MC- EFS-36		01-Nov-00	14:10	01-Nov-00	**2.4**		
1530	MC- EFS-37		01-Nov-00	14:15	01-Nov-00	0.85		
1562	MC- EFS-38		03-Nov-00	13:35	03-Nov-00	< 0.10		
1563	MC- EFS-39		03-Nov-00	13:40	03-Nov-00	< 0.10		
1564	MC- EFS-40		03-Nov-00	13:50	03-Nov-00	< 0.10		
1565	MC- EFS-41		03-Nov-00	14:00	03-Nov-00	< 0.10		
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		
1568	MC- EFS-44		03-Nov-00	14:15	03-Nov-00	< 0.10		
1569	MC- EFS-45		03-Nov-00	14:20	03-Nov-00	< 0.10		
1570	MC- EFS-46		03-Nov-00	14:22	03-Nov-00	< 0.10		
1571	MC- EFS-47		03-Nov-00	14:25	03-Nov-00	< 0.10		
1572	MC- EFS-48		03-Nov-00	14:27	04-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		
1576	MC- EFS-59		03-Nov-00	15:00	04-Nov-00	< 0.10		
1577	MC- EFS-49		03-Nov-00	14:30	04-Nov-00	< 0.10		
1578	MC- EFS-50		03-Nov-00	14:34	04-Nov-00	< 0.10		
1579	MC- EFS-51		03-Nov-00	14:40	04-Nov-00	< 0.10		
1580	MC- EFS-52		03-Nov-00	14:42	04-Nov-00	0.44		
1581	MC- EFS-53		03-Nov-00	14:45	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		
1584	MC- EFS-60		03-Nov-00	15:03	04-Nov-00	< 0.10		
1585	MC- EFS-61		03-Nov-00	15:09	04-Nov-00	< 0.10	17-Nov-00	<0.099
1587	MC- ESS-137		04-Nov-00	8:20	04-Nov-00	< 0.10		
1588	MC- ESS-138		04-Nov-00	8:24	04-Nov-00	< 0.10		
1589	MC- EFS-62		04-Nov-00	8:30	04-Nov-00	< 0.10		
1591	MC- ESS-139		04-Nov-00	10:20	04-Nov-00	0.14		
1592	MC- EFS-63		04-Nov-00	16:25	04-Nov-00	< 0.10		
1593	MC- EFS-64		04-Nov-00	16:26	04-Nov-00	< 0.10		
1594	MC- EFS-65		04-Nov-00	16:28	04-Nov-00	< 0.10		
1595	MC- EFS-66		04-Nov-00	16:30	04-Nov-00	< 0.10		
1596	MC- EFS-67		04-Nov-00	16:29	04-Nov-00	< 0.10		
1597	MC- EFS-68		04-Nov-00	16:31	04-Nov-00	0.13		
1598	MC- EFS-69		04-Nov-00	16:32	04-Nov-00	0.39		
1599	MC- EFS-70		04-Nov-00	16:33	04-Nov-00	< 0.10		
1600	MC- EFS-71		04-Nov-00	16:35	04-Nov-00	< 0.10		
1601	MC- EFS-72		04-Nov-00	16:36	05-Nov-00	< 0.10	17-Nov-00	<0.10
1602	MC- EFS-73		04-Nov-00	16:37	05-Nov-00	< 0.10		
1603	MC- EFS-74		04-Nov-00	16:40	05-Nov-00	< 0.10		
1604	MC- EFS-75		04-Nov-00	16:27	05-Nov-00	< 0.10		
1607	MC- ESS-144		04-Nov-00	16:22	05-Nov-00	0.59		
1608	MC- ESS-145		04-Nov-00	16:25	05-Nov-00	0.35		
1610	MC- EFS-76		07-Nov-00	8:10	07-Nov-00	< 0.10		
1611	MC- ESS-146		07-Nov-00	8:50	07-Nov-00	0.12		

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	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
1616	MC- ESS-141		07-Nov-00	9:20	07-Nov-00	0.73		
1617	MC- EFS-77		07-Nov-00	12:30	07-Nov-00	< 0.10		
1618	MC- EFS-78		07-Nov-00	12:33	07-Nov-00	< 0.10		
1619	MC- EFS-79		07-Nov-00	12:35	07-Nov-00	< 0.10		
1620	MC- EFS-80		07-Nov-00	12:40	07-Nov-00	< 0.10		
1621	MC- EFS-81		07-Nov-00	12:45	07-Nov-00	< 0.10		
1622	MC- EFS-82		07-Nov-00	14:00	07-Nov-00	< 0.10		
1623	MC- EFS-83		07-Nov-00	14:02	07-Nov-00	< 0.10		
1626	MC- EFS-108		07-Nov-00	16:03	07-Nov-00	< 0.10	18-Nov-00	<0.11
1627	MC- EFS-109		07-Nov-00	16:02	07-Nov-00	0.43		
1628	MC- EFS-110		07-Nov-00	16:01	07-Nov-00	< 0.10		
1629	MC- EFS-111		07-Nov-00	16:01	07-Nov-00	< 0.10		
1630	MC- EFS-112		07-Nov-00	16:00	07-Nov-00	< 0.10		
1631	MC- EFS-113		07-Nov-00	15:59	07-Nov-00	0.43		
1632	MC- EFS-114		07-Nov-00	15:58	07-Nov-00	0.50		
1633	MC- EFS-115		07-Nov-00	15:57	07-Nov-00	< 0.10		
1634	MC- EFS-116		07-Nov-00	15:56	07-Nov-00	< 0.10		
1635	MC- EFS-117		07-Nov-00	15:55	07-Nov-00	< 0.10	18-Nov-00	<0.11
1636	MC- EFS-118		07-Nov-00	15:54	07-Nov-00	0.34		
1637	MC- EFS-119		07-Nov-00	15:54	07-Nov-00	< 0.10		
1638	MC- EFS-120		07-Nov-00	15:53	07-Nov-00	< 0.10		
1639	MC- EFS-121		07-Nov-00	15:52	07-Nov-00	< 0.10		
1640	MC- EFS-122		07-Nov-00	15:51	07-Nov-00	0.12		
1641	MC- EFS-123		07-Nov-00	15:50	07-Nov-00	< 0.10		
1642	MC- EFS-124		07-Nov-00	15:49	08-Nov-00	< 0.10		
1643	MC- EFS-125		07-Nov-00	15:48	08-Nov-00	< 0.10		
1644	MC- EFS-126		07-Nov-00	15:47	08-Nov-00	< 0.10		
1645	MC- EFS-127		07-Nov-00	15:47	08-Nov-00	< 0.10	18-Nov-00	<0.11
1646	MC- EFS-128		07-Nov-00	15:46	08-Nov-00	< 0.10		
1647	MC- EFS-129		07-Nov-00	15:46	08-Nov-00	< 0.10	18-Nov-00	<0.10
1648	MC- EFS-130		07-Nov-00	15:45	08-Nov-00	< 0.10		
1649	MC- EFS-131		07-Nov-00	15:44	08-Nov-00	< 0.10		
1650	MC- EFS-84		07-Nov-00	15:50	08-Nov-00	< 0.10		
1651	MC- EFS-85		07-Nov-00	15:52	08-Nov-00	< 0.10		
1652	MC- EFS-86		07-Nov-00	15:53	08-Nov-00	< 0.10		
1653	MC- EFS-87		07-Nov-00	15:54	08-Nov-00	0.11		
1654	MC- EFS-88		07-Nov-00	15:55	08-Nov-00	0.30		
1655	MC- EFS-89		07-Nov-00	15:56	08-Nov-00	< 0.10		
1656	MC- EFS-90		07-Nov-00	15:57	08-Nov-00	< 0.10	18-Nov-00	<0.11
1657	MC- EFS-91		07-Nov-00	15:58	08-Nov-00	< 0.10		
1658	MC- EFS-92		07-Nov-00	15:59	08-Nov-00	< 0.10		
1659	MC- EFS-93		07-Nov-00	16:00	08-Nov-00	< 0.10		
1660	MC- EFS-94		07-Nov-00	16:01	08-Nov-00	< 0.10		
1661	MC- EFS-95		07-Nov-00	16:02	08-Nov-00	< 0.10		
1662	MC- EFS-96		07-Nov-00	16:03	08-Nov-00	0.11		
1663	MC- EFS-97		07-Nov-00	16:04	08-Nov-00	< 0.10	18-Nov-00	<0.11
1664	MC- EFS-98		07-Nov-00	16:05	08-Nov-00	0.27		

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	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
1665	MC- EFS-99		07-Nov-00	16:06	08-Nov-00	0.25		
1666	MC- EFS-101		07-Nov-00	16:08	08-Nov-00	0.12		
1667	MC- EFS-102		07-Nov-00	16:09	08-Nov-00	0.65		
1668	MC- EFS-103		07-Nov-00	16:10	08-Nov-00	0.24		
1669	MC- EFS-104		07-Nov-00	16:11	08-Nov-00	< 0.10		
1670	MC- EFS-105		07-Nov-00	16:12	08-Nov-00	< 0.10		
1671	MC- EFS-106		07-Nov-00	16:13	08-Nov-00	0.12		
1672	MC- EFS-107		07-Nov-00	16:14	08-Nov-00	0.13		
1673	MC- EFS-132		14-Nov-00	11:49	14-Nov-00	< 0.10		
1674	MC- EFS-133		14-Nov-00	11:52	14-Nov-00	< 0.10		
1675	MC- EFS-134		14-Nov-00	11:54	14-Nov-00	< 0.10	30-Nov-00	<0.12
1676	MC- EFS-135		14-Nov-00	11:57	14-Nov-00	< 0.10		
1677	MC- EFS-136		14-Nov-00	11:58	14-Nov-00	< 0.10		
1678	MC- EFS-137		14-Nov-00	11:59	14-Nov-00	< 0.10		
1679	MC- EFS-138		14-Nov-00	12:01	14-Nov-00	0.20		
1680	MC- EFS-139		14-Nov-00	12:04	14-Nov-00	< 0.10		
1681	MC- EFS-140		14-Nov-00	12:05	14-Nov-00	< 0.10		
1682	MC- EFS-141		14-Nov-00	12:06	14-Nov-00	< 0.10		
1683	MC- EFS-142		14-Nov-00	12:08	14-Nov-00	< 0.10		
1684	MC- EFS-143		14-Nov-00	12:09	14-Nov-00	< 0.10		
1685	MC- EFS-144		14-Nov-00	12:12	14-Nov-00	< 0.10	30-Nov-00	<0.12
1686	MC- EFS-145		14-Nov-00	12:14	14-Nov-00	< 0.10		
1687	MC- EFS-146		14-Nov-00	12:16	14-Nov-00	< 0.10		
1688	MC- EFS-147		14-Nov-00	12:17	14-Nov-00	< 0.10	18-Nov-00	0.52
1689	MC- EFS-148		14-Nov-00	12:19	14-Nov-00	< 0.10		
1690	MC- EFS-149		14-Nov-00	12:21	14-Nov-00	< 0.10		
1691	MC- EFS-150		14-Nov-00	12:20	14-Nov-00	< 0.10		
1692	MC- EFS-151		14-Nov-00	12:54	14-Nov-00	< 0.10		
1693	MC- EFS-152		14-Nov-00	12:18	14-Nov-00	< 0.10		
1694	MC- EFS-153		14-Nov-00	12:17	14-Nov-00	< 0.10		
1695	MC- EFS-154		14-Nov-00	12:15	14-Nov-00	< 0.10		
1696	MC- EFS-155		14-Nov-00	12:20	14-Nov-00	< 0.10	30-Nov-00	<0.11
1770	MC- ESS-151		27-Nov-00	12:06	27-Nov-00	< 0.10		
1771	MC- ESS-152		27-Nov-00	12:07	27-Nov-00	0.65		
1773	MC- EFS-156		27-Nov-00	12:04	27-Nov-00	< 0.10		
1787	MC- EFS-158		28-Nov-00	14:24	28-Nov-00	< 0.10	11-Dec-00	<0.15
1788	MC- ESS-154		28-Nov-00	14:26	28-Nov-00	0.37		
1791	MC- ESS-156		28-Nov-00	15:09	28-Nov-00	0.31		
1792	MC- EFS-159		28-Nov-00	15:10	28-Nov-00	< 0.10		
1794	MC- EFS-160		29-Nov-00	12:49	29-Nov-00	< 0.10		
1811	MC- ESS-159		30-Nov-00	13:45	05-Dec-00	0.23		
1813	MC- ESS-160		30-Nov-00	15:29	05-Dec-00	0.51	11-Dec-00	<0.15
1814	MC- ESS-161		30-Nov-00	15:28	05-Dec-00	0.76		
1815	MC- EFS-161		30-Nov-00	15:25	05-Dec-00	< 0.10		
1816	MC- EFS-162		30-Nov-00	15:26	05-Dec-00	< 0.10		
1817	MC- EFS-163		30-Nov-00	15:27	05-Dec-00	< 0.10		
1818	MC- EFS-164		05-Dec-00	15:41	05-Dec-00	< 0.10	11-Dec-00	<0.11

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	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)	Date Analyzed	Concentration (mg/kg)
1819	MC- ESS-162		05-Dec-00	15:38	05-Dec-00	0.52		
1820	MC- ESS-163		05-Dec-00	15:39	05-Dec-00	0.11		
1821	MC- ESS-164		05-Dec-00	15:40	05-Dec-00	0.55		
1835	MC- EFS-165		16-Jan-01	15:54	16-Jan-01	< 0.10		
1836	MC- EFS-166		16-Jan-01	15:52	16-Jan-01	0.31		
1837	MC- EFS-167		16-Jan-01	15:51	16-Jan-01	0.32		
1838	MC- EFS-168		16-Jan-01	15:50	16-Jan-01	0.69		
1839	MC- ESS-165		18-Jan-01	16:35	18-Jan-01	0.45		
1840	MC- ESS-166		18-Jan-01	16:40	18-Jan-01	0.48		
1476	DS- ESS-22		30-Oct-00	12:42	30-Oct-00	**9.2** [E]		
1483	DS- EFS-18		30-Oct-00	12:35	30-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		
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		

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

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

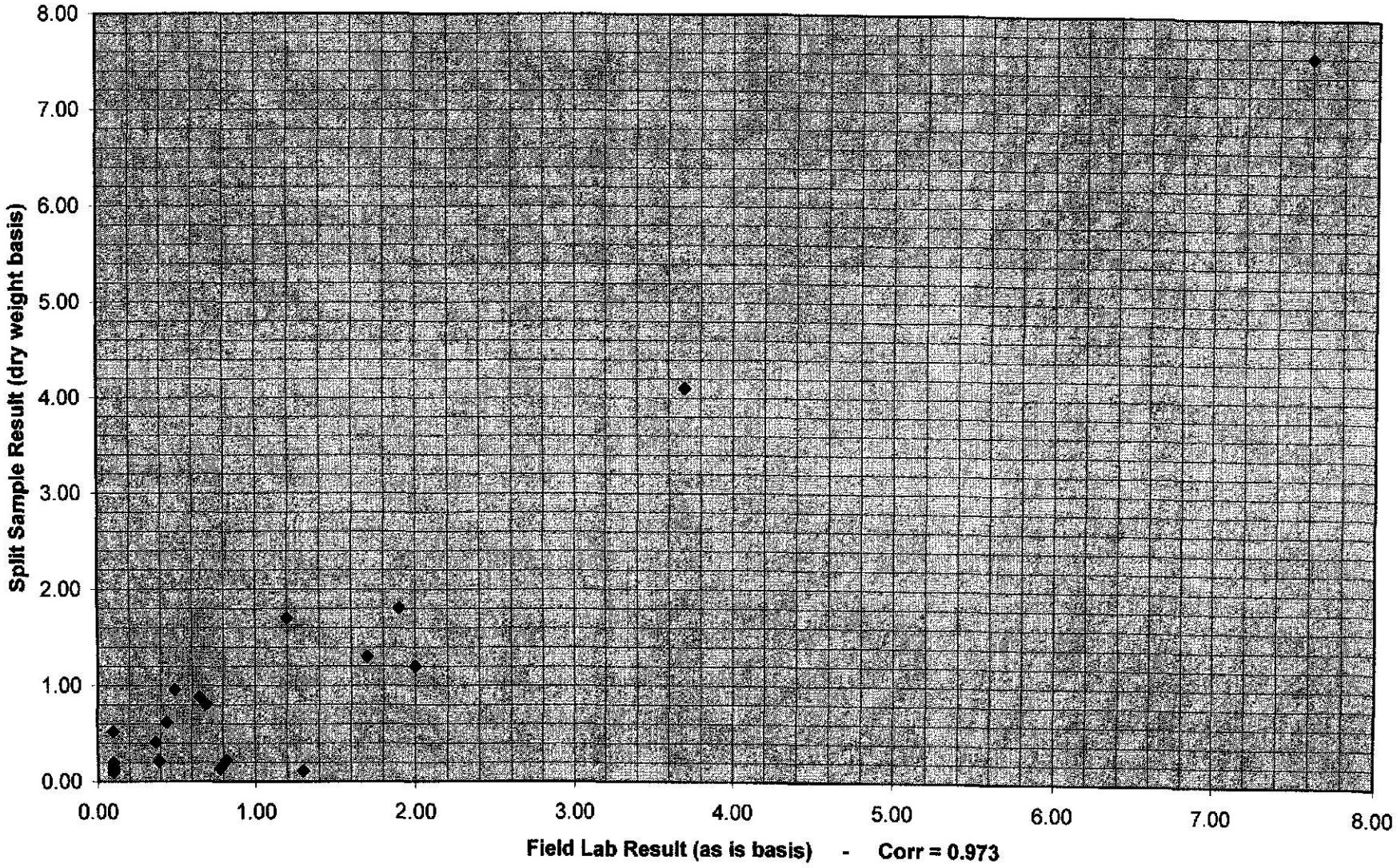
COMPARISON OF FIXED AND FIELD LABORATORY SPLIT SAMPLE DATA

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.

Reported in mg/kg

Comparison of Split Sample Results



FIELD LABORATORY BLIND DUPLICATE SAMPLE DATA

SAMPLE ID		PCBs (Aroclor 1260) 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^{E}	4.7^{E}	0.00%
DSESS-38	Dupe 11/02/00	7.6^{E}	10^{E}	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

January 24, 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 recently completed at the former Borg Warner and current Kuhlman Electric facility at 413 Lee Street in Crystal Springs, Mississippi. If you have any questions concerning this information, please give me a call.

Sincerely,

Richard Johnson

Richard Johnson

Enclosure

Environmental Chemistry Consulting Services, Inc.

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

Technical Memorandum

Medical Clinic
413 Lee Street
Crystal Springs, Mississippi

TECHNICAL MEMORANDUM

January 24, 2001

To: Robert Martin
Martin & Slagle, LLC

From: Richard Johnson
ECCS, Inc.

Re: Field Analytical Methods – QC Summary
Remediation at 413 Lee Street
Crystal Springs, Mississippi

INTRODUCTION

This Technical Memorandum provides documentation of the field analytical test methods used to analyze soil samples collected during a remediation episode, October 17, 2000 to November 8, 2000, November 14, 2000 to November 15, 2000, November 28, 2000 to November 30, 2000, December 5, 2000 to December 7, 2000 and January 16, 2001 to January 18, 2001 around the former Borg Warner and current Kuhlman Electric facility at 413 Lee Street 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 for the episode is provided in Table 1.

The PCB mini-extraction procedure is based on the existing EPA SW846 method 8082/8141. The procedure incorporates all the quality control rigors of the full 8082 method 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 process on track while trying to maintain a goal of Level Three data quality.

CASE NARRATIVE

During the thirty four day episode, 410 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. Quality control data are found in Table 2.

2. All blanks, LCS's, MS and MSD's were within acceptable limts.

3. All surrogate recoveries for reported data were within acceptable limits.

4. All samples were analyzed within 14 days of sampling.

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 were 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. If sample is colored the extract is cleaned-up using concentrated sulfuric acid. An aliquot of the extract is transferred to an autosampler vial.

3. GC-ECD Analysis - A sample aliquot is injected into an HP5890 GC with an ECD linked to 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 an 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 daily run sheets.
   - Blind duplicate samples were collected in the field and analyzed by the mobile laboratory. Blind duplicate sample results are summarized at the end of Table 1.

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

Table 1
Medical Clinic
413 Lee Street
Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1202	MC- EFS-1		17-Oct-00	13:30	18-Oct-00	< 0.10
1203	MC- EFS-2		17-Oct-00	13:35	18-Oct-00	**0.37**
1204	MC- EFS-3		17-Oct-00	13:38	18-Oct-00	**0.59**
1205	MC- ESS-1		17-Oct-00	16:12	18-Oct-00	**0.18**
1206	MC- ESS-2		17-Oct-00	16:18	18-Oct-00	**0.76**
1207	MC- ESS-3		17-Oct-00	16:20	18-Oct-00	**1.1**
1208	MC- ESS-4		17-Oct-00	16:22	18-Oct-00	**0.37**
1209	MC- ESS-5		17-Oct-00	16:24	18-Oct-00	**0.70**
1210	MC- EFS-4		17-Oct-00	16:00	18-Oct-00	< 0.10
1211	MC- EFS-5		17-Oct-00	16:04	18-Oct-00	< 0.10
1212	MC- EFS-6		17-Oct-00	16:06	18-Oct-00	**2.8**
1212A	MC- ESS-6		18-Oct-00	10:42	18-Oct-00	**2.4**
1213	MC- ESS-7		18-Oct-00	10:45	18-Oct-00	**1.7**
1214	MC- ESS-8		18-Oct-00	10:50	18-Oct-00	**1.8**
1215	MC- EFS-7		18-Oct-00	10:55	18-Oct-00	< 0.10
1216	MC- EFS-8		18-Oct-00	10:58	18-Oct-00	**1.7**
1217	MC- EFS-9		18-Oct-00	11:00	18-Oct-00	**0.16**
1218	MC- ESS-9		20-Oct-00	10:34	20-Oct-00	< 0.10
1219	MC- ESS-10		20-Oct-00	10:38	20-Oct-00	**0.58**
1220	MC- ESS-11		20-Oct-00	10:40	20-Oct-00	< 0.10
1221	MC- ESS-12		20-Oct-00	10:42	20-Oct-00	**3.5**
1222	MC- EFS-10		20-Oct-00	10:46	20-Oct-00	< 0.10
1223	MC- EFS-11		20-Oct-00	10:50	20-Oct-00	< 0.10
1224	MC- EFS-12		20-Oct-00	10:52	20-Oct-00	< 0.10
1225	MC- ESS-13		20-Oct-00	13:20	20-Oct-00	< 0.10
1226	MC- EFS-13		20-Oct-00	13:15	20-Oct-00	< 0.10
1227	MC- EFS-14		20-Oct-00	13:17	20-Oct-00	< 0.10
1228	MC- EFS-15		20-Oct-00	13:22	20-Oct-00	< 0.10
1229	MC- EFS-16		20-Oct-00	13:30	20-Oct-00	< 0.10
1230	MC- ESS-14		20-Oct-00	15:10	20-Oct-00	< 0.10
1231	MC- ESS-15		20-Oct-00	15:25	20-Oct-00	**0.62**
1232	MC- DS-1		23-Oct-00	9:00	23-Oct-00	**0.14**
1233	MC- DS-2		23-Oct-00	9:05	23-Oct-00	**0.69**
1234	MC- DS-3		23-Oct-00	9:10	23-Oct-00	**1.1**
1235	MC- DS-4		23-Oct-00	9:15	23-Oct-00	**0.38**
1246	MC- ESS-16	0.1	24-Oct-00	9:35	24-Oct-00	**0.33**
1247	MC- ESS-16	0.5	24-Oct-00	9:37	24-Oct-00	**0.93**
1248	MC- ESS-17	0.1	24-Oct-00	9:40	24-Oct-00	**0.32**
1249	MC- ESS-17	0.5	24-Oct-00	9:42	24-Oct-00	**0.80**
1250	MC- ESS-18	0.1	24-Oct-00	9:45	24-Oct-00	**0.27**
1251	MC- ESS-18	0.5	24-Oct-00	9:47	24-Oct-00	**4.7** [E]
1252	MC- ESS-19	0.1	24-Oct-00	9:52	24-Oct-00	**5.2** [E]
1253	MC- ESS-19	0.5	24-Oct-00	9:50	24-Oct-00	**0.14**
1254	MC- ESS-20	0.1	24-Oct-00	10:39	24-Oct-00	**0.27**
1255	MC- ESS-20	0.5	24-Oct-00	10:41	24-Oct-00	**0.48**

NA = Not Analyzed
J = Elevated detection limit due to toxaphene interference
E = Estimated value, exceeds calibration range.

Table 1
Medical Clinic
413 Lee Street
Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1256	MC- ESS-21	0.1	24-Oct-00	10:43	24-Oct-00	**0.39**
1257	MC- ESS-21	0.5	24-Oct-00	10:45	24-Oct-00	**0.69**
1258	MC- ESS-22	0.1	24-Oct-00	10:49	24-Oct-00	**0.33**
1259	MC- ESS-22	0.5	24-Oct-00	15:01	24-Oct-00	**3.4**
1260	MC- ESS-23	0.1	24-Oct-00	12:45	24-Oct-00	**1.5**
1261	MC- ESS-23	0.5	24-Oct-00	12:47	24-Oct-00	< 0.10
1262	MC- ESS-24	0.1	24-Oct-00	12:49	24-Oct-00	**1.4**
1263	MC- ESS-24	0.5	24-Oct-00	12:50	24-Oct-00	**0.25**
1264	MC- ESS-25	0.1	24-Oct-00	12:52	24-Oct-00	**0.97**
1265	MC- ESS-25	0.5	24-Oct-00	12:54	24-Oct-00	**0.1**
1266	MC- ESS-26	0.1	24-Oct-00	12:56	24-Oct-00	**2.2**
1267	MC- ESS-26	0.5	24-Oct-00	12:58	24-Oct-00	**0.23**
1268	MC- ESS-27	0.1	24-Oct-00	12:59	24-Oct-00	**1.3**
1269	MC- ESS-27	0.5	24-Oct-00	13:01	24-Oct-00	**0.13**
1270	MC- ESS-28	0.1	24-Oct-00	13:03	24-Oct-00	**1.1**
1271	MC- ESS-28	0.5	24-Oct-00	13:05	24-Oct-00	< 0.10
1272	MC- ESS-29	0.1	24-Oct-00	13:35	24-Oct-00	**0.88**
1273	MC- ESS-29	0.5	24-Oct-00	13:37	24-Oct-00	< 0.10
1274	MC- ESS-30	0.1	24-Oct-00	13:40	24-Oct-00	**1.5**
1275	MC- ESS-30	0.5	24-Oct-00	13:42	24-Oct-00	**0.40**
1276	MC- ESS-31	0.1	24-Oct-00	13:45	24-Oct-00	**0.81**
1277	MC- ESS-31	0.5	24-Oct-00	13:47	24-Oct-00	**0.30**
1278	MC- ESS-32	0.1	24-Oct-00	13:50	24-Oct-00	**0.90**
1279	MC- ESS-32	0.5	24-Oct-00	13:52	24-Oct-00	**0.28**
1280	MC- ESS-33	0.1	24-Oct-00	13:55	24-Oct-00	**0.78**
1281	MC- ESS-33	0.5	24-Oct-00	13:58	24-Oct-00	**0.13**
1282	MC- ESS-34	0.1	24-Oct-00	14:02	24-Oct-00	**0.68**
1283	MC- ESS-34	0.5	24-Oct-00	14:04	24-Oct-00	**0.41**
1284	MC- ESS-35	0.1	24-Oct-00	15:50	24-Oct-00	**0.55**
1285	MC- ESS-35	0.5	24-Oct-00	15:52	24-Oct-00	**0.16**
1307	MC- ESS-36	0.1	24-Oct-00	15:57	24-Oct-00	**0.44**
1286	MC- ESS-36	0.5	24-Oct-00	16:00	24-Oct-00	**0.44**
1287	MC- ESS-37	0.1	24-Oct-00	16:02	24-Oct-00	**0.87**
1288	MC- ESS-37	0.5	24-Oct-00	16:07	24-Oct-00	**0.68**
1289	MC- ESS-38	0.1	24-Oct-00	16:10	24-Oct-00	**0.42**
1290	MC- ESS-38	0.5	24-Oct-00	16:12	24-Oct-00	**0.18**
1291	MC- ESS-39	0.1	24-Oct-00	16:15	24-Oct-00	**0.59**
1292	MC- ESS-39	0.5	24-Oct-00	16:17	24-Oct-00	**0.25**
1293	MC- ESS-40	0.1	24-Oct-00	16:20	24-Oct-00	**0.27**
1294	MC- ESS-40	0.5	24-Oct-00	16:22	24-Oct-00	**0.49**
1295	MC- ESS-41	0.1	24-Oct-00	16:40	24-Oct-00	**0.30**
1296	MC- ESS-41	0.5	24-Oct-00	16:43	24-Oct-00	< 0.10
1297	MC- ESS-42	0.1	24-Oct-00	16:46	24-Oct-00	**0.23**
1298	MC- ESS-42	0.5	24-Oct-00	16:49	24-Oct-00	< 0.10

NA = Not Analyzed
J = Elevated detection limit due to toxaphene interference
E = Estimated value, exceeds calibration range.

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Medical Clinic
413 Lee Street
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PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1299	MC- ESS-43	0.1	24-Oct-00	16:53	24-Oct-00	< 0.10
1300	MC- ESS-43	0.5	24-Oct-00	16:55	24-Oct-00	< 0.10
1301	MC- ESS-44	0.1	24-Oct-00	17:00	24-Oct-00	**0.55**
1302	MC- ESS-44	0.5	24-Oct-00	17:03	24-Oct-00	< 0.10
1303	MC- ESS-45	0.3	24-Oct-00	17:07	24-Oct-00	< 0.10
1304	MC- ESS-45	0.5	24-Oct-00	17:09	24-Oct-00	< 0.10
1305	MC- ESS-46	0.3	24-Oct-00	17:12	24-Oct-00	< 0.10
1306	MC- ESS-46	0.5	24-Oct-00	17:15	24-Oct-00	< 0.10
1308	MC- ESS-69	0.1	25-Oct-00	11:26	25-Oct-00	**0.22**
1309	MC- ESS-69	0.5	25-Oct-00	11:28	25-Oct-00	**0.32**
1310	MC- ESS-70	0.1	25-Oct-00	11:20	25-Oct-00	**0.55**
1311	MC- ESS-70	0.5	25-Oct-00	11:22	25-Oct-00	**0.85**
1312	MC- ESS-71	0.1	25-Oct-00	11:15	25-Oct-00	**0.18**
1313	MC- ESS-71	0.5	25-Oct-00	11:17	25-Oct-00	**0.34**
1314	MC- ESS-72	0.1	25-Oct-00	11:08	25-Oct-00	**0.19**
1315	MC- ESS-72	0.5	25-Oct-00	11:10	25-Oct-00	**0.47**
1316	MC- ESS-73	0.1	25-Oct-00	11:03	25-Oct-00	**0.48**
1317	MC- ESS-73	0.5	25-Oct-00	10:58	25-Oct-00	< 0.10
1318	MC- ESS-74	0.1	25-Oct-00	10:46	25-Oct-00	**0.96**
1319	MC- ESS-74	0.5	25-Oct-00	10:48	25-Oct-00	< 0.10
1320	MC- ESS-75	0.1	25-Oct-00	10:40	25-Oct-00	**0.75**
1321	MC- ESS-75	0.5	25-Oct-00	10:43	25-Oct-00	< 0.10
1322	MC- ESS-63	0.1	25-Oct-00	14:17	25-Oct-00	**0.15**
1323	MC- ESS-63	0.5	25-Oct-00	14:19	25-Oct-00	**0.10**
1324	MC- ESS-64	0.1	25-Oct-00	14:11	25-Oct-00	**0.23**
1325	MC- ESS-64	0.5	25-Oct-00	14:13	25-Oct-00	**0.24**
1326	MC- ESS-65	0.1	25-Oct-00	14:05	25-Oct-00	**0.25**
1327	MC- ESS-65	0.5	25-Oct-00	14:07	25-Oct-00	< 0.10
1328	MC- ESS-66	0.1	25-Oct-00	14:00	25-Oct-00	**0.22**
1329	MC- ESS-66	0.5	25-Oct-00	14:02	25-Oct-00	**0.27**
1330	MC- ESS-67	0.1	25-Oct-00	13:50	25-Oct-00	**0.16**
1331	MC- ESS-67	0.5	25-Oct-00	13:54	25-Oct-00	**0.58**
1332	MC- ESS-68	0.1	25-Oct-00	13:45	25-Oct-00	**0.11**
1333	MC- ESS-68	0.5	25-Oct-00	13:47	25-Oct-00	< 0.10
1334	MC- ESS-60	0.1	25-Oct-00	15:50	25-Oct-00	**0.26**
1335	MC- ESS-60	0.5	25-Oct-00	15:55	25-Oct-00	**0.86**
1336	MC- ESS-61	0.1	25-Oct-00	15:35	25-Oct-00	**0.21**
1337	MC- ESS-61	0.5	25-Oct-00	15:37	25-Oct-00	**0.73**
1338	MC- ESS-62	0.1	25-Oct-00	15:15	25-Oct-00	**0.37**
1339	MC- ESS-62	0.5	25-Oct-00	15:17	25-Oct-00	< 0.10
1341	MC- ESS-51	0.1	26-Oct-00	9:24	26-Oct-00	**1.7**
1342	MC- ESS-51	0.5	26-Oct-00	9:25	26-Oct-00	< 0.10
1343	MC- ESS-52	0.1	26-Oct-00	9:19	26-Oct-00	**0.42**
1344	MC- ESS-52	0.5	26-Oct-00	9:21	26-Oct-00	**0.46**

NA = Not Analyzed
J = Elevated detection limit due to toxaphene interference
E = Estimated value, exceeds calibration range.

Table 1
Medical Clinic
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Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1345	MC- ESS-53	0.1	26-Oct-00	9:14	26-Oct-00	**0.69**
1346	MC- ESS-53	0.5	26-Oct-00	9:16	26-Oct-00	**0.35**
1347	MC- ESS-54	0.1	26-Oct-00	9:12	26-Oct-00	**0.52**
1348	MC- ESS-54	0.5	26-Oct-00	9:10	26-Oct-00	**0.20**
1349	MC- ESS-55	0.1	26-Oct-00	9:05	26-Oct-00	**0.23**
1350	MC- ESS-55	0.5	26-Oct-00	9:07	26-Oct-00	**0.44**
1351	MC- ESS-56	0.1	26-Oct-00	9:00	26-Oct-00	**0.19**
1352	MC- ESS-56	0.5	26-Oct-00	9:03	26-Oct-00	**1.0**
1353	MC- ESS-57	0.1	26-Oct-00	8:49	26-Oct-00	**0.25**
1354	MC- ESS-57	0.5	26-Oct-00	8:52	26-Oct-00	**0.46**
1355	MC- ESS-58	0.1	26-Oct-00	8:42	26-Oct-00	**0.20**
1356	MC- ESS-58	0.5	26-Oct-00	8:44	26-Oct-00	**0.43**
1357	MC- ESS-59	0.1	26-Oct-00	7:50	26-Oct-00	**0.28**
1358	MC- ESS-59	0.5	26-Oct-00	7:53	26-Oct-00	**0.26**
1359	MC- ESS-76	0.1	26-Oct-00	13:35	26-Oct-00	**0.36**
1360	MC- ESS-76	0.5	26-Oct-00	13:38	26-Oct-00	< 0.10
1361	MC- ESS-77	0.1	26-Oct-00	13:42	26-Oct-00	**0.30**
1362	MC- ESS-77	0.5	26-Oct-00	13:45	26-Oct-00	**0.14**
1363	MC- ESS-78	0.1	26-Oct-00	13:57	26-Oct-00	**1.3**
1364	MC- ESS-78	0.5	26-Oct-00	14:00	26-Oct-00	**1.2**
1365	MC- ESS-79	0.1	26-Oct-00	14:02	26-Oct-00	**0.13**
1366	MC- ESS-79	0.5	26-Oct-00	14:04	26-Oct-00	< 0.10
1367	MC- ESS-80	0.1	26-Oct-00	14:06	26-Oct-00	**2.0**
1368	MC- ESS-80	0.5	26-Oct-00	14:08	26-Oct-00	**1.2**
1369	MC- ESS-81	0.1	26-Oct-00	14:11	26-Oct-00	**0.91**
1370	MC- ESS-81	0.5	26-Oct-00	14:13	26-Oct-00	**0.64**
1371	MC- ESS-82	0.1	26-Oct-00	15:12	26-Oct-00	**0.57**
1372	MC- ESS-82	0.5	26-Oct-00	15:14	26-Oct-00	**0.42**
1373	MC- ESS-83	0.1	26-Oct-00	15:18	26-Oct-00	**0.49**
1374	MC- ESS-83	0.5	26-Oct-00	15:20	26-Oct-00	**0.55**
1375	MC- ESS-84	0.1	26-Oct-00	15:22	26-Oct-00	**0.44**
1376	MC- ESS-84	0.5	26-Oct-00	15:24	26-Oct-00	**0.29**
1377	MC- ESS-85	0.1	26-Oct-00	15:27	26-Oct-00	**0.65**
1378	MC- ESS-85	0.5	26-Oct-00	15:29	26-Oct-00	**0.20**
1379	MC- ESS-86	0.1	26-Oct-00	15:34	26-Oct-00	**0.35**
1380	MC- ESS-86	0.5	26-Oct-00	15:32	26-Oct-00	**0.41**
1389	MC- ESS-87		28-Oct-00	11:42	28-Oct-00	**1.4**
1390	MC- ESS-88		28-Oct-00	11:44	28-Oct-00	**0.32**
1391	MC- ESS-89		28-Oct-00	11:46	28-Oct-00	**0.10**
1392	MC- ESS-90		28-Oct-00	11:47	28-Oct-00	**4.8** [E]
1393	MC- ESS-91		28-Oct-00	11:52	28-Oct-00	**0.21**
1394	MC- ESS-92		28-Oct-00	11:54	28-Oct-00	**4.4** [E]
1395	MC- ESS-93		28-Oct-00	11:57	28-Oct-00	**0.22**
1396	MC- ESS-94		28-Oct-00	11:58	28-Oct-00	**3.6**
1397	MC- ESS-95		28-Oct-00	12:05	28-Oct-00	**0.23**

NA = Not Analyzed
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Medical Clinic
413 Lee Street
Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1398	MC- EFS-17		28-Oct-00	11:49	28-Oct-00	**0.38**
1399	MC- EFS-18		28-Oct-00	11:55	28-Oct-00	**0.65**
1400	MC- EFS-19		28-Oct-00	12:03	28-Oct-00	**2.1**
1401	MC- ESS-96		28-Oct-00	13:35	28-Oct-00	**8.1** [E]
1402	MC- ESS-97		28-Oct-00	13:39	28-Oct-00	**0.64**
1403	MC- ESS-98		28-Oct-00	13:40	28-Oct-00	**1.1**
1404	MC- ESS-99		28-Oct-00	13:41	28-Oct-00	**12** [E]
1405	MC- ESS-100		28-Oct-00	13:41	28-Oct-00	**1.0**
1406	MC- ESS-101		28-Oct-00	13:43	28-Oct-00	**5.5** [E]
1407	MC- ESS-102		28-Oct-00	13:45	28-Oct-00	**0.50**
1408	MC- ESS-103		28-Oct-00	13:43	28-Oct-00	**0.58**
1409	MC- EFS-20		28-Oct-00	13:37	29-Oct-00	**0.13**
1410	MC- EFS-21		28-Oct-00	13:42	29-Oct-00	**0.18**
1411	MC- EFS-22		28-Oct-00	13:44	29-Oct-00	< 0.10
1412	MC- EFS-23		28-Oct-00	13:47	29-Oct-00	**0.85**
1413	MC- ESS-104		28-Oct-00	14:31	29-Oct-00	**0.78**
1414	MC- ESS-105		28-Oct-00	14:34	29-Oct-00	**0.34**
1415	MC- ESS-106		28-Oct-00	14:36	29-Oct-00	**0.61**
1416	MC- ESS-107		28-Oct-00	14:37	29-Oct-00	**1.0**
1417	MC- ESS-108		28-Oct-00	14:38	29-Oct-00	**2.3**
1418	MC- EFS-24		28-Oct-00	14:32	29-Oct-00	< 0.10
1419	MC- EFS-25		28-Oct-00	14:35	29-Oct-00	< 0.10
1454	MC- ESS-109		29-Oct-00	14:45	30-Oct-00	**0.53**
1455	MC- ESS-110		29-Oct-00	14:44	30-Oct-00	**0.22**
1456	MC- ESS-111		29-Oct-00	14:43	30-Oct-00	**0.25**
1457	MC- ESS-112		29-Oct-00	14:42	30-Oct-00	**0.47**
1458	MC- ESS-113		29-Oct-00	14:42	30-Oct-00	**0.18**
1459	MC- ESS-114		29-Oct-00	14:36	30-Oct-00	**1.6**
1460	MC- ESS-115		29-Oct-00	14:35	30-Oct-00	**1.2**
1461	MC- ESS-116		29-Oct-00	14:33	30-Oct-00	**0.41**
1462	MC- ESS-117		29-Oct-00	14:39	30-Oct-00	**2.4**
1496	MC- ESS-118		31-Oct-00	9:32	31-Oct-00	**2.0**
1498	MC- ESS-119		31-Oct-00	11:30	31-Oct-00	**0.62**
1499	MC- ESS-120		31-Oct-00	11:34	31-Oct-00	**0.87**
1500	MC- ESS-121		31-Oct-00	11:40	31-Oct-00	**1.0**
1501	MC- ESS-122		31-Oct-00	11:45	31-Oct-00	**1.4**
1505	MC- ESS-123		31-Oct-00	15:09	31-Oct-00	**17** [E]
1506	MC- ESS-124		31-Oct-00	15:15	31-Oct-00	**21** [E]
1507	MC- ESS-125		31-Oct-00	15:20	31-Oct-00	**17** [E]
1508	MC- ESS-126		31-Oct-00	15:23	31-Oct-00	**17** [E]
1509	MC- ESS-127		31-Oct-00	15:27	31-Oct-00	**23** [E]
1510	MC- ESS-128		31-Oct-00	15:31	31-Oct-00	**7.1** [E]
1511	MC- ESS-129		31-Oct-00	15:36	31-Oct-00	**4.3** [E]
1512	MC- ESS-131		01-Nov-00	10:54	01-Nov-00	**3.7**

NA = Not Analyzed
J = Elevated detection limit due to toxaphene interference
E = Estimated value, exceeds calibration range.

Table 1
Medical Clinic
413 Lee Street
Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1513	MC- ESS-132		01-Nov-00	10:57	01-Nov-00	**2.7**
1514	MC- ESS-133		01-Nov-00	11:01	01-Nov-00	**3.7**
1515	MC- ESS-134		01-Nov-00	11:04	01-Nov-00	**4.5** [E]
1516	MC- ESS-135		01-Nov-00	11:10	01-Nov-00	**2.1**
1517	MC- ESS-136		01-Nov-00	11:14	01-Nov-00	**0.98**
1518	MC- EFS-26		01-Nov-00	11:25	01-Nov-00	< 0.10
1519	MC- EFS-27		01-Nov-00	11:27	01-Nov-00	< 0.10
1520	MC- EFS-28		01-Nov-00	11:29	01-Nov-00	< 0.10
1521	MC- EFS-29		01-Nov-00	11:32	01-Nov-00	< 0.10
1522	MC- ESS-130		01-Nov-00	10:50	01-Nov-00	**8.1** [E]
1523	MC- EFS-30		01-Nov-00	13:40	01-Nov-00	**0.17**
1524	MC- EFS-31		01-Nov-00	13:44	01-Nov-00	< 0.10
1525	MC- EFS-32		01-Nov-00	13:47	01-Nov-00	**2.8**
1526	MC- EFS-33		01-Nov-00	13:50	01-Nov-00	**9.2** [E]
1527	MC- EFS-34		01-Nov-00	14:00	01-Nov-00	**6.9** [E]
1528	MC- EFS-35		01-Nov-00	14:05	01-Nov-00	**9.1** [E]
1529	MC- EFS-36		01-Nov-00	14:10	01-Nov-00	**2.4**
1530	MC- EFS-37		01-Nov-00	14:15	01-Nov-00	**0.85**
1562	MC- EFS-38		03-Nov-00	13:35	03-Nov-00	< 0.10
1563	MC- EFS-39		03-Nov-00	13:40	03-Nov-00	< 0.10
1564	MC- EFS-40		03-Nov-00	13:50	03-Nov-00	< 0.10
1565	MC- EFS-41		03-Nov-00	14:00	03-Nov-00	< 0.10
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
1568	MC- EFS-44		03-Nov-00	14:15	03-Nov-00	< 0.10
1569	MC- EFS-45		03-Nov-00	14:20	03-Nov-00	< 0.10
1570	MC- EFS-46		03-Nov-00	14:22	03-Nov-00	< 0.10
1571	MC- EFS-47		03-Nov-00	14:25	03-Nov-00	< 0.10
1572	MC- EFS-48		03-Nov-00	14:27	04-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
1576	MC- EFS-59		03-Nov-00	15:00	04-Nov-00	< 0.10
1577	MC- EFS-49		03-Nov-00	14:30	04-Nov-00	< 0.10
1578	MC- EFS-50		03-Nov-00	14:34	04-Nov-00	< 0.10
1579	MC- EFS-51		03-Nov-00	14:40	04-Nov-00	< 0.10
1580	MC- EFS-52		03-Nov-00	14:42	04-Nov-00	**0.44**
1581	MC- EFS-53		03-Nov-00	14:45	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
1584	MC- EFS-60		03-Nov-00	15:03	04-Nov-00	< 0.10
1585	MC- EFS-61		03-Nov-00	15:09	04-Nov-00	< 0.10
1587	MC- ESS-137		04-Nov-00	8:20	04-Nov-00	< 0.10
1588	MC- ESS-138		04-Nov-00	8:24	04-Nov-00	< 0.10
1589	MC- EFS-62		04-Nov-00	8:30	04-Nov-00	< 0.10

NA = Not Analyzed
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E = Estimated value, exceeds calibration range.

Table 1
Medical Clinic
413 Lee Street
Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1590	MC- ESS-140		04-Nov-00	10:30	04-Nov-00	**0.92**
1591	MC- ESS-139		04-Nov-00	10:20	04-Nov-00	**0.14**
1592	MC- EFS-63		04-Nov-00	16:25	04-Nov-00	< 0.10
1593	MC- EFS-64		04-Nov-00	16:26	04-Nov-00	< 0.10
1594	MC- EFS-65		04-Nov-00	16:28	04-Nov-00	< 0.10
1595	MC- EFS-66		04-Nov-00	16:30	04-Nov-00	< 0.10
1596	MC- EFS-67		04-Nov-00	16:29	04-Nov-00	< 0.10
1597	MC- EFS-68		04-Nov-00	16:31	04-Nov-00	**0.13**
1598	MC- EFS-69		04-Nov-00	16:32	04-Nov-00	**0.39**
1599	MC- EFS-70		04-Nov-00	16:33	04-Nov-00	< 0.10
1600	MC- EFS-71		04-Nov-00	16:35	04-Nov-00	< 0.10
1601	MC- EFS-72		04-Nov-00	16:36	05-Nov-00	< 0.10
1602	MC- EFS-73		04-Nov-00	16:37	05-Nov-00	< 0.10
1603	MC- EFS-74		04-Nov-00	16:40	05-Nov-00	< 0.10
1604	MC- EFS-75		04-Nov-00	16:27	05-Nov-00	< 0.10
1605	MC- ESS-142		04-Nov-00	16:15	05-Nov-00	**1.7**
1606	MC- ESS-143		04-Nov-00	16:18	05-Nov-00	**1.1**
1607	MC- ESS-144		04-Nov-00	16:22	05-Nov-00	**0.59**
1608	MC- ESS-145		04-Nov-00	16:25	05-Nov-00	**0.35**
1610	MC- EFS-76		07-Nov-00	8:10	07-Nov-00	< 0.10
1611	MC- ESS-146		07-Nov-00	8:50	07-Nov-00	**0.12**
1612	MC- ESS-147		07-Nov-00	8:55	07-Nov-00	**1.0**
1616	MC- ESS-141		07-Nov-00	9:20	07-Nov-00	**0.73**
1617	MC- EFS-77		07-Nov-00	12:30	07-Nov-00	< 0.10
1618	MC- EFS-78		07-Nov-00	12:33	07-Nov-00	< 0.10
1619	MC- EFS-79		07-Nov-00	12:35	07-Nov-00	< 0.10
1620	MC- EFS-80		07-Nov-00	12:40	07-Nov-00	< 0.10
1621	MC- EFS-81		07-Nov-00	12:45	07-Nov-00	< 0.10
1622	MC- EFS-82		07-Nov-00	14:00	07-Nov-00	< 0.10
1623	MC- EFS-83		07-Nov-00	14:02	07-Nov-00	< 0.10
1624	MC- ESS-148		07-Nov-00	14:20	07-Nov-00	**1.1**
1625	MC- ESS-149		07-Nov-00	14:25	07-Nov-00	**0.35**
1626	MC- EFS-108		07-Nov-00	16:03	07-Nov-00	< 0.10
1627	MC- EFS-109		07-Nov-00	16:02	07-Nov-00	**0.43**
1628	MC- EFS-110		07-Nov-00	16:01	07-Nov-00	< 0.10
1629	MC- EFS-111		07-Nov-00	16:01	07-Nov-00	< 0.10
1630	MC- EFS-112		07-Nov-00	16:00	07-Nov-00	< 0.10
1631	MC- EFS-113		07-Nov-00	15:59	07-Nov-00	**0.43**
1632	MC- EFS-114		07-Nov-00	15:58	07-Nov-00	**0.50**
1633	MC- EFS-115		07-Nov-00	15:57	07-Nov-00	< 0.10
1634	MC- EFS-116		07-Nov-00	15:56	07-Nov-00	< 0.10
1635	MC- EFS-117		07-Nov-00	15:55	07-Nov-00	< 0.10
1636	MC- EFS-118		07-Nov-00	15:54	07-Nov-00	**0.34**
1637	MC- EFS-119		07-Nov-00	15:54	07-Nov-00	< 0.10
1638	MC- EFS-120		07-Nov-00	15:53	07-Nov-00	< 0.10

NA = Not Analyzed
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E = Estimated value, exceeds calibration range.

Table 1
Medical Clinic
413 Lee Street
Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1639	MC- EFS-121		07-Nov-00	15:52	07-Nov-00	< 0.10
1640	MC- EFS-122		07-Nov-00	15:51	07-Nov-00	**0.12**
1641	MC- EFS-123		07-Nov-00	15:50	07-Nov-00	< 0.10
1642	MC- EFS-124		07-Nov-00	15:49	08-Nov-00	< 0.10
1643	MC- EFS-125		07-Nov-00	15:48	08-Nov-00	< 0.10
1644	MC- EFS-126		07-Nov-00	15:47	08-Nov-00	< 0.10
1645	MC- EFS-127		07-Nov-00	15:47	08-Nov-00	< 0.10
1646	MC- EFS-128		07-Nov-00	15:46	08-Nov-00	< 0.10
1647	MC- EFS-129		07-Nov-00	15:46	08-Nov-00	< 0.10
1648	MC- EFS-130		07-Nov-00	15:45	08-Nov-00	< 0.10
1649	MC- EFS-131		07-Nov-00	15:44	08-Nov-00	< 0.10
1650	MC- EFS-84		07-Nov-00	15:50	08-Nov-00	< 0.10
1651	MC- EFS-85		07-Nov-00	15:52	08-Nov-00	< 0.10
1652	MC- EFS-86		07-Nov-00	15:53	08-Nov-00	< 0.10
1653	MC- EFS-87		07-Nov-00	15:54	08-Nov-00	**0.11**
1654	MC- EFS-88		07-Nov-00	15:55	08-Nov-00	**0.30**
1655	MC- EFS-89		07-Nov-00	15:56	08-Nov-00	< 0.10
1656	MC- EFS-90		07-Nov-00	15:57	08-Nov-00	< 0.10
1657	MC- EFS-91		07-Nov-00	15:58	08-Nov-00	< 0.10
1658	MC- EFS-92		07-Nov-00	15:59	08-Nov-00	< 0.10
1659	MC- EFS-93		07-Nov-00	16:00	08-Nov-00	< 0.10
1660	MC- EFS-94		07-Nov-00	16:01	08-Nov-00	< 0.10
1661	MC- EFS-95		07-Nov-00	16:02	08-Nov-00	< 0.10
1662	MC- EFS-96		07-Nov-00	16:03	08-Nov-00	**0.11**
1663	MC- EFS-97		07-Nov-00	16:04	08-Nov-00	< 0.10
1664	MC- EFS-98		07-Nov-00	16:05	08-Nov-00	**0.27**
1665	MC- EFS-99		07-Nov-00	16:06	08-Nov-00	**0.25**
1666	MC- EFS-101		07-Nov-00	16:08	08-Nov-00	**0.12**
1667	MC- EFS-102		07-Nov-00	16:09	08-Nov-00	**0.65**
1668	MC- EFS-103		07-Nov-00	16:10	08-Nov-00	**0.24**
1669	MC- EFS-104		07-Nov-00	16:11	08-Nov-00	< 0.10
1670	MC- EFS-105		07-Nov-00	16:12	08-Nov-00	< 0.10
1671	MC- EFS-106		07-Nov-00	16:13	08-Nov-00	**0.12**
1672	MC- EFS-107		07-Nov-00	16:14	08-Nov-00	**0.13**
1673	MC- EFS-132		14-Nov-00	11:49	14-Nov-00	< 0.10
1674	MC- EFS-133		14-Nov-00	11:52	14-Nov-00	< 0.10
1675	MC- EFS-134		14-Nov-00	11:54	14-Nov-00	< 0.10
1676	MC- EFS-135		14-Nov-00	11:57	14-Nov-00	< 0.10
1677	MC- EFS-136		14-Nov-00	11:58	14-Nov-00	< 0.10
1678	MC- EFS-137		14-Nov-00	11:59	14-Nov-00	< 0.10
1679	MC- EFS-138		14-Nov-00	12:01	14-Nov-00	**0.20**
1680	MC- EFS-139		14-Nov-00	12:04	14-Nov-00	< 0.10
1681	MC- EFS-140		14-Nov-00	12:05	14-Nov-00	< 0.10
1682	MC- EFS-141		14-Nov-00	12:06	14-Nov-00	< 0.10
1683	MC- EFS-142		14-Nov-00	12:08	14-Nov-00	< 0.10

NA = Not Analyzed
J = Elevated detection limit due to toxaphene interference
E = Estimated value, exceeds calibration range.

Table 1
Medical Clinic
413 Lee Street
Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1684	MC- EFS-143		14-Nov-00	12:09	14-Nov-00	< 0.10
1685	MC- EFS-144		14-Nov-00	12:12	14-Nov-00	< 0.10
1686	MC- EFS-145		14-Nov-00	12:14	14-Nov-00	< 0.10
1687	MC- EFS-146		14-Nov-00	12:16	14-Nov-00	< 0.10
1688	MC- EFS-147		14-Nov-00	12:17	14-Nov-00	< 0.10
1689	MC- EFS-148		14-Nov-00	12:19	14-Nov-00	< 0.10
1690	MC- EFS-149		14-Nov-00	12:21	14-Nov-00	< 0.10
1691	MC- EFS-150		14-Nov-00	12:20	14-Nov-00	< 0.10
1692	MC- EFS-151		14-Nov-00	12:54	14-Nov-00	< 0.10
1693	MC- EFS-152		14-Nov-00	12:18	14-Nov-00	< 0.10
1694	MC- EFS-153		14-Nov-00	12:17	14-Nov-00	< 0.10
1695	MC- EFS-154		14-Nov-00	12:15	14-Nov-00	< 0.10
1696	MC- EFS-155		14-Nov-00	12:20	14-Nov-00	< 0.10
1769	MC- ESS-150		27-Nov-00	12:05	27-Nov-00	**1.0**
1770	MC- ESS-151		27-Nov-00	12:06	27-Nov-00	< 0.10
1771	MC- ESS-152		27-Nov-00	12:07	27-Nov-00	**0.65**
1772	MC- ESS-153		27-Nov-00	12:11	27-Nov-00	**1.0**
1773	MC- EFS-156		27-Nov-00	12:04	27-Nov-00	< 0.10
1774	MC- EFS-157		27-Nov-00	12:12	27-Nov-00	< 0.10
1787	MC- EFS-158		28-Nov-00	14:24	28-Nov-00	< 0.10
1788	MC- ESS-154		28-Nov-00	14:26	28-Nov-00	**0.37**
1789	MC- ESS-155		28-Nov-00	14:25	28-Nov-00	**1.3**
1791	MC- ESS-156		28-Nov-00	15:09	28-Nov-00	**0.31**
1792	MC- EFS-159		28-Nov-00	15:10	28-Nov-00	< 0.10
1793	MC- ESS-157		29-Nov-00	12:45	29-Nov-00	**1.9**
1794	MC- EFS-160		29-Nov-00	12:49	29-Nov-00	< 0.10
1809	MC- ESS-157A		30-Nov-00	13:43	05-Dec-00	**0.47**
1810	MC- ESS-158		30-Nov-00	13:44	05-Dec-00	**1.1**
1811	MC- ESS-159		30-Nov-00	13:45	05-Dec-00	**0.23**
1812	MC- EFS-160		30-Nov-00	14:10	05-Dec-00	< 0.10
1813	MC- ESS-160		30-Nov-00	15:29	05-Dec-00	**0.51**
1814	MC- ESS-161		30-Nov-00	15:28	05-Dec-00	**0.76**
1815	MC- EFS-161		30-Nov-00	15:25	05-Dec-00	< 0.10
1816	MC- EFS-162		30-Nov-00	15:26	05-Dec-00	< 0.10
1817	MC- EFS-163		30-Nov-00	15:27	05-Dec-00	< 0.10
1818	MC- EFS-164		05-Dec-00	15:41	05-Dec-00	< 0.10
1819	MC- ESS-162		05-Dec-00	15:38	05-Dec-00	**0.52**
1820	MC- ESS-163		05-Dec-00	15:39	05-Dec-00	**0.11**
1821	MC- ESS-164		05-Dec-00	15:40	05-Dec-00	**0.55**
1835	MC- EFS-165		16-Jan-01	15:54	16-Jan-01	< 0.10
1836	MC- EFS-166		16-Jan-01	15:52	16-Jan-01	**0.31**
1837	MC- EFS-167		16-Jan-01	15:51	16-Jan-01	**0.32**
1838	MC- EFS-168		16-Jan-01	15:50	16-Jan-01	**0.69**
1839	MC- ESS-165		18-Jan-01	16:35	18-Jan-01	**0.45**
1840	MC- ESS-166		18-Jan-01	16:40	18-Jan-01	**0.48**

NA = Not Analyzed
J = Elevated detection limit due to toxaphene interference
E = Estimated value, exceeds calibration range.

Table 1
Medical Clinic
413 Lee Street
Crystal Springs, Mississippi
PCB Concentrations Detected in Soil

					Field Laboratory	
Field Lab Sample ID	Sample ID	Sample Depth (ft bgs)	Date Collected	Time Collected	Date Analyzed	Concentration (mg/kg)
1340	MC- Dupe		25-Oct-00	15:18	25-Oct-00	< 0.10
1427	MC- Dupe		28-Oct-00		29-Oct-00	**0.59**
1463	MC- Dupe		29-Oct-00		30-Oct-00	**0.24**
1497	MC- Dupe		31-Oct-00	9:35	31-Oct-00	**1.9**
1544	MC- Dupe		01-Nov-00	15:58	01-Nov-00	**4.7** [E]
1586	MC- Dupe		03-Nov-00	15:08	04-Nov-00	< 0.10
1609	MC- Dupe		04-Nov-00	16:42	05-Nov-00	< 0.10
1613	MC- Dupe		07-Nov-00	9:00	07-Nov-00	**0.97**
1777A	MC- Dupe		27-Nov-00		27-Nov-00	**0.49**
1789A	MC- Dupe		28-Nov-00		28-Nov-00	**1.3**

NA = Not Analyzed
J = Elevated detection limit due to toxaphene interference
E = Estimated value, exceeds calibration range.

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1202 through 1212

	Matrix Spike 1204	Matrix Spike Duplicate 1204	Blank 72	LCS 72
Date Analyzed:	10/18/00	10/18/00	10/18/00	10/18/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	151		161		-6%	< 0.1	95.7

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1212A through 1217

	Matrix Spike 1216	Matrix Spike Duplicate 1216	Blank 73	LCS 73
Date Analyzed:	10/18/00	10/18/00	10/18/00	10/18/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	150		160		-6%	< 0.1	105

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1218 through 1231

	Matrix Spike 1223	Matrix Spike Duplicate 1223	Blank 74	LCS 74
Date Analyzed:	10/20/00	10/20/00	10/20/00	10/20/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	90.2		91.6		-2%	< 0.1	85.1

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1232 through 1235

	Matrix Spike 1235	Matrix Spike Duplicate 1235	Blank 75	LCS 75
Date Analyzed:	10/23/00	10/23/00	10/23/00	10/23/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	136		162		-17%	< 0.1	74.3

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1246 through 1263

	Matrix Spike 1261	Matrix Spike Duplicate 1261	Blank 76	LCS 76
Date Analyzed:	10/24/00	10/24/00	10/24/00	10/24/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	112		88.9		23%	< 0.1	94.2

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1264 through 1283

	Matrix Spike 1271	Matrix Spike Duplicate 1271	Blank 77	LCS 77
Date Analyzed:	10/24/00	10/24/00	10/24/00	10/24/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	140		150		-7%	< 0.1	94.7

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1284 through 1303

	Matrix Spike 1285	Matrix Spike Duplicate 1285	Blank 78	LCS 78
Date Analyzed:	10/24/00	10/24/00	10/24/00	10/24/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	150		180		-18%	< 0.1	90.2

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1304 through 1307

	Matrix Spike 1340	Matrix Spike Duplicate 1340	Blank 79	LCS 79
Date Analyzed:	10/25/00	10/25/00	10/25/00	10/25/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	113		119		-5%	< 0.1	91.6

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1308 through 1327

	Matrix Spike 1317	Matrix Spike Duplicate 1317	Blank 80	LCS 80
Date Analyzed:	10/25/00	10/25/00	10/25/00	10/25/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	111		108		3%	< 0.1	89.9

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1328 through 1340

	Matrix Spike 1340	Matrix Spike Duplicate 1340		Blank 81	LCS 81
Date Analyzed:	10/25/00	10/25/00		10/25/00	10/25/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	113		119		-5%	< 0.1	97.2

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1341 through 1360

	Matrix Spike 1350	Matrix Spike Duplicate 1350	Blank 82	LCS 82
Date Analyzed:	10/26/00	10/26/00	10/26/00	10/26/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	136		156		-14%	< 0.1	88.7

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1361 through 1380

	Matrix Spike 1378	Matrix Spike Duplicate 1378	Blank 83	LCS 83
Date Analyzed:	10/26/00	10/26/00	10/26/00	10/26/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	140		140		0%	< 0.1	107

Table 2
Medical Clinic
QC Summary

Lab # associated with qc samples: 1389 through 1408

	Matrix Spike 1398	Matrix Spike Duplicate 1398	Blank 86	LCS 86
Date Analyzed:	10/28/00	10/28/00	10/28/00	10/28/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	92		102		-10%	< 0.1	94.6

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1409 through 1419

	Matrix Spike 1412	Matrix Spike Duplicate 1412	Blank 87	LCS 87
Date Analyzed:	10/28/00	10/29/00	10/29/00	10/29/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	95		95		0%	< 0.1	101

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1454 through 1463

	Matrix Spike 1453	Matrix Spike Duplicate 1453	Blank 89	LCS 89
Date Analyzed:	10/29/00	10/29/00	10/29/00	10/29/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	95.6		90.3		6%	< 0.1	84.4

Table 2
Medical Clinic
QC Summary

Lab # associated with qc samples: 1496 through 1501
Lab # associated with qc samples: 1505 through 1511

	Matrix Spike 1494	Matrix Spike Duplicate 1494		Blank 93	LCS 93
Date Analyzed:	10/31/00	10/31/00		10/31/00	10/31/00
Compound	% Rec	% Rec	% RPD	mg/kg	% Rec
PCB as 1260	156	146	7%	< 0.1	90.8

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1512 through 1530

	Matrix Spike 1520	Matrix Spike Duplicate 1520	Blank 99	LCS 99
Date Analyzed:	11/1/00	11/1/00	11/1/00	11/1/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	89.6		96.9		-8%	< 0.1	89

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1562 through 1574

	Matrix Spike 1555	Matrix Spike Duplicate 1555	Blank 108	LCS 108
Date Analyzed:	11/3/00	11/3/00	11/3/00	11/3/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	98.1		91.9		7%	< 0.1	83.6

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1575 through 1586

	Matrix Spike 1576	Matrix Spike Duplicate 1576	Blank 110	LCS 110
Date Analyzed:	11/4/00	11/4/00	11/4/00	11/4/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	93		81.4		13%	< 0.1	71.6

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1587 through 1606

	Matrix Spike 1588	Matrix Spike Duplicate 1588	Blank 114	LCS 114
Date Analyzed:	11/4/00	11/4/00	11/4/00	11/4/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	90.8		91.3		-1%	< 0.1	74.1

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: *1607 through 1609*

	Matrix Spike 1608	Matrix Spike Duplicate 1608		Blank 117	LCS 117
Date Analyzed:	*11/5/00*	*11/5/00*		*11/5/00*	*11/5/00*

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	155		155		0%	< 0.1	96.8

Table 2
Medical Clinic
QC Summary

Lab # associated with qc samples: 1610 through 1613
Lab # associated with qc samples: 1616 through 1629

	Matrix Spike 1610	Matrix Spike Duplicate 1610		Blank 126	LCS 126
Date Analyzed:	11/7/00	11/7/00		11/7/00	11/7/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	87.6		89		-2%	< 0.1	87.2

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1630 through 1649

	Matrix Spike 1630	Matrix Spike Duplicate 1630	Blank 130	LCS 130
Date Analyzed:	11/7/00	11/7/00	11/7/00	11/7/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	86.2		90		-4%	< 0.1	88.6

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1650 through 1669

	Matrix Spike 1659	Matrix Spike Duplicate 1659	Blank 131	LCS 131
Date Analyzed:	11/8/00	11/8/00	11/8/00	11/8/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	91.9		93.1		-1%	< 0.1	89.4

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1670 through 1672

	Matrix Spike 1672	Matrix Spike Duplicate 1672	Blank 132	LCS 132
Date Analyzed:	11/8/00	11/8/00	11/8/00	11/8/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	97.6		101		-3%	< 0.1	88.1

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1673 through 1692

	Matrix Spike 1686	Matrix Spike Duplicate 1686	Blank 135	LCS 135
Date Analyzed:	11/14/00	11/14/00	11/14/00	11/14/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	105		108		-3%	< 0.1	93.6

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1693 through 1696

	Matrix Spike 1693	Matrix Spike Duplicate 1693		Blank 136	LCS 136
Date Analyzed:	11/14/00	11/14/00		11/14/00	11/14/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	95.5		94.3		1%	< 0.1	95

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1769 through 1774

	Matrix Spike 1771	Matrix Spike Duplicate 1771	Blank 148	LCS 148
Date Analyzed:	11/27/00	11/27/00	11/27/00	11/27/00

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

Table 2
Medical Clinic
QC Summary

Lab # associated with qc samples: 1787 through 1789
Lab # associated with qc samples: 1791 through 1792

	Matrix Spike 1779	Matrix Spike Duplicate 1779		Blank 149	LCS 149
Date Analyzed:	11/28/00	11/28/00		11/28/00	11/28/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	82.3		93.8		-13%	< 0.1	81.1

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1793 through 1794

	Matrix Spike 1794	Matrix Spike Duplicate 1794	Blank 150	LCS 150
Date Analyzed:	11/29/00	11/29/00	11/29/00	11/29/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	86.2		85.4		1%	< 0.1	71.8

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1809 through 1812

	Matrix Spike 1800	Matrix Spike Duplicate 1800	Blank 151	LCS 151
Date Analyzed:	11/30/00	11/30/00	11/30/00	11/30/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	129		119		8%	< 0.1	95.4

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1813 through 1817

	Matrix Spike 1813	Matrix Spike Duplicate 1813	Blank 152	LCS 152
Date Analyzed:	12/5/00	12/5/00	12/5/00	12/5/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	139		149		-7%	< 0.1	99.9

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1818 through 1821

	Matrix Spike 1819	Matrix Spike Duplicate 1819	Blank 153	LCS 153
Date Analyzed:	12/5/00	12/5/00	12/5/00	12/5/00

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	138		138		0%	< 0.1	97.1

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1835 through 1838

	Matrix Spike 1835	Matrix Spike Duplicate 1835	Blank 156	LCS 156
Date Analyzed:	1/16/01	1/16/01	1/16/01	1/16/01

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	132		134		-2%	< 0.1	102

Table 2
Medical Clinic
QC Summary
Lab # associated with qc samples: 1839 through 1840

	Matrix Spike 1840	Matrix Spike Duplicate 1840	Blank 157	LCS 157
Date Analyzed:	1/18/01	1/18/01	1/18/01	1/18/01

Compound	% Rec		% Rec		% RPD	mg/kg	% Rec
PCB as 1260	137		139		-1%	< 0.1	91.7

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: MCESS62
Client Project ID: BW00-1
Lab Sample ID: 98725
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 85.5

Date Collected: 10/25/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

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	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 PCBs
by EPA 8082

Client Sample ID: DUPE
Client Project ID: BW00-1
Lab Sample ID: 98726
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 83.3

Date Collected: 10/25/00
Date Received: 10/31/00
Date Analyzed: 11/14/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	110	BQL
Aroclor-1221	110	BQL
Aroclor-1232	110	BQL
Aroclor-1242	110	BQL
Aroclor-1248	110	BQL
Aroclor-1254	110	BQL
Aroclor-1260	110	BQL
Aroclor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	60	60

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: MCEFS19
Client Project ID: BW00-1
Lab Sample ID: 98727
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 93.1

Date Collected: 10/28/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 10

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	980	BQL
Aroclor-1221	980	BQL
Aroclor-1232	980	BQL
Aroclor-1242	980	BQL
Aroclor-1248	980	BQL
Aroclor-1254	980	BQL
Aroclor-1260	980	**3100**
Aroclor-1262	980	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: MCESS101
Client Project ID: BW00-1
Lab Sample ID: 98728
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 69.8

Date Collected: 10/28/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 10

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	1300	BQL
Aroclor-1221	1300	BQL
Aroclor-1232	1300	BQL
Aroclor-1242	1300	BQL
Aroclor-1248	1300	BQL
Aroclor-1254	1300	BQL
Aroclor-1260	1300	**6300**
Aroclor-1262	1300	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: MCESS113
Client Project ID: BW00-1
Lab Sample ID: 98733
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 94.8

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

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	93	BQL
Aroclor-1221	93	BQL
Aroclor-1232	93	BQL
Aroclor-1242	93	BQL
Aroclor-1248	93	BQL
Aroclor-1254	93	BQL
Aroclor-1260	93	**160**
Aroclor-1262	93	BQL

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

*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 10/29/00
Client Project ID: BW00-1
Lab Sample ID: 98734
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 93.2

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

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	92	BQL
Aroclor-1221	92	BQL
Aroclor-1232	92	BQL
Aroclor-1242	92	BQL
Aroclor-1248	92	BQL
Aroclor-1254	92	BQL
Aroclor-1260	92	**180**
Aroclor-1262	92	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	50	50

*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: MCESS53 0.1
Client Project ID: BW00-1
Lab Sample ID: 98735
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 97.8

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

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	95	BQL
Aroclor-1221	95	BQL
Aroclor-1232	95	BQL
Aroclor-1242	95	BQL
Aroclor-1248	95	BQL
Aroclor-1254	95	BQL
Aroclor-1260	95	**570**
Aroclor-1262	95	BQL

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

*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: MCESS58 0.5
Client Project ID: BW00-1
Lab Sample ID: 98736
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 97.8

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

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	340
Aroclor-1262	120	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	64	64

*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: MCESS71 0.5
Client Project ID: BW00-1
Lab Sample ID: 98738
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 83.1

Date Collected: 10/25/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	110	BQL
Aroclor-1221	110	BQL
Aroclor-1232	110	BQL
Aroclor-1242	110	BQL
Aroclor-1248	110	BQL
Aroclor-1254	110	BQL
Aroclor-1260	110	**390**
Aroclor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	51	51

*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: MCESS63 0.1
Client Project ID: BW00-1
Lab Sample ID: 98739
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 98.1

Date Collected: 10/25/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	110	BQL
Aroclor-1221	110	BQL
Aroclor-1232	110	BQL
Aroclor-1242	110	BQL
Aroclor-1248	110	BQL
Aroclor-1254	110	BQL
Aroclor-1260	110	BQL
Aroclor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	71	71

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: MCESS17 0.5
Client Project ID: BW00-1
Lab Sample ID: 98740
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 90.0

Date Collected: 10/24/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

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	**660**
Aroclor-1262	100	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	60	60

*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: MCESS22 0.5
Client Project ID: BW00-1
Lab Sample ID: 98741
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 85.7

Date Collected: 10/24/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 10

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	1000	BQL
Aroclor-1221	1000	BQL
Aroclor-1232	1000	BQL
Aroclor-1242	1000	BQL
Aroclor-1248	1000	BQL
Aroclor-1254	1000	BQL
Aroclor-1260	1000	**3800**
Aroclor-1262	1000	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: JW

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs
by EPA 8082

Client Sample ID: MCESS28 0.5
Client Project ID: BW00-1
Lab Sample ID: 98742
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 94.1

Date Collected: 10/24/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	110	BQL
Aroclor-1221	110	BQL
Aroclor-1232	110	BQL
Aroclor-1242	110	BQL
Aroclor-1248	110	BQL
Aroclor-1254	110	BQL
Aroclor-1260	110	**140**
Aroclor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	65	65

*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: MCESS33 0.5
Client Project ID: BW00-1
Lab Sample ID: 98743
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 94.9

Date Collected: 10/24/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	99	BQL
Aroclor-1221	99	BQL
Aroclor-1232	99	BQL
Aroclor-1242	99	BQL
Aroclor-1248	99	BQL
Aroclor-1254	99	BQL
Aroclor-1260	99	BQL
Aroclor-1262	99	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	50	50

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: MCESS40 0.5
Client Project ID: BW00-1
Lab Sample ID: 98744
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 88.5

Date Collected: 10/24/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 2

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	**960**
Aroclor-1262	200	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	72	72

*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: [illegible]

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs
by EPA 8082

Client Sample ID: MCESS44 0.5
Client Project ID: BW00-1
Lab Sample ID: 98745
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 94.6

Date Collected: 10/24/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

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.

Results for PCBs
by EPA 8082

Client Sample ID: MCESS36 0.1
Client Project ID: BW00-1
Lab Sample ID: 98746
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 87.9

Date Collected: 10/24/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

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	**620**
Aroclor-1262	120	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	49	49

*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: MCESS68 0.5
Client Project ID: BW00-1
Lab Sample ID: 98747
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 97.5

Date Collected: 10/25/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 1

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	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: MCESS80 0.5
Client Project ID: BW00-1
Lab Sample ID: 98748
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 85.7

Date Collected: 10/26/00
Date Received: 10/31/00
Date Analyzed: 11/15/00
Analyzed By: CLP
Dilution: 2

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	230	BQL
Aroclor-1221	230	BQL
Aroclor-1232	230	BQL
Aroclor-1242	230	BQL
Aroclor-1248	230	BQL
Aroclor-1254	230	BQL
Aroclor-1260	230	1700
Aroclor-1262	230	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	88	88

*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: MCESS85 0.1
Client Project ID: BW00-1
Lab Sample ID: 98749
Lab Project ID: G442-1
Matrix: Soil

%SOLIDS: 87.8

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

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	880
Aroclor-1262	140	BQL

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

*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	Date Analyzed:	11/21/00
Client Project ID:	BW00-1	Analyzed By:	CLP
Lab Sample ID:	SQC 20	Dilution:	10.0
Lab Project ID:	G442-1		
Matrix:	Soil		

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 ug/L

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	Limits Upper
Arochlor 1260	313	378	219	406

Reviewed By: [signature]

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs
by GC 8082

Client Sample ID:	Batch QC	Date Analyzed:	11/21/00
Client Project ID:	BW00-1	Analyzed By:	CLP
Lab Sample ID:	SQC 19	Dilution:	10.0
Lab Project ID:	G442-1		
Matrix:	Soil		

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:

PARADIGM 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	Limits Upper
Arochlor 1260	313	251	219	406

Reviewed By: JN

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: AN

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:

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: G185-86

Client Project ID: Kuhlman Electric

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: MCEFS-2
Client Project ID: Kuhlman Electric
Lab Sample ID: 98126
Lab Project ID: G185-86
Matrix: Soil %SOLIDS: 75.4

Date Collected: 10/17/00
Date Received: 10/25/00
Date Analyzed: 11/13/00
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	410
Arochlor-1262	160	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	71	71

*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: [signature]

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs
by EPA 8082

Client Sample ID: MCEFS-8
Client Project ID: Kuhlman Electric
Lab Sample ID: 98127
Lab Project ID: G185-86
Matrix: Soil %SOLIDS: 92.2

Date Collected: 10/18/00
Date Received: 10/25/00
Date Analyzed: 11/13/00
Analyzed By: CLP
Dilution: 2

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	250	BQL
Arochlor-1221	250	BQL
Arochlor-1232	250	BQL
Arochlor-1242	250	BQL
Arochlor-1248	250	BQL
Arochlor-1254	250	BQL
Arochlor-1260	250	**1300**
Arochlor-1262	250	BQL

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

*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: MCEFS-11
Client Project ID: Kuhlman Electric
Lab Sample ID: 98128
Lab Project ID: G185-86
Matrix: Soil %SOLIDS: 91.8

Date Collected: 10/20/00
Date Received: 10/25/00
Date Analyzed: 11/13/00
Analyzed By: CLP
Dilution: 1

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

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs
by EPA 8082

Client Sample ID: MCDS-2
Client Project ID: Kuhlman Electric
Lab Sample ID: 98129
Lab Project ID: G185-86
Matrix: Soil %SOLIDS: 92.1

Date Collected: 10/23/00
Date Received: 10/25/00
Date Analyzed: 11/13/00
Analyzed By: CLP
Dilution: 2

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	290	BQL
Arochlor-1221	290	BQL
Arochlor-1232	290	BQL
Arochlor-1242	290	BQL
Arochlor-1248	290	BQL
Arochlor-1254	290	BQL
Arochlor-1260	290	**800**
Arochlor-1262	290	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	102	102

*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 Electric
Lab Sample ID: SBLK 102600
Lab Project ID: G185-86
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	180	BQL
Arochlor-1221	180	BQL
Arochlor-1232	180	BQL
Arochlor-1242	180	BQL
Arochlor-1248	180	BQL
Arochlor-1254	180	BQL
Arochlor-1260	180	BQL
Arochlor-1262	180	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
DBC	100	40	40

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 Electric
Lab Sample ID: SLCS 18
Lab Project ID: G185-86
Matrix: Soil

Date Analyzed: 10/11/00
Analyzed By: JPW
Dilution: 1.0

Compound	Spiked (ug/KG)	Result (ug/KG)	Limits Lower	Limits Upper
Arochlor 1260	313	268	219	406

Reviewed By:

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs
by GC 8082

Client Sample ID:	Batch QC	Date Analyzed:	10/11/00
Client Project ID:	Kuhlman Electric	Analyzed By:	CLP
Lab Sample ID:	SQC 18	Dilution:	1.0
Lab Project ID:	G185-86		
Matrix:	Soil		

Compound	Sample	MS	%Rec	MSD	%Rec	RPD
Aroclor-1260	430	800	116%	650	71%	48.1

Comments:
BQL = Below Quantitation Limit
Results reported are on-column amounts in ug/L

Reviewed By:

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for Laboratory Control Spike (LCS)

by GC 8082

Client Sample ID: Batch QC
Client Project ID: Kuhlman Electric
Lab Sample ID: SLCS 19
Lab Project ID: G185-86
Matrix: Soil

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

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

Reviewed By: [illegible]

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs
by GC 8082

Client Sample ID:	Batch QC	Date Analyzed:	11/21/00
Client Project ID:	Kuhlman Electric	Analyzed By:	CLP
Lab Sample ID:	SQC 19	Dilution:	1.0
Lab Project ID:	G185-86		
Matrix:	Soil		

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: [signature]

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: MCEFS 72
Client Project ID: Kuhlman
Lab Sample ID: 99177
Lab Project ID: G185-89
Matrix: Soil

%SOLIDS: 93.2

Date Collected: 11/4/00
Date Received: 11/7/00
Date Analyzed: 11/17/00
Analyzed By: CLP
Dilution: 1

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

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	72	72

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 11/4-1642
Client Project ID: Kuhlman
Lab Sample ID: 99178
Lab Project ID: G185-89
Matrix: Soil %SOLIDS: 93.8

Date Collected: 11/4/00
Date Received: 11/7/00
Date Analyzed: 11/17/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	81	BQL
Arochlor-1221	81	BQL
Arochlor-1232	81	BQL
Arochlor-1242	81	BQL
Arochlor-1248	81	BQL
Arochlor-1254	81	BQL
Arochlor-1260	81	BQL
Arochlor-1262	81	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	60	60

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 11/3-1508
Client Project ID: Kuhlman
Lab Sample ID: 99179
Lab Project ID: G185-89
Matrix: Soil %SOLIDS: 86.9

Date Collected: 11/3/00
Date Received: 11/7/00
Date Analyzed: 11/17/00
Analyzed By: CLP
Dilution: 1

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	59	59

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 10/31-0935
Client Project ID: Kuhlman
Lab Sample ID: 99180
Lab Project ID: G185-89
Matrix: Soil %SOLIDS: 93.1

Date Collected: 10/31/00
Date Received: 11/7/00
Date Analyzed: 11/17/00
Analyzed By: CLP
Dilution: 2

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	**1000**
Arochlor-1262	160	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	78	78

*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: MCESS 118
Client Project ID: Kuhlman
Lab Sample ID: 99182
Lab Project ID: G185-89
Matrix: Soil

%SOLIDS: 92.8

Date Collected: 10/31/00
Date Received: 11/7/00
Date Analyzed: 11/17/00
Analyzed By: CLP
Dilution: 5

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	410	BQL
Arochlor-1221	410	BQL
Arochlor-1232	410	BQL
Arochlor-1242	410	BQL
Arochlor-1248	410	BQL
Arochlor-1254	410	BQL
Arochlor-1260	410	**1200**
Arochlor-1262	410	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	138	138

*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: MCEFS 61
Client Project ID: Kuhlman
Lab Sample ID: 99183
Lab Project ID: G185-89
Matrix: Soil

%SOLIDS: 88.1

Date Collected: 11/3/00
Date Received: 11/7/00
Date Analyzed: 11/17/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	99	BQL
Arochlor-1221	99	BQL
Arochlor-1232	99	BQL
Arochlor-1242	99	BQL
Arochlor-1248	99	BQL
Arochlor-1254	99	BQL
Arochlor-1260	99	BQL
Arochlor-1262	99	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	35	35

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 %SOLIDS: 83.0

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

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	**9400**
Arochlor-1262	2200	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: MCEFS 31
Client Project ID: Kuhlman
Lab Sample ID: 99185
Lab Project ID: G185-89
Matrix: Soil

%SOLIDS: 94.9

Date Collected: 11/1/00
Date Received: 11/7/00
Date Analyzed: 11/17/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	98	BQL
Arochlor-1221	98	BQL
Arochlor-1232	98	BQL
Arochlor-1242	98	BQL
Arochlor-1248	98	BQL
Arochlor-1254	98	BQL
Arochlor-1260	98	BQL
Arochlor-1262	98	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	39	39

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	Limits Upper
Arochlor 1260	313	256	219	406

Reviewed By: [signature]

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs
by GC 8082

Client Sample ID:	Batch QC	Date Analyzed:	11/21/00
Client Project ID:	Kuhlman	Analyzed By:	CLP
Lab Sample ID:	SQC 21	Dilution:	1.0
Lab Project ID:	G185-89		
Matrix:	Soil		

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

November 29, 2000

Report Number: G185-91

Client Project ID: Kuhlman offsite dig

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: MCEFS 127
Client Project ID: Kuhlman offsite dig
Lab Sample ID: 99305
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 83.3

Date Collected: 11/7/00
Date Received: 11/9/00
Date Analyzed: 11/18/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	110	BQL
Arochlor-1221	110	BQL
Arochlor-1232	110	BQL
Arochlor-1242	110	BQL
Arochlor-1248	110	BQL
Arochlor-1254	110	BQL
Arochlor-1260	110	BQL
Arochlor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	63	63

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: MCEFS 117
Client Project ID: Kuhlman offsite dig
Lab Sample ID: 99306
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 81.1

Date Collected: 11/7/00
Date Received: 11/9/00
Date Analyzed: 11/18/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	110	BQL
Arochlor-1221	110	BQL
Arochlor-1232	110	BQL
Arochlor-1242	110	BQL
Arochlor-1248	110	BQL
Arochlor-1254	110	BQL
Arochlor-1260	110	BQL
Arochlor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	60	60

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: MCEFS 129
Client Project ID: Kuhlman offsite dig
Lab Sample ID: 99307
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 87.5

Date Collected: 11/7/00
Date Received: 11/9/00
Date Analyzed: 11/18/00
Analyzed By: CLP
Dilution: 1

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

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	63	63

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: MCEFS 108
Client Project ID: Kuhlman offsite dig
Lab Sample ID: 99308
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 84.6

Date Collected: 11/7/00
Date Received: 11/9/00
Date Analyzed: 11/18/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	110	BQL
Arochlor-1221	110	BQL
Arochlor-1232	110	BQL
Arochlor-1242	110	BQL
Arochlor-1248	110	BQL
Arochlor-1254	110	BQL
Arochlor-1260	110	BQL
Arochlor-1262	110	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.

Results for PCBs
by EPA 8082

Client Sample ID: MCEFS 97
Client Project ID: Kuhlman offsite dig
Lab Sample ID: 99309
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 85.0

Date Collected: 11/7/00
Date Received: 11/9/00
Date Analyzed: 11/18/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	110	BQL
Arochlor-1221	110	BQL
Arochlor-1232	110	BQL
Arochlor-1242	110	BQL
Arochlor-1248	110	BQL
Arochlor-1254	110	BQL
Arochlor-1260	110	BQL
Arochlor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	70	70

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 11/7/00-0900
Client Project ID: Kuhlman offsite dig
Lab Sample ID: 99310
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 91.8

Date Collected: 11/7/00
Date Received: 11/9/00
Date Analyzed: 11/18/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	100	BQL
Arochlor-1221	100	BQL
Arochlor-1232	100	BQL
Arochlor-1242	100	BQL
Arochlor-1248	100	BQL
Arochlor-1254	100	BQL
Arochlor-1260	100	**420**
Arochlor-1262	100	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	62	62

*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: MCEFS 90
Client Project ID: Kuhlman offsite dig
Lab Sample ID: 99311
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 81.7

Date Collected: 11/7/00
Date Received: 11/9/00
Date Analyzed: 11/18/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	110	BQL
Arochlor-1221	110	BQL
Arochlor-1232	110	BQL
Arochlor-1242	110	BQL
Arochlor-1248	110	BQL
Arochlor-1254	110	BQL
Arochlor-1260	110	BQL
Arochlor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	61	61

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

Reviewed By: [illegible]

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs
by EPA 8082

Client Sample ID: MCEFS 147
Client Project ID: Kuhlman offsite dig
Lab Sample ID: 99312
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 89.1

Date Collected: 11/7/00
Date Received: 11/9/00
Date Analyzed: 11/18/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Arochlor-1016	100	BQL
Arochlor-1221	100	BQL
Arochlor-1232	100	BQL
Arochlor-1242	100	BQL
Arochlor-1248	100	BQL
Arochlor-1254	100	BQL
Arochlor-1260	100	**520**
Arochlor-1262	100	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	65	65

*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:

PARRIGON ANALYTICAL LABORATORIES, INC.

Results for Laboratory Control Spike (LCS)

by GC 8082

Client Sample ID: Batch QC
Client Project ID: Kuhlman offsite dig
Lab Sample ID: SLCS 23
Lab Project ID: G185-91
Matrix: Soil

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

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

Reviewed By:

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs

by GC 8082

Client Sample ID:	Batch QC	Date Analyzed:	11/21/00
Client Project ID:	Kuhlman offsite dig	Analyzed By:	CLP
Lab Sample ID:	SQC 23	Dilution:	1.0
Lab Project ID:	G185-91		
Matrix:	Soil		

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

Reviewed By:

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs
by EPA 8082

Client Sample ID: Method Blank
Client Project ID: Kuhlman offsite dig
Lab Sample ID: SBLK 110900
Lab Project ID: G185-91
Matrix: Soil %SOLIDS: 100.0

Date Collected:
Date Received:
Date Analyzed: 11/16/00
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	95	95

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

December 14, 2000

Report Number: G185-93

Client Project ID: Kuhlman Excavations

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: MCEFS-134
Client Project ID: Kuhlman Excavations
Lab Sample ID: 99927
Lab Project ID: G185-93
Matrix: Soil %SOLIDS: 78.7

Date Collected: 11/14/00
Date Received: 11/17/00
Date Analyzed: 11/30/00
Analyzed By: CLP
Dilution: 1

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	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	52	52

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: MCEFS-144
Client Project ID: Kuhlman Excavations
Lab Sample ID: 99928
Lab Project ID: G185-93
Matrix: Soil %SOLIDS: 79.9

Date Collected: 11/14/00
Date Received: 11/17/00
Date Analyzed: 11/30/00
Analyzed By: CLP
Dilution: 1

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	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	61	61

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: MCEFS-155
Client Project ID: Kuhlman Excavations
Lab Sample ID: 99929
Lab Project ID: G185-93
Matrix: Soil %SOLIDS: 81.5

Date Collected: 11/14/00
Date Received: 11/17/00
Date Analyzed: 11/30/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	110	BQL
Aroclor-1221	110	BQL
Aroclor-1232	110	BQL
Aroclor-1242	110	BQL
Aroclor-1248	110	BQL
Aroclor-1254	110	BQL
Aroclor-1260	110	BQL
Aroclor-1262	110	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: [illegible]

PARADIGM ANALYTICAL LABORATORIES, INC.

Results for PCBs
by EPA 8082

Client Sample ID: Method Blank
Client Project ID: Kuhlman Excavations
Lab Sample ID: SBLK 112100
Lab Project ID: G185-93
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	126	126

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 Excavations
Lab Sample ID: SLCS 24
Lab Project ID: G185-93
Matrix: Soil

Date Analyzed: 12/1/00
Analyzed By: CLP
Dilution: 1.0

Compound	Spiked (ug/KG)	Result (ug/KG)	Limits Lower	Upper
Aroclor 1260	313	331	219	406

Reviewed By: [signature]

PARADIGM ANALYTICAL LABORATORIES, INC.

MS/MSD Results for PCBs

by GC 8082

Client Sample ID:	Batch QC	Date Analyzed:	12/1/00
Client Project ID:	Kuhlman Excavations	Analyzed By:	CLP
Lab Sample ID:	SQC 24	Dilution:	1.0
Lab Project ID:	G185-93		
Matrix:	Soil		

Compound	Sample	MS	%Rec	MSD	%Rec	RPD
Aroclor-1260	BQL	1165	117%	957	96%	19.6

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 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.

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: MCEFS-158
Client Project ID: BW001
Lab Sample ID: 10939
Lab Project ID: G442-3
Matrix: Soil

%SOLIDS: 88.3

Date Collected: 11/28/00
Date Received: 12/7/00
Date Analyzed: 12/11/00
Analyzed By: CLP
Dilution: 1

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	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	72	72

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: MCEFS-160
Client Project ID: BW001
Lab Sample ID: 10941
Lab Project ID: G442-3
Matrix: Soil

%SOLIDS: 78.6

Date Collected: 11/30/00
Date Received: 12/7/00
Date Analyzed: 12/11/00
Analyzed By: CLP
Dilution: 1

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	BQL

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

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: MCEFS-164
Client Project ID: BW001
Lab Sample ID: 10942
Lab Project ID: G442-3
Matrix: Soil

%SOLIDS: 79.5

Date Collected: 12/5/00
Date Received: 12/7/00
Date Analyzed: 12/11/00
Analyzed By: CLP
Dilution: 1

Compound	Quantitation Limit (ug/KG)	Result (ug/KG)
Aroclor-1016	110	BQL
Aroclor-1221	110	BQL
Aroclor-1232	110	BQL
Aroclor-1242	110	BQL
Aroclor-1248	110	BQL
Aroclor-1254	110	BQL
Aroclor-1260	110	BQL
Aroclor-1262	110	BQL

Surrogate Spike Recoveries	Spike Added	Spike Result	Percent Recovered
TCMX	100	87	87

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	Date Analyzed:	12/21/01
Client Project ID:	BW001	Analyzed By:	JPW
Lab Sample ID:	SQC 26	Dilution:	20.0
Lab Project ID:	G442-3		
Matrix:	Soil		

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: _____

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	Limits 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:

NO. 132463

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kilman Electric

ADDRESS: 101 Kilman Dr, Crystal Springs, MS 39059

PHONE NUMBER:

GENERATING LOCATION: Michael Dunne

ADDRESS: [illegible] Avenue, Crystal Springs, MS

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Soil Contaminated w/ PCBs BFI WASTE CODE: 40 CFR 262	210	Y
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:

SHIPMENT DATE: 10/19/00

TRANSPORTER

TRUCK NUMBER: 703

TRANSPORTER NAME: BFI Jackson District — Sport Equipment

ADDRESS: 1212 BRANDON ROAD, JACKSON, MS 39205

PHONE NUMBER: [illegible] 3303

DRIVER NAME: [illegible]

VEHICLE LICENSE NO./STATE: [illegible] RK

VEHICLE CERTIFICATION: [illegible]

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE:

SHIPMENT DATE: 10-19-00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE:

DELIVERY DATE: 10-19-00

DESTINATION

SITE NAME BFI: FOX LITTLE CEXIE LANDFILL

PHONE NUMBER: 982-9480

ADDRESS: 2716 N. 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

NAME OF AUTHORIZED AGENT:

SIGNATURE:

RECEIPT DATE: 10-19-00

GENERATOR RETAIN

209-720C 5

NO. 132494

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kuhlman Electric

ADDRESS: 101 Kuhlman Dr. Crystal Springs 39059

PHONE NUMBER:

GENERATING LOCATION: Medical Clinic

ADDRESS: 413 Lee Avenue Crystal Springs Ms.

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Sol Contaminated w/ PCB	30	Y
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: [illegible] SIGNATURE: [illegible] SHIPMENT DATE: 10/18/00

TRANSPORTER

TRUCK NUMBER: 7-03

TRANSPORTER NAME: Support Services

ADDRESS: P.O. Box 59 New Hebron Ms. 39159

PHONE NUMBER: 1-888-194-3343

DRIVER NAME: Lance Rik

VEHICLE LICENSE NO./STATE:

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: [illegible] SHIPMENT DATE: 10/18/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: [illegible] DELIVERY DATE: 10-19-00

DESTINATION

SITE NAME: BFI [illegible]

ADDRESS: [illegible] COUNTY LINE ROAD, RIDGELAND, MS [illegible]

PHONE NUMBER: [illegible]

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: [illegible] SIGNATURE: [illegible] RECEIPT DATE: [illegible]

GENERATOR RETAIN

209/720C 5/

NO. 132491

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kuhlman Electric
ADDRESS: 101 Kuhlman Dr. Crystal Springs, Ms. 39059
PHONE NUMBER:

GENERATING LOCATION: Medical Choice
ADDRESS: 412 Lee Ave. Crystal Springs, Ms. 39059
PHONE NUMBER:
STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Soil Contaminated w/ PCB's	25	Y
BFI WASTE CODE: 230JJ0049		
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:
SHIPMENT DATE: 10/19/00

TRANSPORTER

TRUCK NUMBER: T-OR
TRANSPORTER NAME: [redacted] Expert Services
ADDRESS: OLD BRANDON ROAD PO Box 59 JACKSON, MS 39205 Ashland, Ms.

PHONE NUMBER: 1-800-694-3243
DRIVER NAME: [redacted] Mike Mercer II
VEHICLE LICENSE NO./STATE: [redacted] A-3718C
VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE:
SHIPMENT DATE: 10/19/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE:
DELIVERY DATE: 10/19/00

DESTINATION

SITE NAME BFI:
PHONE NUMBER:
ADDRESS: 4716 N. COUNTY LINE ROAD, FIGGERLAND, MS

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:

GENERATOR RETAIN

209-720C 5/

NO. 132493

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kuhlman Electric
ADDRESS: 81 Kuhlman Dr.
Crystal Springs Ms. 39059
PHONE NUMBER:

GENERATING LOCATION: Medical Clinic
ADDRESS: 43 Lee Avenue
Crystal Springs Ms.
PHONE NUMBER:
STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE / BFI WASTE CODE	QUANTITY	UNITS
Soil Contaminated w/ PCB's	25	Y
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:
SHIPMENT DATE: 10/10/00

TRANSPORTER

TRUCK NUMBER: T-02
TRANSPORTER NAME: Support Services
ADDRESS: PO Box 59
New Hebron Ms.

PHONE NUMBER: 1 888 694-2343
DRIVER NAME: Mike Merrell
VEHICLE LICENSE NO./STATE: 4-37186 Ma
VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE:
SHIPMENT DATE: 10/ /00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE:
DELIVERY DATE: 10-19-00

DESTINATION

SITE NAME BFI: [illegible]
PHONE NUMBER: 985-2955
ADDRESS: [illegible] COUNTY LINE ROAD, RIDGELAND, MS [illegible]

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: 10/19/00

GENERATOR RETAIN

209-720C 5/

NO. 132492

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kellwood Fabrics

ADDRESS: 401 Kellwood Dr. Crystal Springs, MS 39059

PHONE NUMBER:

GENERATING LOCATION: Crystal Springs

ADDRESS: 402 Kellwood Dr. Crystal Springs, MS 39059

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Contaminated Soil/Rock	35	Y
BFI WASTE CODE: 208 TJ 9942		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:

SHIPMENT DATE: 10/19/00

TRANSPORTER

TRUCK NUMBER:

TRANSPORTER NAME: BFI [redacted] Tippah County

ADDRESS: [redacted] P.O. Box 79 [redacted] Ripley, MS 38663

PHONE NUMBER: 662-837-9943

DRIVER NAME: Lance Falk

VEHICLE LICENSE NO./STATE: A37797 A

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE:

SHIPMENT DATE:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Lance Falk

DELIVERY DATE: 10-18-00

DESTINATION

SITE NAME: BFI [redacted]

PHONE NUMBER: [redacted]

ADDRESS: [redacted] 1 [redacted] COUNTY LINE ROAD, HOLLYBRAND, MS [redacted]

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL HAS BEEN ACCEPTED AND TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND ACCURAT

NAME OF AUTHORIZED AGENT:

SIGNATURE:

RECEIPT DATE: 10/19/00

GENERATOR RETAIN

209-720C 5

NO. 132464

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME

ADDRESS

PHONE NUMBER

GENERATING LOCATION

ADDRESS

PHONE NUMBER

STATE GENERATOR ID NUMBER

DESCRIPTION OF WASTE	QUANTITY	UNITS
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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 — SIGNATURE — SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER

TRANSPORTER NAME

ADDRESS

PHONE NUMBER

DRIVER NAME

VEHICLE LICENSE NO./STATE

VEHICLE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE — SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE — DELIVERY DATE

DESTINATION

SITE NAME BFI

PHONE NUMBER

ADDRESS

NAME OF AUTHORIZED AGENT — SIGNATURE — RECEIPT DATE

GENERATOR RETAIN

209-720C 5

NO. 132472

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kuhlman Electric

ADDRESS: 1414 Hilton Dr. Gulfport, MS 39507

PHONE NUMBER:

GENERATING LOCATION: Medical Clinic

ADDRESS: 913 Lee St. Gulfport, MS 39501

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Fed Contaminated Yrs	2	Y
BFI WASTE CODE: [illegible]		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:

SHIPMENT DATE: 10-20-00

TRANSPORTER

TRUCK NUMBER: 7-03

TRANSPORTER NAME: BFI JACKSON DISPOSAL

ADDRESS: OLD BRANDON ROAD JACKSON, MS 39205

PHONE NUMBER: 601-939-2512

DRIVER NAME: [illegible]

VEHICLE LICENSE NO./STATE: [illegible]

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE:

SHIPMENT DATE: 10-19-00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE:

DELIVERY DATE: 10-19-0

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL

PHONE NUMBER: 832-9169

ADDRESS: 1716 N. 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 ACCURAT

NAME OF AUTHORIZED AGENT:

SIGNATURE:

RECEIPT DATE: 10/20/00

GENERATOR RETAIN

209-720C 5

NO. 132473

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Richland Electric

ADDRESS: 101 Richland Dr. Crystal Springs, MS 39059

PHONE NUMBER:

GENERATING LOCATION: Richland Inc.

ADDRESS: [illegible] Crystal Springs, MS 39059

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Oil Contaminated Filter		Y
BFI WASTE CODE: 238JJ0042		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:

SHIPMENT DATE:

TRANSPORTER

TRUCK NUMBER: 7-08

TRANSPORTER NAME: [redacted] Crystal Springs

ADDRESS: [redacted] Crystal Springs, MS 39059

PHONE NUMBER: [redacted] 4-3245

DRIVER NAME: Mike Merrell

VEHICLE LICENSE NO./STATE: A37186 MS

VEHICLE CERTIFICATION: L-02

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael L. Merrell

SHIPMENT DATE: 10/20/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael L. Merrell

DELIVERY DATE: 10/20/00

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL

PHONE NUMBER: 982-9480

ADDRESS: 1716 N. 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

NAME OF AUTHORIZED AGENT: Arlene Hearsey

SIGNATURE: Arlene Hearsey

RECEIPT DATE: 10/20/00

GENERATOR RETAIN

209-720C 5/

NO. 132474

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30240

GENERATOR

GENERATOR NAME: Kirkland Electric

ADDRESS: 101 Kirkland Dr
Crystal Springs Miss 39059

PHONE NUMBER:

GENERATING LOCATION: Kirkland Electric

ADDRESS: 113 Lee Avenue
Crystal Springs Miss

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Soil Contaminated w/ PCB's	25	Y
BFI WASTE CODE: 2 SOIL 12		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:

SHIPMENT DATE:

TRANSPORTER

TRUCK NUMBER:

TRANSPORTER NAME: [redacted] Tyson Services

ADDRESS: [redacted] Po Box 159
[redacted] Hebron Miss 39241

PHONE NUMBER: [redacted] 1-800-[illegible]-2343

DRIVER NAME: Michael Morrell

VEHICLE LICENSE NO./STATE: 4 37126 MS

VEHICLE CERTIFICATION: 1652

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael Morrell

SHIPMENT DATE: 10/20/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael L Morrell

DELIVERY DATE: 10/20/00

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL

PHONE NUMBER: 982-9428

ADDRESS: 216 N. 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 ACCURAT

NAME OF AUTHORIZED AGENT:

SIGNATURE:

RECEIPT DATE: 10/20/00

GENERATOR RETAIN

209-720C 5

NO. 132465

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kuhlman Electric

ADDRESS:

PHONE NUMBER:

GENERATING LOCATION:

ADDRESS:

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	BFI WASTE CODE	QUANTITY	UNITS
Fluorescent Lamps	1 [illegible] 048	1	1
DESCRIPTION OF WASTE	BFI WASTE CODE		
DESCRIPTION OF WASTE	BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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 — GENERATOR AUTHORIZED AGENT NAME

SIGNATURE

SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: T03

TRANSPORTER NAME: BFI JACKSON DISTRICT

ADDRESS: OLD BRANDON ROAD
JACKSON, MS 39205

PHONE NUMBER: [redacted]

DRIVER NAME:

VEHICLE LICENSE NO./STATE:

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Dave Polk

SHIPMENT DATE: 10-19-00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Dave Polk

DELIVERY DATE: 10-19-00

DESTINATION

SITE NAME BFI: PRT LITTLE DIXIE LANDFILL

PHONE NUMBER: 962-9492

ADDRESS: 2715 N. COUNTY LINE ROAD, BRUSHLAND, 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

NAME OF AUTHORIZED AGENT: Carlene Sherry

SIGNATURE: Carlene Sherry

RECEIPT DATE: 10/20/00

GENERATOR RETAIN

209-720C 5/8

NO. 132466

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME

ADDRESS

PHONE NUMBER

GENERATING LOCATION

ADDRESS

PHONE NUMBER

STATE GENERATOR ID NUMBER

DESCRIPTION OF WASTE / BFI WASTE CODE	QUANTITY	UNITS
DESCRIPTION OF WASTE / BFI WASTE CODE		
DESCRIPTION OF WASTE / BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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 — SIGNATURE — SHIPMENT DATE 10/21/00

TRANSPORTER

TRUCK NUMBER T03

TRANSPORTER NAME [illegible]

ADDRESS OLD BRANDON ROAD, PEARL, MS 39208

PHONE NUMBER

DRIVER NAME Lance Polk

VEHICLE LICENSE NO./STATE A37799 MS

VEHICLE CERTIFICATION T-03

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE — SHIPMENT DATE 10-21-00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE — DELIVERY DATE 10-21-00

DESTINATION

SITE NAME BFI

ADDRESS 2116 N. COUNTY LINE ROAD, RIDGELAND, MS 39157

PHONE NUMBER

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 Earline Shearry — RECEIPT DATE 10/21/00

GENERATOR RETAIN

ORDER ONLY THROUGH BFI HAZBO CONTRACT

209-7200 5/

NO. 132467

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: [illegible]

ADDRESS: [illegible]

PHONE NUMBER:

GENERATING LOCATION: [illegible]

ADDRESS: [illegible]

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE / BFI WASTE CODE	QUANTITY	UNITS
[illegible]	20	Y
DESCRIPTION OF WASTE / BFI WASTE CODE		
DESCRIPTION OF WASTE / BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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: [illegible] SIGNATURE: [illegible] SHIPMENT DATE: 10/21/00

TRANSPORTER

TRUCK NUMBER: TOP

TRANSPORTER NAME: [illegible]

ADDRESS: OLD BRANCH ROAD [illegible]
JACKSON, MS 39205

PHONE NUMBER: [illegible] 634-2343

DRIVER NAME: [illegible]

VEHICLE LICENSE NO./STATE: [illegible]

VEHICLE CERTIFICATION: [illegible]

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: [illegible] SHIPMENT DATE: 10-21-00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: DELIVERY DATE:

DESTINATION

SITE NAME BFI: RED LITTLE DIXIE LANDFILL

PHONE NUMBER: 982-9488

ADDRESS: [illegible] N. 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

NAME OF AUTHORIZED AGENT: Earline Sheary SIGNATURE: Earline Sheary RECEIPT DATE: 10/21/00

GENERATOR RETAIN

ORDER ONLY THROUGH BFI HAZMAT CONTRACT

209-720C 5/

NO. 132490

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kuhlman Electric
ADDRESS: 01 Kuhlman Dr
Crystal Springs MS 39059
PHONE NUMBER:

GENERATING LOCATION: Kuhlman Electric
ADDRESS: [illegible] Ave
Crystal Springs MS
PHONE NUMBER:
STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Contaminated w/ PCBs	00	Y
BFI WASTE CODE: L38PJT0041R		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTC
B - BAG
T - TRUCK
P - POUND
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
GENERATOR AUTHORIZED AGENT NAME — SIGNATURE — SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: 702
TRANSPORTER NAME: BFI JACKSON DISTRICT
ADDRESS: 4700 FRANKLIN ROAD
JACKSON, MS 39205
PHONE NUMBER: 1-800-264-3343
DRIVER NAME: Mike Merell
VEHICLE LICENSE NO./STATE: A 217866
VEHICLE CERTIFICATION: 702

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.
DRIVER SIGNATURE — SHIPMENT DATE 10/2/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.
DRIVER SIGNATURE — DELIVERY DATE 10/2/00

DESTINATION

SITE NAME BFI: [illegible]
ADDRESS: [illegible] COUNTY LINE ROAD, RIDGELAND, MS [illegible]
PHONE NUMBER: [illegible]

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 10/2/00

GENERATOR RETAIN

209-720C 5/

NO. 132471

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BFI

GENERATOR

GENERATOR NAME: Kellman Electric

ADDRESS: 131 Kellman Dr
Crystal Springs, Ms. 39059

PHONE NUMBER:

GENERATING LOCATION: Kellman Electric

ADDRESS: 413 - Lee AVE
Crystal Springs, Ms. 39059

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Soil Contaminated w/ Oil & Gas.	20	Y
BFI WASTE CODE: Ms. 1 29 07 7 0 49		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:

SHIPMENT DATE:

TRANSPORTER

TRUCK NUMBER: T 08

TRANSPORTER NAME: BFI JACKSON DISTRICT Expert Service

ADDRESS: OLD BRANDON ROAD Pearl, Ms
JACKSON, MS 39205

PHONE NUMBER: 1-800-104-2343
601-939-2725

DRIVER NAME: Michael Powell

VEHICLE LICENSE NO./STATE: 5 37156

VEHICLE CERTIFICATION: 1-02

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael Powell

SHIPMENT DATE: 10/23/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael Powell

DELIVERY DATE: 10/23/00

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL

PHONE NUMBER: 662-0889

ADDRESS: 1716 N. 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

NAME OF AUTHORIZED AGENT: Allen Sherry

SIGNATURE: Allen Sherry

RECEIPT DATE: 10/23/00

GENERATOR RETAIN

209-720C

NO. 132470

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BFI

GENERATOR

GENERATOR NAME: Ashland Estates

ADDRESS: [illegible] Ashland Ln.

[illegible]

PHONE NUMBER:

GENERATING LOCATION: Ashland Estates

ADDRESS: [illegible]

[illegible]

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Soil Contaminated by [illegible]	[illegible]	Y
BFI WASTE CODE: [illegible]		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:

SHIPMENT DATE:

TRANSPORTER

TRUCK NUMBER: T-02

TRANSPORTER NAME: [illegible]

ADDRESS: [illegible] ROAD

[illegible]

PHONE NUMBER: [illegible]

DRIVER NAME: Michael L. Merrell

VEHICLE LICENSE NO./STATE: A 37186 MS

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael L Merrell

SHIPMENT DATE: 10/23/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael L Merrell

DELIVERY DATE: 10/23/00

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL

PHONE NUMBER: 982-9438

ADDRESS: 1716 N. 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

NAME OF AUTHORIZED AGENT: Carlos Sheary

SIGNATURE: Carlos Sheary

RECEIPT DATE: 10/23/00

GENERATOR RETAIN

209-7200

NO. 132468

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kullman Electric
ADDRESS: 11 Kilpatrick Dr. Jackson MS
Crystal Springs, 39059
PHONE NUMBER:

GENERATING LOCATION: Medical Clinic
ADDRESS: 143 Lee Ave
Crystal Springs MS 39059
PHONE NUMBER:
STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE / BFI WASTE CODE	QUANTITY	UNITS
Oil Contaminated ABS / 7P JT042	3	Y
DESCRIPTION OF WASTE / BFI WASTE CODE		
DESCRIPTION OF WASTE / BFI WASTE CODE		

D - DRUM
C - CARTC
B - BAG
T - TRUCK
P - POUND
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: William Morris
SIGNATURE:
SHIPMENT DATE:

TRANSPORTER

TRUCK NUMBER: JT-02
TRANSPORTER NAME: BFI [redacted] Express Service
ADDRESS: OLD BRANDON ROAD
JACKSON, MS 39205

PHONE NUMBER: 1-800-634-2343
DRIVER NAME: Michael L. Merrell
VEHICLE LICENSE NO./STATE: A 37186 MS
VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.
DRIVER SIGNATURE: Michael L. Merrell
SHIPMENT DATE: 10/23/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.
DRIVER SIGNATURE: Michael Merrell
DELIVERY DATE: 10/23/00

DESTINATION

SITE NAME BFI: BFI TURTLE CREEK LANDFILL
PHONE NUMBER: 982-9466
ADDRESS: 2216 N. 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

NAME OF AUTHORIZED AGENT: Carlene Shearry
SIGNATURE: Carlene Shearry
RECEIPT DATE: 10/23/00

GENERATOR RETAIN

209-720C 5/

NO. 132489

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kellman Electric

ADDRESS: 201 Kellman St.

PHONE NUMBER:

GENERATING LOCATION:

ADDRESS:

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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

SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: 402

TRANSPORTER NAME: BFI Thompson Disposal

ADDRESS: 0.7 Brandon Road, Jackson, MS 39205

PHONE NUMBER: 2343

DRIVER NAME: Michael Merrell

VEHICLE LICENSE NO./STATE: A 37186 MS

VEHICLE CERTIFICATION: Rolloff Box

HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael S. Merrell

SHIPMENT DATE: 10/24/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael S. Merrell

DELIVERY DATE: 10/24/0

DESTINATION

SITE NAME: BFI

PHONE NUMBER: 982-9438

ADDRESS: 1115 N. COUNTY LINE ROAD, RIDGELAND, MS 39157

THEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL HAS BEEN ACCEPTED AND TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND ACCURAT

NAME OF AUTHORIZED AGENT

SIGNATURE

RECEIPT DATE

GENERATOR RETAIN

ORDER ONLY THROUGH BFI HARCO CONTRACT

209-7200 R

NO. 132488

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kuhlman Electric
ADDRESS: 101 Kuhlman Dr. Crystal Springs, Ms 39059
PHONE NUMBER:

GENERATING LOCATION: Medical Choice
ADDRESS: 413 Lee Ave Crystal Springs, Ms
PHONE NUMBER:
STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Soil Contaminated w/ PCB's BFI WASTE CODE: MS 239JJ042	3	Y
DESCRIPTION OF WASTE BFI WASTE CODE:		
DESCRIPTION OF WASTE BFI WASTE CODE:		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:
SHIPMENT DATE:

TRANSPORTER

TRUCK NUMBER: T-02
TRANSPORTER NAME: BFI JACKSON DISTRICT Synit Services
ADDRESS: OLD BRANDON ROAD JACKSON, MS 39205 P.O. Box 79 Utica Ms
PHONE NUMBER: 601-372-2393
DRIVER NAME: Michael Morrell
VEHICLE LICENSE NO./STATE: 24-3786 MS
VEHICLE CERTIFICATION: Dump Box

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael J. Morrell
SHIPMENT DATE: 10/24/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael J. Morrell
DELIVERY DATE: 10/24/00

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL
PHONE NUMBER: 992-9436
ADDRESS: 1716 N. 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

NAME OF AUTHORIZED AGENT:
SIGNATURE:
RECEIPT DATE:

GENERATOR RETAIN

209-7200 5/8

NO. 132482

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kilbourn Electric
ADDRESS: 151 Kilbourn Ave
Crystal Springs MS 39059
PHONE NUMBER:

GENERATING LOCATION: Medical Clinic
ADDRESS: 413 Lee Ave
Crystal Springs 39059
PHONE NUMBER:
STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
Soil Contaminated w/PCB's	20	Y
BFI WASTE CODE: MS 1385300 42		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:
SHIPMENT DATE:

TRANSPORTER

TRUCK NUMBER: T-02
TRANSPORTER NAME: [illegible] Supply Solutions
ADDRESS: [illegible] PO Box 59
[illegible] New Hebron MS
PHONE NUMBER: 1-888-604-2343
DRIVER NAME: Michael Merrell
VEHICLE LICENSE NO./STATE: [illegible] Merrell 1 3116 M
VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael Merrell
SHIPMENT DATE: 10/24/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael Merrell
DELIVERY DATE: 10/2

DESTINATION

SITE NAME BFI: [illegible]
ADDRESS: [illegible] COUNTY LINE ROAD, RICHLAND, MS 39190
PHONE NUMBER: 292-9485

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 Hearey
SIGNATURE: Carlene Hearey
RECEIPT DATE: 10/24/00

GENERATOR RETAIN

ORDER ONLY THROUGH BFI WASTE CONTACT

209-720C 5/8

NO. 132483

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kirkman Electric
ADDRESS: 101 Millwood Dr
Crystal Springs, Ms 39059
PHONE NUMBER:

GENERATING LOCATION: Adopt Site
ADDRESS: 413 Pine Ave
Crystal Springs, Ms 39059
PHONE NUMBER:
STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	BFI WASTE CODE	QUANTITY	UNITS
Elec Equipment w/ Pcb's	Ms 40 CFR 261.24	20	Y

D - DRUM
C - CARTO
B - BAG
T - TRUCK
P - POUND
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:
SHIPMENT DATE: 10/25/00

TRANSPORTER

TRUCK NUMBER: T-02
PHONE NUMBER: 228-604-2343
TRANSPORTER NAME: [redacted] Crystal Springs
DRIVER NAME: Mike Merrell
ADDRESS: [redacted] PO Box 57
CITY: [redacted] New Hebron
VEHICLE LICENSE NO./STATE: 2A-37186 Ms
VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael Merrell
SHIPMENT DATE: 10/25/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael Merrell
DELIVERY DATE: 10/25/00

DESTINATION

SITE NAME: BFI
PHONE NUMBER:
ADDRESS: EL DORADO DIXIE LANDFILL 982-9408
1716 N. 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 ACCURAT

NAME OF AUTHORIZED AGENT:
SIGNATURE:
RECEIPT DATE: 10/25/00

TRANSPORTER RETAIN

NO. 132487

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: [illegible]

ADDRESS: [illegible]

PHONE NUMBER: [illegible]

GENERATING LOCATION: [illegible]

ADDRESS: [illegible]

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
[illegible]	[illegible]	Y
BFI WASTE CODE: [illegible]		
DESCRIPTION OF WASTE		
BFI WASTE CODE		
DESCRIPTION OF WASTE		
BFI WASTE CODE		[illegible]

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: [illegible] SIGNATURE: [illegible] SHIPMENT DATE: [illegible]

TRANSPORTER

TRUCK NUMBER: [illegible]

TRANSPORTER NAME: BFI JACKSON DISTRICT

ADDRESS: OLD BRANDON ROAD
JACKSON, MS 39205

PHONE NUMBER: [illegible]

DRIVER NAME: [illegible]

VEHICLE LICENSE NO./STATE: [illegible]

VEHICLE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: [illegible] SHIPMENT DATE: [illegible]

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: [illegible] DELIVERY DATE: [illegible]

DESTINATION

SITE NAME BFI: [illegible]

PHONE NUMBER: [illegible]

ADDRESS: BFI LITTLE DIXIE LANDFILL
2716 N. 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.

NAME OF AUTHORIZED AGENT: [illegible] SIGNATURE: [illegible] RECEIPT DATE: [illegible]

GENERATOR RETAIN

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. 655109

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

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

j. Description of Waste: _____

Containers

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^3 - CUBIC METERS
Y^3 - 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 _____

Section II — TRANSPORTER (Generator complete a-d; Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I

a. Name: _____

b. Address: _____

c. Driver Name/Title: _____ PRINT/TYPE

d. Phone No.: _____ e. Truck No.: _____

f. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials:

g. Driver Signature _____ Shipment Date _____

TRANSPORTER II

h. Name: _____

i. Address: _____

j. Driver Name/Title: _____ PRINT/TYPE

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. Driver Signature _____ Shipment Date _____

Section III — DESTINATION (Generator completes a-d; destination site completes e-f.)

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. Name of Authorized Agent _____ Signature _____ Receipt Date _____

Section IV — ASBESTOS (Generator complete a-d, f, g; Shipper* completes e.)

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. 655109

a. Generator Name: Williams Electric
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
j. Description of Waste:
k. Quantity | Units | Containers 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^3 - CUBIC METERS
Y^3 - 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

Section II

TRANSPORTER I

a. Name:
b. Address:
c. Driver Name/Title:
d. Phone No.: Truck No.:
e. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

g. Driver Signature | Shipment Date

TRANSPORTER II

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

Acknowledgement of Receipt of Materials.

n. Driver Signature | Shipment Date

Section III

a. Site Name:
b. Physical Address:
c. Phone No.:
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 | Receipt Date

Section IV

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. 655106

a. Generator Name: Kirkland Electric
b. Generating Location: Medical Clinic
c. Address: 101 Hillcrest Dr.
Crystal Springs Ms. 39059
d. Address: 113 Ice Ave
Crystal 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: A1 L3P JJ0N42

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: Soil Contaminated w/ PCB's

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

UNITS	
P	POUNDS
Y	YARDS
M^3	CUBIC METERS
Y^3	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: [illegible] Signature: [illegible] Shipment Date: 102800

TRANSPORTER I

a. Name: Superior Services
b. Address: P.O. Box 59
Ridgeland Ms. 39140
c. Driver Name/Title: Michael Merrell (PRINT/TYPE)
d. Phone No.: [illegible] 3243 e. Truck No.: T-32
f. Vehicle License No./State: 423715 Ms
Acknowledgement of Receipt of Materials.
g. Driver Signature: Michael Merrell Shipment Date: 102800

TRANSPORTER II

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

a. Site Name: BFI Little Dixie Land Fill
c. Phone No.: 601-992-9488
b. Physical Address: 174 N. County 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.

f. Name of Authorized Agent: [illegible] Signature: [illegible] Receipt Date: 102800

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. 655108

a. Generator Name: Kilbourn Electric
b. Generating Location: [illegible]
c. Address: [illegible]
Crystal Springs Ala. 39059
d. Address: [illegible] Ave
Crystal Springs Ala. 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 S | S P | J J D D 9 2 | Containers

j. Description of Waste: oil Contaminated soil PCB's

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^3 - CUBIC METERS
Y^3 - 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: [illegible] | Signature: [illegible] | Shipment Date:

Section II

TRANSPORTER I

a. Name: Expert Service
b. Address: PO Box 59
New Hebron Ala 39140
c. Driver Name/Title: [illegible] (PRINT/TYPE)
d. Phone No.: 601-764-3743
e. Truck No.:
f. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

g. Driver Signature: [illegible] | Shipment Date: 11 3 00

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: (PRINT/TYPE)
k. Phone No.:
l. Truck No.: T-03
m. Vehicle License No./State: A31797

Acknowledgement of Receipt of Materials.

n. Driver Signature: [illegible] | Shipment Date: 10 25 00

Section III

a. Site Name: BFI Hill Dixie Landfill
b. Physical Address: 1716 N. Countyline Rd.
Jackson Ala. 39157
c. Phone No.: 601-702-9490
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: [illegible] | Signature: [illegible] | Receipt Date: 10 25 00

Section IV

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.

NO. 132486

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME

ADDRESS

PHONE NUMBER

GENERATING LOCATION

ADDRESS

PHONE NUMBER

STATE GENERATOR ID NUMBER

DESCRIPTION OF WASTE	QUANTITY	UNITS
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 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

10/28/10 — SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: T-02

TRANSPORTER NAME

ADDRESS

PHONE NUMBER

DRIVER NAME

VEHICLE LICENSE NO./STATE: Merrell

VEHICLE CERTIFICATION: A 371856 MS

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE

10/28/10 — SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE

10/28/10 — DELIVERY DATE

DESTINATION

SITE NAME BFI

PHONE NUMBER

ADDRESS: 2 MILES N. COUNTRY LINE ROAD, HATTIESBURG, MS 39437

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

10/28/10 — RECEIPT DATE

GENERATOR RETAIN

ORDER ONLY THROUGH BFI UNDER CONTRACT

209-720C 5/99

NO. 132485

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kilmer Electric

ADDRESS: 41 Kilmer Drive, Gulfport, MS 39503

PHONE NUMBER:

GENERATING LOCATION: Medical Clinic

ADDRESS: 11 Ave, Gulfport, MS 39503

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	BFI WASTE CODE	QUANTITY	UNITS
Medical Waste	MS 2 PUT 2042	3	Y

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 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 Moore

SIGNATURE:

SHIPMENT DATE: 10/28/00

TRANSPORTER

TRUCK NUMBER: T-03

TRANSPORTER NAME: Gulf Coast

ADDRESS: PO Box 9, New Orleans, LA

PHONE NUMBER: 504-394-7343

DRIVER NAME: Rufus Arnold

VEHICLE LICENSE NO./STATE: A37797 MS

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE:

SHIPMENT DATE: 10/28/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE:

DELIVERY DATE: 10/28/00

DESTINATION

SITE NAME BFI:

PHONE NUMBER:

ADDRESS: 2716 N. COUNTY LINE ROAD, HATTIESBURG, MS 39401

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: 10/28/00

GENERATOR RETAIN

ORDER ONLY THROUGH BFI UARCO CONTRACT

209-720C 5/89

NO. 132484

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

GENERATOR NAME: Kilburn Fabric
ADDRESS: 101 Kilburn Ave
Crystal Springs Ms. 39059
PHONE NUMBER:

GENERATING LOCATION: Kilburn Fabric
ADDRESS: 418 Lee Ave
Crystal Springs Ms. 39059
PHONE NUMBER:
STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	BFI WASTE CODE	QUANTITY	UNITS
Fill Contaminated Wipes	Ms. L3000T0012	20	Y

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 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: 10/25/00

TRANSPORTER

TRUCK NUMBER: 1-03
TRANSPORTER NAME: [redacted] Springs
ADDRESS: [redacted] Box 55
[redacted] Ms
PHONE NUMBER: 1-800-199-3743
DRIVER NAME: [redacted] Rufus Barnette
VEHICLE LICENSE NO./STATE: A 37797 MS
VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Rufus Barnette
SHIPMENT DATE: 10/25/00

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Rufus Barnette
DELIVERY DATE: 10/25/00

DESTINATION

SITE NAME BFI:
PHONE NUMBER:
ADDRESS: [illegible]

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: 10/25/00

GENERATOR RETAIN

REORDER ONLY THROUGH BFI UARCO CONTRACT

209-720C 5/89

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. 655143

Section I — GENERATOR

a. Generator Name: Kubota Electric
b. Generating Location: Medical Clinic
c. Address: 101 Kubota 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: M5 L30 JJ0042

Containers:

j. Description of Waste: Medical Contaminated w/ Asbestos

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^3 - CUBIC METERS
Y^3 - 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: Mary Thomas
Signature:
Shipment Date:

Section II — TRANSPORTER (Generator complete)

TRANSPORTER I

a. Name: Capital Express
b. Address: PO Box 79
Ridgeland, Ms 39157
c. Driver Name/Title: Rufus Barnette (PRINT/TYPE)
d. Phone No.: 601-991-5942
e. Truck No.: T-03
f. Vehicle License No./State: A37797MS

Acknowledgement of Receipt of Materials.

g. Driver Signature: Rufus Barnette
Shipment Date: 11 07 00

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: (PRINT/TYPE)
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature:
Shipment Date:

Section III — DESTINATION (To be completed by Destination Facility)

a. Site Name: BFI Little Dixie Landfill
b. Physical Address: 100 Industrial Rd.
Pelahatchie, Ms 39145
c. Phone No.: 601-825-8000
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:
Receipt Date:

Section IV — ASBESTOS (Complete only if Asbestos)

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. 655145

Section I — GENERATOR

a. Generator Name: Kilbourn Electric
b. Generating Location: [illegible]
c. Address: [illegible]
d. Address: [illegible]
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
j. Description of Waste: [illegible]

Containers

k. Quantity	Units	No.	TYPE
[illegible]	Y		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^3 - CUBIC METERS
- Y^3 - 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: [illegible] Signature: Shipment Date:

Section II — TRANSPORTER

TRANSPORTER I

a. Name: [illegible]
b. Address: [illegible]
c. Driver Name/Title: Ritus Barnetta (PRINT/TYPE)
d. Phone No.:
e. Truck No.: 103
f. Vehicle License No./State: A37797 MS

Acknowledgement of Receipt of Materials.

g. Driver Signature: Shipment Date: 110700

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: (PRINT/TYPE)
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: [illegible]
b. Physical Address: [illegible]
c. Phone No.:
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: Receipt Date:

Section IV — ASBESTOS

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. 655148

Section I GENERATOR (Generator completes this section)

a. Generator Name: [illegible] b. Generating Location: [illegible]

c. Address [illegible] d. Address: [illegible]

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

j. Description of Waste: [illegible]

Containers

k. Quantity [illegible] 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^3 - CUBIC METERS
Y^3 - 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] 110805

Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Transporter completes this section)

TRANSPORTER I

a. Name: [illegible]

b. Address: [illegible]

c. Driver Name/Title: Michael L. MERRELL PRINT/TYPE

d. Phone No.: [illegible] e. Truck No.: T-02

Vehicle License No./State: A 37186 MS

Acknowledgement of Receipt of Materials.

f. [signature] 110800

Driver Signature Shipment Date

TRANSPORTER II

h. Name:

i. Address: SAME

j. Driver Name/Title: PRINT/TYPE

k. Phone No.: l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature Shipment Date

Section III DESTINATION (Operator completes this section)

a. Site Name: BFI Landfill [illegible] c. Phone No.: [illegible]

b. Physical Address: [illegible] 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] [signature] 110800

Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator completes this section)

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. 655157

Section I — GENERATOR

a. Generator Name: Kilbourn Electric
b. Generating Location: [illegible]
c. Address: 101 Kilbourn Dr.
Crystal Springs Ms
d. Address: Crystal Springs Ms
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 R | L 3 0 | J 0 0 4 R
Containers:
Description of Waste: oil contaminated w/ Asb.
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^3 - CUBIC METERS
Y^3 - 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: 110800

Section II — TRANSPORTER

TRANSPORTER I

a. Name: Crystal Springs
b. Address: [illegible]
Crystal Springs Ms 39180
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)
d. Phone No.: 601-604-7343
e. Truck No.: T-02
Vehicle License No./State: A-37186 MS
Acknowledgement of Receipt of Materials.
Driver Signature: Michael L. Merrell
Shipment Date: 110800

TRANSPORTER II

h. Name:
i. Address:
Spms
j. Driver Name/Title: (PRINT/TYPE)
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 Land Fill
c. Phone No.: 601-852-9485
b. Physical Address: [illegible] County Line Rd
Hickory Ms
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
Receipt Date: 110800

Section IV — SHIPPER

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. 655149

Section I — GENERATOR

a. Generator Name: Kilmer Place
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
j. Description of Waste:
k. Quantity | Units | No. | TYPE | Containers

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^3	CUBIC METERS
Y^3	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: Dave Park
PRINT/TYPE
d. Phone No.:
e. Truck No.: T-61
f. Vehicle License No./State: A 30353
Acknowledgement of Receipt of Materials.
g. Dave Park — Driver Signature | 11 08 00 — Shipment Date

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title:
PRINT/TYPE
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:
b. Physical Address:
c. Phone No.:
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. Earline Sheary — Name of Authorized Agent | Earline Sheary — Signature | 11 08 00 — Receipt Date

Section IV — ASBESTOS

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. 655147

Section I — GENERATOR (Generator certifies that the waste is not asbestos)

a. Generator Name: [illegible] b. Generating Location: [illegible]

c. Address [illegible] d. Address: [illegible]

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

j. Description of Waste: [illegible]

k. Quantity | Units | No. | TYPE

Containers

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^3 - CUBIC METERS
Y^3 - 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: [illegible] Signature: [illegible] Shipment Date: 110800

Section II — TRANSPORTER (Transporter certifies that the waste is not asbestos)

TRANSPORTER I

a. Name: [illegible]

b. Address: [illegible]

c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)

d. Phone No.: [illegible] e. Truck No.: 1-02

f. Vehicle License No./State: A 37166 MS

Acknowledgement of Receipt of Materials.

g. Driver Signature: [illegible] Shipment Date: 110800

TRANSPORTER II

h. Name:

i. Address: Spm 8

j. Driver Name/Title: (PRINT/TYPE)

k. Phone No.: l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature: Shipment Date:

Section III — DESTINATION (Generator certifies that the waste is not asbestos)

a. Site Name: [illegible] c. Phone No.: [illegible]

b. Physical Address: [illegible] 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: Receipt Date: 110800

Section IV — ASBESTOS (Generator certifies that the waste is asbestos)

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. 655144

Section I — GENERATOR (generator complete this section)

a. Generator Name: [illegible] b. Generating Location: [illegible]

c. Address [illegible] d. Address: [illegible]

e. Phone No.: f. Phone No.: [illegible]

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

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

i. BFI WASTE CODE [illegible] Containers

j. Description of Waste: [illegible] k. Quantity [illegible] 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^3 - CUBIC METERS
Y^3 - 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 [illegible] Signature [illegible] Shipment Date

Section II — TRANSPORTER (transporter complete this section)

TRANSPORTER I	TRANSPORTER II
a. Name: [illegible]	h. Name:
b. Address: [illegible]	i. Address:
c. Driver Name/Title: Rufus Barnette (PRINT/TYPE)	j. Driver Name/Title: (PRINT/TYPE)
d. Phone No.: [illegible] e. Truck No.: T-03	k. Phone No.: l. Truck No.:
f. Vehicle License No./State: 437797	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature: [signature] Shipment Date: 110800	n. Driver Signature: Shipment Date:

Section III — DESTINATION (generator complete this section)

a. Site Name: BFI [illegible] Landfill c. Phone No.: [illegible]

b. Physical Address: [illegible] 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: Earline Heavy Signature: Earline Heavy Receipt Date: 110800

Section IV — ASBESTOS (complete this section if asbestos waste)

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 classifi marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulati

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. 655154

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

j. Description of Waste: _____

k. Quantity | Units | No. | TYPE | Containers

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^3 - CUBIC METERS
Y^3 - 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 _____

TRANSPORTER I

a. Name: _____

b. Address: _____

c. Driver Name/Title: Michael L. Merrell PRINT/TYPE

d. Phone No.: _____ e. Truck No.: 7-07

f. Vehicle License No./State: A 37186

Acknowledgement of Receipt of Materials.

g. Driver Signature _____ Shipment Date _____

TRANSPORTER II

h. Name: _____

i. Address: _____

SPMC

j. Driver Name/Title: _____ PRINT/TYPE

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. Driver Signature _____ Shipment Date _____

SECTION III

a. Site Name: _____ c. Phone No.: _____

b. Physical Address: _____ d. Mailing Address _____

SPMC

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 _____

SECTION IV

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. 655146

Section I — GENERATOR (Generator completes this section)

Generator Name: [illegible] b. Generating Location: [illegible]

Address [illegible] d. Address: [illegible]

[illegible] [illegible]

. Phone No.: [illegible] f. Phone No.: [illegible]

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

Owner's Name: [illegible] h. Owner's Phone No.: [illegible]

BFI WASTE CODE [illegible] Containers

Description of Waste: [illegible] k. Quantity [illegible] Units Y No. [illegible] TYPE [illegible]

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^3 - CUBIC METERS
Y^3 - 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; 11 6 00 — Shipment Date

Section II — TRANSPORTER (Generator completes this section)

TRANSPORTER I

Name: [illegible]

b. Address: [illegible]

c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)

Phone No.: [illegible] e. Truck No.: 4-02

f. Vehicle License No./State: A 37681 MS

Acknowledgement of Receipt of Materials.

Driver Signature: Michael L. Merrell; 11 6 00 — Shipment Date

TRANSPORTER II

h. Name: [illegible]

i. Address: [illegible]

j. Driver Name/Title: [illegible] (PRINT/TYPE)

k. Phone No.: [illegible] l. Truck No.: [illegible]

m. Vehicle License No./State: [illegible]

Acknowledgement of Receipt of Materials.

n. Driver Signature; Shipment Date

Section III — DESTINATION (Operator completes this section)

a. Site Name: [illegible] c. Phone No.: [illegible]

b. Physical Address: [illegible] d. Mailing Address [illegible]

e. Discrepancy Indication Space: [illegible]

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

Section IV — ASBESTOS (Generator completes this section)

a. Shippers's* Name: [illegible] b. Shippers's* Phone No.: [illegible]

c. Shippers's* Address: [illegible]

d. Shippers's Special Handling Instructions and additional information: [illegible]

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. 655150

Section I — GENERATOR

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^3 - CUBIC METERS
Y^3 - 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 _____

Section II — TRANSPORTER (Complete only if applicable)

TRANSPORTER I*

a. Name: _____

b. Address: _____

c. Driver Name/Title: _____ PRINT/TYPE

d. Phone No.: _____ e. Truck No.: T-03

f. Vehicle License No./State: A32357 MI

Acknowledgement of Receipt of Materials.

g. Driver Signature _____ Shipment Date _____

TRANSPORTER II

h. Name: _____

i. Address: SAME

j. Driver Name/Title: _____ PRINT/TYPE

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 only if applicable)

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. Name of Authorized Agent _____ Signature _____ Receipt Date _____

Section IV — SHIPPERS (Complete only if applicable)

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. 655152

Section I

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 [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^3 - CUBIC METERS
Y^3 - 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 _____ Shipment Date [1][1][0][0][0]
Generator Authorized Agent Name

Section II

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: Robert Bennett (PRINT/TYPE)	j. Driver Name/Title: _____ (PRINT/TYPE)
d. Phone No.: _____ e. Truck No.: T01	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: A32353M(	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. _____ Driver Signature [1][1][0][0][0] Shipment Date	n. _____ Driver Signature [ ][ ][ ][ ][ ][ ] Shipment Date

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. _____ Name of Authorized Agent _____ Signature [1][1][0][0][0] Receipt Date

Section IV

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. 655151

Section I GENERATOR

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^3 - CUBIC METERS
- Y^3 - 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	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: RUFUS BAUER (PRINT/TYPE)	j. Driver Name/Title: _____ (PRINT/TYPE)
d. Phone No.: _____ e. Truck No.: 1-01	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: 432353 MS	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. _____ [ ][ ][ ][ ][ ][ ]	n. _____ [ ][ ][ ][ ][ ][ ]
Driver Signature — Shipment Date	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. Carlene Sheary _____ [ ][ ][ ][ ][ ][ ]
Name of Authorized Agent — Signature — Receipt Date

Section IV ASBESTOS

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. 655162

Section I — GENERATOR

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^3 - CUBIC METERS
Y^3 - 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 1 1 1 0 0 0

Section II — TRANSPORTER

TRANSPORTER I	TRANSPORTER II
a. Name:	h. Name:
b. Address:	i. Address: SDM
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)	j. Driver Name/Title: (PRINT/TYPE)
d. Phone No.: e. Truck No.: T-07	k. Phone No.: l. Truck No.:
f. Vehicle License No./State: A 37186 MS	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Michael L. Merrell — Driver Signature; Shipment Date 1 1 1 0 0 0	n. Driver Signature; Shipment Date

Section III — DISPOSAL SITE

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. Name of Authorized Agent; Signature; Receipt Date

Section IV — ADDITIONAL INFORMATION

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. 655153

Section I. GENERATOR

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^3 - CUBIC METERS
Y^3 - 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 _____

Section II. TRANSPORTER

TRANSPORTER I

a. Name: _____

b. Address: _____

c. Driver Name/Title: Michael L. Morrell PRINT/TYPE

d. Phone No.: _____ e. Truck No.: 1-02

Vehicle License No./State: A 37186 MI

Acknowledgement of Receipt of Materials.

f. Driver Signature _____ Shipment Date _____

TRANSPORTER II

h. Name: _____

i. Address: SAME

j. Driver Name/Title: _____ PRINT/TYPE

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: _____ 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. Name of Authorized Agent _____ Signature _____ Receipt Date _____

Section IV. ASBESTOS

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. 655161

Section I — GENERATOR

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^3 - CUBIC METERS
Y^3 - 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][1][0][0][0]

Section II — TRANSPORTER

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: Michael L. Theeren (PRINT/TYPE)	j. Driver Name/Title: _____ (PRINT/TYPE)
d. Phone No.: _____ e. Truck No.: 7-02	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: A 371 x G MA	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature _____ Shipment Date [1][1][0][0][0][0]	n. 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. Name of Authorized Agent _____ Signature _____ Receipt Date [ ][ ][ ][ ][ ][ ]

Section IV — ASBESTOS

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. 655166

Section I — GENERATOR

a. Generator Name: Killian Electric
b. Generating Location: Michael Place
c. Address: 101 Killian Dr. Capitol Springs Ms 39055
d. Address: Capitol Springs Ms 39055
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 | L 3 9 | J I N N 4 2

j. Description of Waste: Oil Contaminated w/ PCB's

k. Quantity: 20 | Units: Y | No.: | TYPE: T

Containers

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^3 - CUBIC METERS
- Y^3 - 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: 1/1/00

Section II — TRANSPORTER

TRANSPORTER I

a. Name: Capitol Cargo
b. Address: PO Box 50 Ms Springs Ms 39205
c. Driver Name/Title: Rufus Barnetto (PRINT/TYPE)
d. Phone No.: 601-[illegible]
e. Truck No.: T-01
f. Vehicle License No./State: H 32353 MS

Acknowledgement of Receipt of Materials.

g. Driver Signature
Shipment Date: 1/1/00

TRANSPORTER II

h. Name:
i. Address: 340.00 SPMC
j. Driver Name/Title: (PRINT/TYPE)
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: MFI LLC Pine Grove II
b. Physical Address: 174 N County Line Rd. Richland Ms 39117
c. Phone No.: 601-787-9754
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
Receipt Date

Section IV — ASBESTOS

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. 655169

Section I — GENERATOR

a. Generator Name: [illegible]
b. Generating Location: [illegible]
c. Address: [illegible]
d. Address: [illegible]
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 | 230 | 00 00 02
j. Description of Waste: [illegible] ASB
k. Quantity: 00 | Units: Y | No. | TYPE: T

Containers

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^3	CUBIC METERS
Y^3	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: [illegible] | Signature: [illegible] | Shipment Date: 11 11 00

Section II — TRANSPORTER (Complete Section II if Applicable)

TRANSPORTER I

a. Name: [illegible]
b. Address: [illegible]
c. Driver Name/Title: [illegible] PRINT/TYPE
d. Phone No.: [illegible] e. Truck No.: T-01
f. Vehicle License No./State: A32353 MS

Acknowledgement of Receipt of Materials.

Driver Signature: [illegible] | Shipment Date: 11 11 00

TRANSPORTER II

h. Name:
i. Address: Same
j. Driver Name/Title: PRINT/TYPE
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 Section III if Applicable)

a. Site Name: BFI [illegible] Landfill
b. Physical Address: 1716 N. County Line Rd. Ridgeland MS 39157
c. Phone No.: 601-957-9455
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: [illegible] | Signature: [illegible] | Receipt Date: 11 11 00

Section IV — SHIPPER (Complete Section IV if Applicable)

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. 655158

Section I

a. Generator Name: [illegible] b. Generating Location: [illegible]

c. Address [illegible] d. Address: [illegible]

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

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

Description of Waste:

k. Quantity | Units | No. | TYPE

UNITS	
P	- POUNDS
Y	- YARDS
M^3	- CUBIC METERS
Y^3	- 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 THOLIAS — Generator Authorized Agent Name — Signature — Shipment Date 111300

Section II

TRANSPORTER I

a. Name:

b. Address:

c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)

d. Phone No.: e. Truck No.: 7-02

Vehicle License No./State: A 37186 MS

Acknowledgement of Receipt of Materials.

Michael L. Merrell — Driver Signature — Shipment Date 111300

TRANSPORTER II

h. Name:

i. Address: SIDE

j. Driver Name/Title: (PRINT/TYPE)

k. Phone No.: l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature — Shipment Date

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. Name of Authorized Agent — Signature — Receipt Date

Section IV

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. 655170

Section I — GENERATOR

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: [ ][ ] [ ][ ][ ] [ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ]

j. Description of Waste: _____

k. Quantity [ ][ ][ ][ ][ ] Units [ ] Containers 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^3 - CUBIC METERS
- Y^3 - 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 1 3 0 0

Section II — TRANSPORTER

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)	j. Driver Name/Title: SAME (PRINT/TYPE)
d. Phone No.: _____ e. Truck No. 4-02	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: A 37186 MS	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature _____ Shipment Date 1 1 1 3 0 0	n. Driver Signature _____ Shipment Date [ ][ ][ ][ ][ ][ ]

Section III — DISPOSAL FACILITY

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. Name of Authorized Agent _____ Signature _____ Receipt Date 1 1 1 3 0 0

Section IV — ASBESTOS

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. 655159

Section I

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

j. Description of Waste: _____

k. Quantity | Units | Containers: 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^3 - CUBIC METERS
Y^3 - 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 _____ 111300

Generator Authorized Agent Name | Signature | Shipment Date

Section II

TRANSPORTER I	TRANSPORTER II
a. Name:	h. Name:
b. Address:	i. Address:
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)	j. Driver Name/Title: (PRINT/TYPE)
d. Phone No.: e. Truck No.: 702	k. Phone No.: l. Truck No.:
f. Vehicle License No./State: A 37186 MS	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Michael L Merrell 111300	n. _____
Driver Signature / Shipment Date	Driver Signature / Shipment Date

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. Carlton Henry _____ 111300

Name of Authorized Agent | Signature | Receipt Date

Section IV

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. 655160

Section I. GENERATOR

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

j. Description of Waste: _____

k. Quantity _____ Units _____ Containers 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^3 - CUBIC METERS
- Y^3 - 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 MOORE _____ Signature _____ Shipment Date 111300

Generator Authorized Agent Name

Section II. TRANSPORTER

TRANSPORTER I

a. Name: _____

b. Address: _____

c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)

d. Phone No.: _____ e. Truck No.: 1-02

f. Vehicle License No./State: A 37186 MS

Acknowledgement of Receipt of Materials.

g. Michael L. Merrell _____ Shipment Date 111300

Driver Signature

TRANSPORTER II

h. Name: _____

i. Address: SAME

j. Driver Name/Title: _____ (PRINT/TYPE)

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. _____ Shipment Date _____

Driver Signature

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. _____ _____ Receipt Date 111300

Name of Authorized Agent Signature

Section IV. ASBESTOS

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. 655167

Section I — GENERATOR

a. Generator Name: [illegible]
b. Generating Location: [illegible]
c. Address: [illegible]
d. Address: [illegible]
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: M5 E3P [illegible]

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: [illegible] w/ PCB's

k. Quantity: [illegible] Units: Y No.: TYPE: T

UNITS	
P	POUNDS
Y	YARDS
M^3	CUBIC METERS
Y^3	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: [illegible] Signature: [illegible] Shipment Date: 111300

Section II — TRANSPORTER

TRANSPORTER I

a. Name: [illegible]
b. Address: [illegible]
c. Driver Name/Title: [illegible] PRINT/TYPE
d. Phone No.: [illegible] e. Truck No.: T-21
f. Vehicle License No./State: 432353 MS

Acknowledgement of Receipt of Materials.

g. Driver Signature: [illegible] Shipment Date: 111300

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: PRINT/TYPE
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 Landfill
b. Physical Address: [illegible] Rd. Richland MS 39071
c. Phone No.: [illegible]
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: Carline Stearey Signature: Carline Stearey Receipt Date: 111300

Section IV — SHIPPER

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. 655172

Section I — GENERATOR

a. Generator Name: Kilbourn Electric
b. Generating Location: [illegible]
c. Address: [illegible]
d. Address: [illegible]
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: [illegible]

Containers

j. Description of Waste: [illegible]

k. Quantity: [illegible] 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^3	CUBIC METERS
Y^3	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 Tibbins
Signature:
Shipment Date: 11/14/00

Section II — TRANSPORTER (Section II completed)

TRANSPORTER I

a. Name: [illegible]
b. Address: [illegible]
c. Driver Name/Title: Michael L Merrell (PRINT/TYPE)
d. Phone No.:
e. Truck No.: 1-07
f. Vehicle License No./State: A 371860

Acknowledgement of Receipt of Materials.

g. Driver Signature: Michael Merrell
Shipment Date: 11/14/00

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: (PRINT/TYPE)
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: [illegible]
b. Physical Address: [illegible]
c. Phone No.: [illegible]
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:
Receipt Date:

Section IV — SHIPPER

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. 655156

Section I

a. Generator Name: [illegible] b. Generating Location: [illegible]

c. Address [illegible] d. Address: [illegible]

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 [illegible] Containers

j. Description of Waste: [illegible] k. Quantity [illegible] 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^3 - CUBIC METERS
Y^3 - 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.

[illegible] Generator Authorized Agent Name Signature Shipment Date 111400

Section II

TRANSPORTER I	TRANSPORTER II
a. Name: [illegible]	h. Name:
b. Address: [illegible]	i. Address:
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)	j. Driver Name/Title: (PRINT/TYPE)
d. Phone No.: [illegible] e. Truck No.: T-02	k. Phone No.: l. Truck No.:
f. Vehicle License No./State: A-37126 MS	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Michael L. Merrell Driver Signature Shipment Date 111400	n. Driver Signature Shipment Date

Section III

a. Site Name: [illegible] c. Phone No.: [illegible]

b. Physical Address: [illegible] 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. [illegible] Name of Authorized Agent Signature Receipt Date [illegible]

Section IV

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. 655171

Section I: GENERATOR (Generator completes all items)

a. Generator Name: Kellwood Fabric
b. Generating Location: Medical Plant
c. Address: 101 Kellwood 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: M 2 3 D 0 0 4 8
j. Description of Waste: Oil Contaminated Wipes
k. Quantity: 2 0 Units: Y No. TYPE: T

Containers

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^3	CUBIC METERS
Y^3	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 — Generator Authorized Agent Name
Signature
Shipment Date: 1 1 1 4 0 0

Section II: TRANSPORTER (Generator completes all items)

TRANSPORTER I

a. Name: Crystal Carrier
b. Address: P.O. Box 79
Pearl River Ms 39208
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)
d. Phone No.: 601-604-3948
e. Truck No.: T-02
f. Vehicle License No./State: A 37186 MS

Acknowledgement of Receipt of Materials.

g. Michael L. Merrell — Driver Signature
Shipment Date: 1 1 1 4 0 0

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: (PRINT/TYPE)
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature
Shipment Date

Section III: DESTINATION (Generator completes all items)

a. Site Name: BFI Metro Landfill
b. Physical Address: 7011 N. County Line Rd.
Pearl Ms 39208
c. Phone No.: 601-939-9400
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
Receipt Date

Section IV: ASBESTOS (Generator completes all items)

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. 655168

Section I — GENERATOR

a. Generator Name: [illegible]
b. Generating Location: [illegible]
c. Address: [illegible]
d. Address: [illegible]
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: [illegible]
Containers
j. Description of Waste: [illegible]
k. Quantity: [illegible] 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^3 - CUBIC METERS
Y^3 - 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: [illegible] Signature: [illegible] Shipment Date: 11/14/00

Section II — TRANSPORTER

TRANSPORTER I

a. Name: [illegible]
b. Address: [illegible]
c. Driver Name/Title: [illegible] PRINT/TYPE
d. Phone No.: [illegible] e. Truck No.: T-01
f. Vehicle License No./State: A323 53 / MS

Acknowledgement of Receipt of Materials.

g. Driver Signature: [illegible] Shipment Date: 11/14/00

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: PRINT/TYPE
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 [illegible] Landfill
b. Physical Address: [illegible]
c. Phone No.: [illegible]
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: Pauline Kearney Signature: Pauline Kearney Receipt Date: 11/21/00

Section IV — SHIPPER

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. 655163

Section I — GENERATOR

a. Generator Name: Kilbourn Electric
b. Generating Location: Medical Clinic
c. Address: 101 Kilbourn 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 L38 JJ04R 112700 Containers

j. Description of Waste: Soil Contaminated w/ PCB's

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^3 - CUBIC METERS
Y^3 - 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 112700

Section II — TRANSPORTER

TRANSPORTER I

a. Name: Support Services
b. Address: PO Box 59 New Hebron Ms 39140
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)
d. Phone No.: 888-694-2343
e. Truck No.: 1-02
f. Vehicle License No./State: A 37186 MS

Acknowledgement of Receipt of Materials.

g. Driver Signature; Shipment Date 112700

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: (PRINT/TYPE)
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: Mile Ms. County Line Rd. Ridgeland Ms. 39157
c. Phone No.: 601. 992. 9988
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; Receipt Date

Section IV — ASBESTOS

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. 655155

Section I — GENERATOR (Complete Section I)

a. Generator Name: Kellogg Electric
b. Generating Location: Natural Choice
c. Address: 101 Kellogg 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 | 0 | 0 | J | 0 | 0 | 4 | 2 | 1 | 1 | 2 | 7 | 0 | 0

j. Description of Waste: Asbestos Tiles/ACB's

k. Quantity: 20 | Units: Y | No. | TYPE: 7

Containers — 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^3 - CUBIC METERS
- Y^3 - 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 (Complete Section II)

TRANSPORTER I

a. Name: Gulf Coast
b. Address: P.O. Box 79 Ross Mills MS 39140
c. Driver Name/Title: Michael L. Murrell (PRINT/TYPE)
d. Phone No.: 601-134-5243
e. Truck No.: T-02
f. Vehicle License No./State: MSA-37186
Acknowledgement of Receipt of Materials.
g. Michael L. Murrell — Driver Signature; Shipment Date: 112700

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: (PRINT/TYPE)
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 Section III)

a. Site Name: Pine Ridge Landfill
b. Physical Address: 17 N. Calhoun Rd. Ashland MS 3707
c. Phone No.: 601-998-3438
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. Carline Heavey — Name of Authorized Agent; Carline Heavey — Signature; Receipt Date: 112700

Section IV — ASBESTOS (Complete Section IV)

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. 655187

Section I

a. Generator Name: [illegible] b. Generating Location: [illegible]

c. Address [illegible] d. Address: [illegible]

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 [illegible] Containers

j. Description of Waste: [illegible] k. Quantity [illegible] 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^3 - CUBIC METERS
Y^3 - 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.

[illegible] [illegible] 112700

Generator Authorized Agent Name Signature Shipment Date

Section II

TRANSPORTER I

a. Name: [illegible]

b. Address: [illegible]

c. Driver Name/Title: Michael L. Merrell PRINT/TYPE

d. Phone No.: e. Truck No.: T-02

f. Vehicle License No./State: A 37186 MS

Acknowledgement of Receipt of Materials.

g. [illegible] 112700

Driver Signature Shipment Date

TRANSPORTER II

h. Name: [illegible]

i. Address: SAME

j. Driver Name/Title: PRINT/TYPE

k. Phone No.: l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature Shipment Date

Section III

a. Site Name: [illegible] c. Phone No.: [illegible]

b. Physical Address: [illegible] d. Mailing Address SAME

e. Discrepancy Indication Space: [illegible]

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. [illegible] [illegible] 112700

Name of Authorized Agent Signature Receipt Date

Section IV

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. 655165

Section I — GENERATOR

a. Generator Name: Hilltop Plastic
b. Generating Location: Natural Choice
c. Address: 101 Hilltop 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: M S | L 3 P | J J 0 0 4 7
Containers:
j. Description of Waste: Contaminated w/ ABS
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^3 - CUBIC METERS
Y^3 - 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: 1 1 2

Section II — TRANSPORTER

TRANSPORTER I

a. Name: [illegible]
b. Address: [illegible] Ms [illegible]
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)
d. Phone No.: [illegible]
e. Truck No.: T-02
Vehicle License No./State: A 37186 MS

Acknowledgement of Receipt of Materials.

f. Driver Signature: Michael L. Merrell
Shipment Date: 1 1 2 8 0 0

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: (PRINT/TYPE)
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature:
Shipment Date:

Section III — DISPOSAL FACILITY

a. Site Name: BFI Hill Top Pine Landfill
b. Physical Address: 1711 N. County Line Rd. Richland Ms 39193
c. Phone No.: [illegible]
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:
Receipt Date: 1 1 8 0 0

Section IV — ASBESTOS

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. 655186

Section I

a. Generator Name: [illegible] b. Generating Location: [illegible]

c. Address [illegible] d. Address: [illegible]

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 [illegible]

j. Description of Waste: [illegible]

Containers

k. Quantity	Units	No.	TYPE
[illegible]	Y		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^3 - CUBIC METERS
- Y^3 - 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 [illegible] Signature [illegible] Shipment Date [illegible]

Section II — TRANSPORTER (Complete one or both)

TRANSPORTER I

a. Name: [illegible]

b. Address: [illegible]

c. Driver Name/Title: [illegible]

PRINT/TYPE

d. Phone No.: [illegible] e. Truck No.: [illegible]

f. Vehicle License No./State: [illegible]

Acknowledgement of Receipt of Materials.

g. Driver Signature [illegible] Shipment Date [illegible]

TRANSPORTER II

h. Name:

i. Address:

j. Driver Name/Title:

PRINT/TYPE

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 one or both)

a. Site Name: BFI [illegible] c. Phone No.: [illegible]

b. Physical Address: [illegible] 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 [illegible] Receipt Date [illegible]

Section IV — ASBESTOS

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. 655178

Section I — GENERATOR

a. Generator Name: [illegible]
b. Generating Location: [illegible]
c. Address: [illegible]
d. Address: [illegible]
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
j. Description of Waste: [illegible]
k. Quantity | Units | No. | TYPE | Containers

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^3	CUBIC METERS
Y^3	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: [illegible] Signature: [illegible] Shipment Date: 112900

Section II — TRANSPORTER

TRANSPORTER I

a. Name: [illegible]
b. Address: [illegible]
c. Driver Name/Title: Michael L. Morrow (PRINT/TYPE)
d. Phone No.: [illegible] e. Truck No.: T-02
f. Vehicle License No./State: A-37186 MA
Acknowledgement of Receipt of Materials.
g. Driver Signature: Michael L. Morrow Shipment Date: 112900

TRANSPORTER II

h. Name:
i. Address: Spr[illegible]
j. Driver Name/Title: (PRINT/TYPE)
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: [illegible]
b. Physical Address: [illegible]
c. Phone No.: [illegible]
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: [illegible] Signature: [illegible] Receipt Date: 112900

Section IV — NON-SPECIAL WASTE

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. 655179

Section I

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 _____

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^3 - CUBIC METERS
Y^3 - 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 _____ _____ 11/29/00
Generator Authorized Agent Name Signature Shipment Date

Section II — TRANSPORTER

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____ PRINT/TYPE	j. Driver Name/Title: _____ PRINT/TYPE
d. Phone No.: _____ e. Truck No.: 403	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. _____ Driver Signature _____ 11/29/00 Shipment Date	n. _____ 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. _____ _____ 11/29/00
Name of Authorized Agent Signature Receipt Date

Section IV* — [illegible]

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. 655190

Section I: GENERATOR (Generator completes and signs)

a. Generator Name: [illegible] b. Generating Location: Medical clinic

c. Address [illegible] d. Address: Crystal Springs

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 [illegible] 11300

j. Description of Waste: [illegible]

k. Quantity [illegible] Units Y No. TYPE T

Containers

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^3 - CUBIC METERS
Y^3 - 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.

[illegible] [illegible]

Generator Authorized Agent Name Signature Shipment Date

Section II: TRANSPORTER (Transporter completes and signs)

TRANSPORTER I

a. Name: [illegible]

b. Address: [illegible]

c. Driver Name/Title: Michael MERRELL
PRINT/TYPE

d. Phone No.: [illegible] e. Truck No.: [illegible]

f. Vehicle License No./State: A 37186 MA

Acknowledgement of Receipt of Materials.

g. [illegible] Michael Merrell 11300
Driver Signature Shipment Date

TRANSPORTER II

h. Name:

i. Address:

j. Driver Name/Title:
PRINT/TYPE

k. Phone No.: l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature Shipment Date

Section III: DESTINATION (Operator completes and signs)

a. Site Name: BFI [illegible] c. Phone No.: [illegible]

b. Physical Address: [illegible] 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. Carline Heavy Carline Heavy 11300
Name of Authorized Agent Signature Receipt Date

Section IV: ASBESTOS (Generator completes and signs)

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. 655174

Section I: GENERATOR

a. Generator Name: Kilburn Fabric
b. Generating Location: Med Clean
c. Address: 101 Kilburn Dr. Central Springs Al. 39401
d. Address: Crystal Springs
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 3 P | T 0 1 7

j. Description of Waste: Contaminated Water

Containers

k. Quantity: 5 | 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^3 - CUBIC METERS
- Y^3 - 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.

Henry Williams — Generator Authorized Agent Name
Signature
Shipment Date: 11 3 00

Section II: TRANSPORTER

TRANSPORTER I	TRANSPORTER II
a. Name: Spill Service	h. Name:
b. Address: P.O. Box 79 Mt. Olive Al. 35110	i. Address:
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)	j. Driver Name/Title: (PRINT/TYPE)
d. Phone No.: 834-3743 e. Truck No.: T-02	k. Phone No.: l. Truck No.:
f. Vehicle License No./State: A-37186 MS	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Michael L. Merrell — Driver Signature; Shipment Date: 11 3 00	n. Driver Signature; Shipment Date:

Section III: DESTINATION

a. Site Name: BFI Little Oaks Landfill
b. Physical Address: 1214 N. Sandy Lane Rd. Pelahatchie Ms. 39107
c. Phone No.: 601 825-3400
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
Receipt Date: 11 3 00

Section IV: SHIPPER

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. 655173

Section I

a. Generator Name: [illegible] b. Generating Location:

c. Address [illegible] 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 [illegible]

j. Description of Waste: [illegible]

Containers

Quantity	Units	No.	TYPE
[illegible]	Y		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^3 - CUBIC METERS
- Y^3 - 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.

[illegible] [illegible] 113000

Generator Authorized Agent Name Signature Shipment Date

Section II

TRANSPORTER I

a. Name: [illegible]

b. Address: [illegible]

c. Driver Name/Title: Michael L. Marrell (PRINT/TYPE)

d. Phone No.: [illegible] e. Truck No.: [illegible]

f. Vehicle License No./State: MS A-37186

Acknowledgement of Receipt of Materials.

g. Michael L. Marrell 113000

Driver Signature Shipment Date

TRANSPORTER II

h. Name:

i. Address: [illegible]

j. Driver Name/Title: (PRINT/TYPE)

k. Phone No.: l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature Shipment Date

Section III

a. Site Name: [illegible] c. Phone No.: [illegible]

b. Physical Address: [illegible] d. Mailing Address [illegible]

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. [illegible] [illegible] 113000

Name of Authorized Agent Signature Receipt Date

Section IV

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. 655189

a. Generator Name: Kuhlman Electric
b. Generating Location: Med clinic
c. Address: 101 Kuhlman Dr.
Crystal Springs Ms. 39059
d. Address: Crystal Springs
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: M5 238 JJ0042

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: Soil Contaminated w/ PCB's

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

UNITS	
P	POUNDS
Y	YARDS
M^3	CUBIC METERS
Y^3	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: 120100

TRANSPORTER I

a. Name: Support Services
b. Address: PO Box 57
New Hebron Ms. 39140
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)
d. Phone No.: 888-694-2343
e. Truck No.: 1-02
f. Vehicle License No./State: A-37186 ms

Acknowledgement of Receipt of Materials.

g. Michael L Merrell — Driver Signature
Shipment Date: 120100

TRANSPORTER II

h. Name:
i. Address: SAME
j. Driver Name/Title: (PRINT/TYPE)
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature
Shipment Date

a. Site Name: BFI Little Dixie Land Fill
b. Physical Address: 1716 N. County Line Rd.
Ridgeland Ms. 39157
c. Phone No.: 601-982-9483
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
Receipt Date: 120100

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. 655181

a. Generator Name: Kuhlman Electric
b. Generating Location: Medical Clinic
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: M5 | L38 | JJ0042

Containers

j. Description of Waste: soil Contaminated w/PCB's

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^3 - CUBIC METERS
Y^3 - 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: 120100

TRANSPORTER I

a. Name: Support Services
b. Address: PO Box 59 New Hebron Ms. 39140
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)
d. Phone No.: 888-194-2343
e. Truck No.: T-02
f. Vehicle License No./State: A-37186 Ms
Acknowledgement of Receipt of Materials.
g. Driver Signature: Michael L. Merrell
Shipment Date: 120100

TRANSPORTER II

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

a. Site Name: BFI Little Dixie Landfill
c. Phone No.: 1800-967-2488
b. Physical Address: 1716 N. Countyline 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.

f. Name of Authorized Agent
Signature
Receipt Date: 120100

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. 655188

a. Generator Name: Kuhlman Electric
b. Generating Location: Medical clinic
c. Address: 101 Kuhlman Dr. Crystal Springs Ms. 39059
d. Address: Crystal springs Ms.
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 JJ0047

j. Description of Waste: Soil Contam. water w/ PCB's

Containers

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^3 - CUBIC METERS
Y^3 - 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: 120100

TRANSPORTER I

a. Name: Support Services
b. Address: PO Box 59 New Hebron Ms. 39140
c. Driver Name/Title: Michael L. Merrell (PRINT/TYPE)
d. Phone No.: 601-894-2343
e. Truck No.: 1-02
f. Vehicle License No./State: A-37186 MS

Acknowledgement of Receipt of Materials.

g. X Michael L. Merrell — Driver Signature
Shipment Date: 120100

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title: SAMY (PRINT/TYPE)
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature
Shipment Date

a. Site Name: BFI Little Dixie Land Fill
b. Physical Address: 1714 N. County Line Rd. Ridgeland Ms. 39157
c. Phone No.: 601-982-9489
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: 120100

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. 655182

a. Generator Name: Kellwood Electric
b. Generating Location: Medical Clinic
c. Address: 101 Kellwood 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 L38 JJA042

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: soil Contaminated w/ PCB's

k. Quantity: 20 Units: Y No.: Type: T

UNITS	
P	POUNDS
Y	YARDS
M^3	CUBIC METERS
Y^3	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: 120800

TRANSPORTER I

a. Name: Support Services
b. Address: PO Box 59
New Hebron Ms. 39140
c. Driver Name/Title: Lance Polk (PRINT/TYPE)
d. Phone No.: 998-194-2343
e. Truck No.: T-03
f. Vehicle License No./State: A 30797 MS

Acknowledgement of Receipt of Materials.

g. Lance Polk — Driver Signature
Shipment Date: 120800

TRANSPORTER II

h. Name:
i. Address:
SAME
j. Driver Name/Title: (PRINT/TYPE)
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature
Shipment Date

a. Site Name: BFI Little Dixie Landfill
b. Physical Address: 1711 N. County Line Rd.
Ridgeland Ms. 39157
c. Phone No.: 1-800-967-2488
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
Receipt Date: 120800

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. 655180

a. Generator Name: Kuhlman Electric
b. Generating Location: Medical Clinic
c. Address: 101 Kuhlman Dr. Crystal Springs Ms.
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: M S | L 3 P | J J 0 0 4 7

Containers

j. Description of Waste: Soil Contaminated w/ PCB's

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^3	CUBIC METERS
Y^3	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: 12 08 00

TRANSPORTER I

a. Name: Support Services
b. Address: PO Box 59 New Hebron Ms. 39140
c. Driver Name/Title: Lance Polk (PRINT/TYPE)
d. Phone No.: 888-694-8943
e. Truck No.: T-03
f. Vehicle License No./State: A37797 Ms
Acknowledgement of Receipt of Materials.
g. Driver Signature
Shipment Date: 12 08 00

TRANSPORTER II

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

a. Site Name: BFI Little Dixie Land Fill
b. Physical Address: 1711 N. County Line Rd. Ridgeland Ms. 39157
c. Phone No.: 800-967-2489
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
Receipt Date: 12 20 00

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. 655183

a. Generator Name: Kellman Electric
b. Generating Location: Medical Clinic
c. Address: 101 Kellman 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: M S | L 3 8 | J J 0 0 4 R

j. Description of Waste: soil Contaminated w/PCB's

Containers

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^3 - CUBIC METERS
Y^3 - 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
12/14/00 — Shipment Date

TRANSPORTER I

a. Name: Support Services
b. Address: PO Box 59 New Hebron Ms. 39140
c. Driver Name/Title: LANCE POLK (PRINT/TYPE)
d. Phone No.: 601-894-2343
e. Truck No.: T-03
f. Vehicle License No./State: A 37797 MS
Acknowledgement of Receipt of Materials.
g. Lance Polk — Driver Signature
12/1/00 — Shipment Date

TRANSPORTER II

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

a. Site Name: BFI Little Dixie Land Fill
b. Physical Address: 1716 N. Countyline Rd. Ridgeland Ms. 39157
c. Phone No.: 1-800-967-2488
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
12/1/00 — Receipt Date

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.

NO. 121300

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100

GENERATOR

GENERATOR NAME: KUHLMAN ELECTRIC

ADDRESS: 101 KUHLMAN DR

CRYSTAL SPRINGS, MS 39059

PHONE NUMBER: 01-892-6462

GENERATING LOCATION: KUHLMAN ELECTRIC

ADDRESS: Medical Clinic

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S	20	YDS
BFI WASTE CODE 10012 EXPIRE 02/01/01		
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.

ALAN THOMAS — GENERATOR AUTHORIZED AGENT NAME

SIGNATURE

1-02-01 — SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: T-02

TRANSPORTER NAME: SUPPORT SERVICES

ADDRESS: 2473 MCRAY CR

PEARL, MS 39208

PHONE NUMBER: 601-894-2343

DRIVER NAME: Mike Merell

VEHICLE LICENSE NO./STATE: A-37186 MS

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

Michael L. Merell — DRIVER SIGNATURE

2-02-01 — SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

Michael L. Merell — DRIVER SIGNATURE

1-02-01 — DELIVERY DATE

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL

PHONE NUMBER: 800-967-2488

ADDRESS: 16 N. 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.

Carlene Sheary — NAME OF AUTHORIZED AGENT

Carlene Sheary — SIGNATURE

1/02/01 — RECEIPT DATE

TRANSPORTER RETAIN

ORDER ONLY THROUGH BFI UARGO CONTRACT

289-720C 5/99

NO. 121301

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100

GENERATOR

GENERATOR NAME: KUHLMAN ELECTRIC

ADDRESS: 101 KUHLMAN DR

CRYSTAL SPRINGS, MS 39059

PHONE NUMBER: 601-892-6462

GENERATING LOCATION: KUHLMAN ELECTRIC

ADDRESS: Michael Clay

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S	20	DS
BFI WASTE CODE 1094 EXPIRE 02/01/01		
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.

X ALAN THOMAS — GENERATOR AUTHORIZED AGENT NAME

SIGNATURE

SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: T-02

TRANSPORTER NAME: SUPPORT SERVICES

ADDRESS: 2473 MCKAY CR

BEARD, MS 39208

PHONE NUMBER: 601-604-2343

DRIVER NAME: M.K. Merrell II

VEHICLE LICENSE NO./STATE: A-37186 MS

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

02-01-01 Michael Merrell — DRIVER SIGNATURE

02-01-01 — SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

Michael Merrell — DRIVER SIGNATURE

02-01-01 — DELIVERY DATE

DESTINATION

SITE NAME BFI: WEST LITTLE DIXIE LANDFILL

PHONE NUMBER: 800-967-2488

ADDRESS: 2716 N. COLONEY 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.

Carlene Sherry — NAME OF AUTHORIZED AGENT

Carlene Sherry — SIGNATURE

02/01/01 — RECEIPT DATE

TRANSPORTER RETAIN

ORDER ONLY THROUGH BFI UARCO CONTRACT

NO. 130006

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100

GENERATOR

GENERATOR NAME: KUHLMAN ELECTRIC	GENERATING LOCATION: KUHLMAN ELECTRIC
ADDRESS: 101 KUHLMAN DR CRYSTAL SPRINGS, MS 39059	ADDRESS:
PHONE NUMBER: 601-892-6462	PHONE NUMBER: / STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S BFI WASTE CODE: T88170012 EXPIRE 02/01/01		YDS
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.

ALAN THOMAS — GENERATOR AUTHORIZED AGENT NAME | SIGNATURE | SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: T-02	PHONE NUMBER: 601-694-2343
TRANSPORTER NAME: [illegible] SERVICES	DRIVER NAME: Michael L. Merrell
ADDRESS: 2473 MCKAY CR PEARL, MS 39208	VEHICLE LICENSE NO./STATE: A-37681
	VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

DRIVER SIGNATURE: Michael Merrell — SHIPMENT DATE: 02-02-01

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

DRIVER SIGNATURE: Michael Merrell — DELIVERY DATE: 02-02-01

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL	PHONE NUMBER: 800-967-2498
ADDRESS: 7120 N. 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.

NAME OF AUTHORIZED AGENT: Earlene Shearry — SIGNATURE: Earlene Shearry — RECEIPT DATE: 02/02/01

TRANSPORTER RETAIN

ORDER ONLY THROUGH BELUARCO CONTRACT

209-720C 5/99

NO. 130003

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100

GENERATOR

GENERATOR NAME: KUHLMAN ELECTRIC	GENERATING LOCATION: KUHLMAN ELECTRIC
ADDRESS: 101 KUHLMAN DR CRYSTAL SPRINGS, MS 39059	ADDRESS:
PHONE NUMBER: 601-892-1462	PHONE NUMBER: / STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S BFI WASTE CODE: T38130042 EXPIRE 02/01/01		YDS
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.

X ALAN THOMAS — GENERATOR AUTHORIZED AGENT NAME | SIGNATURE | SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: T-02	PHONE NUMBER: 601-694-2343
TRANSPORTER NAME: LEAKT SERVICES	DRIVER NAME: Michael L. Merrell
ADDRESS: 2473 MCKAY CR PEARL, MS 39208	VEHICLE LICENSE NO./STATE: A-37186 VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

Michael L. Merrell — DRIVER SIGNATURE | 02/02/01 — SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

Michael L. Merrell — DRIVER SIGNATURE | 02/02/01 — DELIVERY DATE

DESTINATION

SITE NAME BFI: FT. LITTLE DIXIE LANDFILL	PHONE NUMBER: 800-967-2488
ADDRESS: 7100 N. 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.

Carlene Shearry — NAME OF AUTHORIZED AGENT | Carlene Shearry — SIGNATURE | 02/02/01 — RECEIPT DATE

TRANSPORTER RETAIN

ORDER ONLY THROUGH BFI UARCO CONTRACT

209-720C 5/89

NO. 130004

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100

GENERATOR

GENERATOR NAME: RUHLMAN ELECTRIC	GENERATING LOCATION: RUHLMAN ELECTRIC
ADDRESS: 101 RUHLMAN DR CRYSTAL SPRINGS, MS 39059	ADDRESS:
PHONE NUMBER: 01-892-4162	PHONE NUMBER: / STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S MANIFEST # [illegible] EXPIRE [illegible] 02/01/01		LBS
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.

X ALAN THOMAS
GENERATOR AUTHORIZED AGENT NAME — SIGNATURE — SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: 7-02	PHONE NUMBER: 601-992-2343
TRANSPORTER NAME: [illegible] SERVICES	DRIVER NAME: Michael L. Merrell
ADDRESS: 2473 MCGAW CR PEARL, MS 39208	VEHICLE LICENSE NO./STATE: A- 37186 MS
	VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

Michael L. Merrell — DRIVER SIGNATURE — 02-02-01 SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

Michael L. Merrell — DRIVER SIGNATURE — 02-02-01 DELIVERY DATE

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL	PHONE NUMBER: 800-967-2488
ADDRESS: 1716 N. 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.

Carlene Thoney — NAME OF AUTHORIZED AGENT — Carlene Thoney — SIGNATURE — 02/02/01 — RECEIPT DATE

TRANSPORTER RETAIN

ORDER ONLY THROUGH BFI UARCO CONTRACT

209-720C 5/89

NO. 130005

BFI

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100

GENERATOR

GENERATOR NAME: KUHLMAN ELECTRIC

ADDRESS: 101 KUHLMAN DR.

CRYSTAL SPRINGS, MS 39059

PHONE NUMBER: 601-892-6412

GENERATING LOCATION: KUHLMAN ELECTRIC

ADDRESS:

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S		TONS
BFI WASTE CODE: 1-00-00 EXPIRES 02/01/01		
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.

X ALAN THOMAS

GENERATOR AUTHORIZED AGENT NAME — SIGNATURE — SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: 1-02

TRANSPORTER NAME: L. J. WICKS

ADDRESS: [illegible]

PHONE NUMBER: 601-694-2313

DRIVER NAME: Michael L. Merrell

VEHICLE LICENSE NO./STATE: A-37186 MS

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

Michael L. Merrell — 02-02-01

DRIVER SIGNATURE — SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

Michael L. Merrell — 02-02-01

DRIVER SIGNATURE — DELIVERY DATE

DESTINATION

SITE NAME BFI: BFI LITTLE DIXIE LANDFILL

ADDRESS: 10 NO. COUNTY LINE ROAD, RICHLAND, MS 39116

PHONE NUMBER: 800-957-2488

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 Sheary — Carlene Sheary — 02/02/01

NAME OF AUTHORIZED AGENT — SIGNATURE — RECEIPT DATE

TRANSPORTER RETAIN

ORDER ONLY THROUGH BFI UARCO CONTRACT

BFI

NO. 130005

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100

GENERATOR

GENERATOR NAME: KUHLMAN ELECTRIC

ADDRESS: 201 KUHLMAN DR

OTISVILLE SPRINGS, MS 39059

PHONE NUMBER: 601-997-6674

GENERATING LOCATION: KUHLMAN ELECTRIC

ADDRESS:

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S		2CS
BFI WASTE CODE: 2-2-17-19-12 EXPIRES 02/01/04		
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.

X Alan Thomas

GENERATOR AUTHORIZED AGENT NAME | SIGNATURE | SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: 7-02

TRANSPORTER NAME: BFI SERVICES

ADDRESS: 247 [illegible]

[illegible] MS 39209

PHONE NUMBER: 601-694-2343

DRIVER NAME: Michael L. Merrell

VEHICLE LICENSE NO./STATE: A-37186 MS

VEHICLE CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

Michael L. Merrell — DRIVER SIGNATURE | 02-02-01 — SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

Michael L. Merrell — DRIVER SIGNATURE | 02-02-01 — DELIVERY DATE

DESTINATION

SITE NAME BFI: RED LITTLE DIXIE LANDFILL

PHONE NUMBER: 800-977-2788

ADDRESS: [illegible] ROAD, RICHLAND, MS [illegible]

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 Sheary — NAME OF AUTHORIZED AGENT | Carlene Sheary — SIGNATURE | 02/02/01 — RECEIPT DATE

TRANSPORTER RETAIN

ORDER ONLY THROUGH BFI UARCO CONTRACT

next

NO. 130007

NON-HAZARDOUS SPECIAL WASTE MANIFEST

BILL VENTURE 0656496-100

76040

GENERATOR

GENERATOR NAME: KUHLMAN ELECTRIC

ADDRESS: 101 KUHLMAN DR

PAT. R. EDWARDS, MS 39353

PHONE NUMBER: 601-452-646

GENERATING LOCATION: KUHLMAN ELECTRIC

ADDRESS:

PHONE NUMBER:

STATE GENERATOR ID NUMBER:

DESCRIPTION OF WASTE	QUANTITY	UNITS
SOIL CONTAMINATED WITH LOW LEVELS OF PCB'S		YLS
BFI WASTE CODE: 266-76-12 EXEMPT 02/01/01		
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.

X ALAN THOMAS — GENERATOR AUTHORIZED AGENT NAME

SIGNATURE

02/05/01 — SHIPMENT DATE

TRANSPORTER

TRUCK NUMBER: T-02

TRANSPORTER NAME: T. SERVICES

ADDRESS: 473 MCLAY CT

PEARL, MS 39208

PHONE NUMBER: 601-931-3[illegible]

DRIVER NAME: Michael L. Merrell

VEHICLE LICENSE NO./STATE: A37186-MS

VEHICLE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS PICKED UP AT THE GENERATOR SITE LISTED ABOVE.

Michael L Merrell — DRIVER SIGNATURE

02-05-01 — SHIPMENT DATE

I HEREBY CERTIFY THAT THE ABOVE NAMED MATERIAL WAS DELIVERED WITHOUT INCIDENT TO THE DESTINATION LISTED BELOW.

02-05-01 Michael Merrell — DRIVER SIGNATURE

02-06-01 — DELIVERY DATE

DESTINATION

FACILITY NAME BR: BFI CLINTON WASTE LANDFILL

ADDRESS: [illegible] MS 39157

PHONE NUMBER: 800-961-2[illegible]

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

02/05/01 — RECEIPT DATE

TRANSPORTER RETAIN

ORDER ONLY THROUGH BELLARCO CONTRACT

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Phone 608-221-8700 FAX 608-221-4889

CHAIN OF CUSTODY

No. 002719

Page 1 of 1

170000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: Fuhrman Homes	Company: ~~[illegible]~~ MARTIN & SLAGLE	Report Due:
Project Location: Capitol Springs MS	Address: [illegible] FARM	Invoice To:
Sampled By (Print): Kelly Phillips		Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
(1) ~~ES-1~~ MC- EFS-1	10/17/00	1330	Soil	1	NA	PCBs, ~~Other Bottles~~	No Analyze CB3	12041
(1) ~~ES-2~~ MC- EFS-2		1335						12042
(1) ~~ES-3~~ MC- EFS-3		1338						12043
MC- ~~ES-1~~		1012						12043
-2		1016						12056
-3		1020						12057
-4		1022						12058
-5		1024						12059
MC- EFS 4		1000						12060
5		1004						12061
6		1006						12062

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Kelly Phillips	Date/Time: 10/17/00	Received By: Katie Hemmes	Date/Time: 170000 11:53
	Relinquished By:	Date/Time:	Received By:	Date/Time:
Custody Seal: Present/Absent	Intact/Not Intact	Seal #'s	Receipt Temp:	
Shipped Via:			Temp Blank Y N	

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(1) Needed Results ASAP K 170000

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CHAIN OF CUSTODY

No. 002720

Page ____ of ____

180000

Turn Around (circle one) Normal Rush	
Report Due:	
Invoice To:	
Company:	
Address:	
P.O. No.: Quote No.:	

Project Number:	Mail Report To:
Project Name: Kulhwan Electric	Company: ~~[illegible]~~ MARTIND SLAGLE
Project Location: Crystal Springs, MS	Address: Wilmington Town Ky 19000
Sampled By (Print): Kelly Phillips	K.P.

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC-ESS-6	10/18	1042	Soil Sub	1	NA	PCB's, ~~Chip Bag~~	No Analysis CB's	1212A
MC-ESS-7		1045						1213
MC-ESS-8		1050						1214
MC-ERS-7		1055						1215
MC-ERS-8		1058						1216
MC-ERS-9		1100						1217

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Kelly Phillips	Date/Time: 10/18/00	Received By: Kate E. Hanna	Date/Time: 180000 1205
	Relinquished By:	Date/Time:	Received By:	Date/Time:
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. 002722

Page 1 of 1

(1) 2019 0000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: Kalkhoven Circle	Company: ~~Grand~~ MARTIN & SCAGLE	Report Due:
Project Location: Capital Square LLC	Address: WRONG ADD	Invoice To:
Sampled By (Print): Kelly Phillips	KP	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC ESS 9	10/20	1031	S	1	NA	PCB'S		1218
10		1038						1219
11		1040						1220
12		1042						1221
MC EFS 10		1046						1222
11		1050						1223
12		1052						1224
MC ESS-13		1320						1225
MCEFS-13		1305						1226
14		1311						1227
15		1322						1228
16		1330						1229

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: K Phillips	Date/Time: 10/20/00 1610	Received By: Pat Ec Hanson	Date/Time: 10/20/00 1611
	Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

Shipped Via:

Receipt Temp:

Temp Blank Y N

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DAB 10/20/00 Wrong Date

Environmental Chemistry Consulting Services, Inc.

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CHAIN OF CUSTODY

No. 002723 *

Page 2 of 2

20 Oct 00

Project Number:	Mail Report To:
Project Name: Hummel Park	Company: CCCN
Project Location: Cayuga Springs	Address:
Sampled By (Print): Kelly Phillips	KP

Turn Around (circle one) Normal Rush	
Report Due:	
Invoice To:	
Company:	
Address:	
P.O. No.:	Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
PCBS-14	10/20	1510	S	1	NA	PCBs		1230
↓ 15	↓	1525	↓	↓	↓	↓		1231

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By: Kelly Phillips	Date/Time: 10/20/00 1610	Received By: Kate Gramson	Date/Time: 10/20/00 1630
Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

Shipped Via:

Receipt Temp:
Temp Blank Y N

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CHAIN OF CUSTODY

No. 002724

Page 1 of 1

23 OCT 00

Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: Kowloon Harbour
Project Location: Crystal Spgs, HK
Sampled By (Print): Kelly Phillips

Mail Report To:
Company: Orion
Address:
KP

Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC DS-1	10/23	0910	S	1	NA	PCBs		1232
-2		0905						1233
-3		0910						1234
-4		0915						1235
DP-300-0.1		1340						1236
-301		1710						1237
-302		1745						1238
-303		1748						1239
-304		1752						1240
326-0.1		1730						1241
327-0.1		1734						1242
329-0.1		1750						~~1243~~ 1243

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	10/23/00 1814	Kati E. Grams	10/23/00 1815
Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
Shipped Via:
Receipt Temp:
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Phone 608-221-8700 FAX 608-221-4889

CHAIN OF CUSTODY

No. 002725

Page 1 of 1

24 OCT 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name:	Company:	Report Due:
Project Location:	Address:	Invoice To:
Sampled By (Print): Kelly Phillips		Company:
		Address:
	RP	P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
DP 350-01	10/24	0951	S	1	NA	TPO		1244
350-05		0955						1245
MCESS-16-01		0935						1246
16-05		0937						1247
17-01		0940						1248
17-05		0942						1249
18-01		0945						1250
18-05		0947						1251
19-01		0952						1252
19-05		0950						1253
20-01		1039						1254
20-05		1041						1255

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Kelly Phillips	Date/Time: 10/24/00 1730	Received By:	Date/Time:
	Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

Shipped Via:

Receipt Temp:

Temp Blank Y N

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CHAIN OF CUSTODY

No. 002726

Page 2 of 4

24 Oct 00

Turn Around (circle one) Normal Rush

Report Due:

Project Number:

Project Name: [illegible]

Project Location: [illegible] Springs, MS

Sampled By (Print): Kelly Phillips

Mail Report To: [illegible]

Company: [illegible]

Address: [illegible]

[illegible], NC 28711

Invoice To: Same as Mail Report to

Company:

Address:

P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCSS 21-0.1	10/24/00	1013	S	1	NA	PCB'S		1256
21-0.5		1045						1257
22-0.1		1049						1258
22-0.5		1501						1259
23-0.1		1215						1260
23-0.5		1211						1261
24-0.1		1219						1262
24-0.5		1250						1263
25-0.1		1252						1264
25-0.5		1254						1265
26-0.1		1256						1266
26-0.5		1258						1267

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	10/24/00 1730	Kate E. Grange	[illegible]

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

Shipped Via:

Receipt Temp:

Temp Blank Y N

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Environmental Chemistry Consulting Services, Inc.

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Phone 608-221-8700 FAX 608-221-4889

CHAIN OF CUSTODY

No. 002727 *

Page 3 of 10

Project Number:	Mail Report To: 24 Oct 00	Turn Around (circle one) Normal Rush
Project Name: Albany Electric	Company: / Madison/Steele	Report Due:
Project Location: Cedar Springs, WI	Address:	Invoice To:
Sampled By (Print): Kelly Phillips		Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
PCBS 27-01	10/24	1350	S	1	NA	PCBS		1[illegible]
27 05		1351						1[illegible]
28 0.1		1355						1[illegible]
28-0.5		1305						1[illegible]
29-01		1335						1242
29-05		1337						1273
30-01		1340						1274
30 05		1342						1275
31-0.1		1345						1276
31-05		1347						1277
32-01		1350						1[illegible]70
32-05		1352						1279

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	10/24/00 1730	[illegible]	[illegible]
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

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CHAIN OF CUSTODY

No. 002728 *

Page 04 of 05

24 Oct 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: Bad Water Electric	Company:	Report Due:
Project Location: Crystal Springs, WS	Address:	Invoice To:
Sampled By (Print): Kelly Phillips		Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
BCDSS 33-01	10/24	1555	S	1	NA	PCB's		1260
33-0.5		1558						1261
34-01		1402						1262
34-0.5		1404						1263
35-0.1		1550						1284
35-0.5		1552						1285
36-0.5		1600						1286
37-0.1		1602						1287
37-0.5		1607						1288
38-0.1		1610						1289
38-0.5		1612						1290
39-0.1		1615						1291

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	10/24/00 1730	Kate E. Hanger	[illegible]
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

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CHAIN OF CUSTODY

No. 002729 *

Page 5 of 6

240000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: RUHLMAN ELEC RIC	Company: OGDEN/ MAFN/SLAGH	Report Due:
Project Location: CRYSTAL SPRINGS, MS.	Address:	Invoice To:
Sampled By (Print): W. KELLY PHILLIPS		Company:
	K.P.	Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
RCESS-39-0.5	9/26/00	1617	S	1	NA	PCB²		1292
40-0.1		1620						1293
40-0.5		1622						1294
41 0.1		1640						1295
41 0.5		1643						1296
42 0.1		1646						1297
42 0.5		1649						1298
43 0.1		1653						1299
43 0.5		1655						1300
44 0.1		1710						1301
44 0.5		1703						1302
45-0.3		1707						1303

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Kelly Phillips	Date/Time: 10/24/00 1733	Received By: R Johnson	Date/Time: 10/24/00 1708
	Relinquished By:	Date/Time:	Received By:	Date/Time:
Custody Seal: Present/Absent	Intact/Not Intact	Seal #'s	Receipt Temp:	
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CHAIN OF CUSTODY

No. 002730

Page 6 of 6

24 OCT 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: Kohlmann Electric	Company: [illegible] / Marine Surge	Report Due:
Project Location: Crystal Springs WIS	Address:	Invoice To:
Sampled By (Print): Kelly Phillips	KP	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MPCS-415-0.5	10/24/00	1709	S	1	NA	PCB'S		130455
46.0.3		1712						130465
46-0.5		1715						130466
30-0.1		1557	S				1308	~~1308~~

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	10/24/00 1730	Kate E. Hanson	10/24/00 1829
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

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CHAIN OF CUSTODY

No. 002731

Page 1 of 3

25 OCT 00

Project Number:	Mail Report To:
Project Name: KUHLMAN ELECTRIC	Company: ODDEN / MAHIN & SCAGLE
Project Location: CRYSTAL SPRINGS, MS	Address:
Sampled By (Print): HOLLY PHILLIPS	KP

Turn Around (circle one) Normal Rush
Report Due:
Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MOSS 69 0.1	10/25/00	1126	S	1	NA	PCBs		1308
69 0.5		1128						1309
70 0.1		1120						1310
70 0.5		1122						1311
71 - 0.1		1115						1312
71 - 0.5		1117						1313
72 - 0.1		1106						1314
72 - 0.5		1110						1315
73 - 0.1		1103						1316
73 - 0.5		1058						1317
74 - 0.1		1046						1318
74 - 0.5		1048						1319

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	10/25/00 / 1432	Kate E. Hample	10/26/00

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
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CHAIN OF CUSTODY

No. 002732

Page 2 of 3

25 Oct. 00

Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: KUHLMAN ELECTRIC
Project Location: CRYSTAL SPRINGS, MS
Sampled By (Print): KELLY PHILLIPS

Mail Report To:
Company: OGDEN/ MARTIN & SZAGLE
Address:
KP

Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MOSS-75-0.1	9/7/00	1040	S	1	NA	PCB's		1320
75-0.5		1043						1321
103-0.1		1417						1322
103-0.5		1419						1323
104-0.1		1411						1324
104-0.5		1413						1325
105-0.1		1405						1326
105-0.5		1407						1327
106-0.1		1400						1328
106-0.5		1402						1329
107-0.1		1350						1330
107-0.5		1354						1331

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	10/25/00 1432	[illegible]	[illegible]

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
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CHAIN OF CUSTODY

No. 002733

Page 3 of 3

25 OCT 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: OGDEN / MARTIN & SCAGLE	Report Due:
Project Location: CAPITAL SPRINGS, MS	Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS	KP	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MW 10-01	10/25	1345	S	1	N	PCBS		1332
10-05		1347						1333
10-01		1550						1334
10-05		1555						1335
11-01		1535						1336
11-05		1537						1337
12-01		1515						1338
12-05		1517						1339
DUPE 1518 10/25		1518						1340
					10/25/00			
			No Water Samples					

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	10/25/00/1432	Kate E. Grove	1430 HLS
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

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CHAIN OF CUSTODY

No. 002734 *

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2hr OCTOO

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
		Report Due:
Project Name: KUHLMAN ELECTRIC	Company: CODDEN / MARTIN & SLAGLE	Invoice To:
Project Location: CRYSTAL SPRINGS, MS.	Address:	Company:
Sampled By (Print): KELLY PHILLIPS	HP	Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC 55-01-01	9/26/00	0924	S	1	NA	PCB's		1341
01-05		0925						1342
52-01		0929						1343
52-05		0921						1344
53-01		0914						1345
53-0.5		0916						1346
54-01		0912						1347
54-05		0910						1348
55-01		0905						1349
55-05		0907						1350
56-01		0900						1351
56-0.5		0903						1352

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Kelly Phillips	Date/Time: 10-26-00/1810	Received By: Kathe Sharp	Date/Time: 10/26/00 9:39
	Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

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CHAIN OF CUSTODY

No. 002735

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26 OCT 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: OGDEN/MARTIN & SEAGLE	Report Due:
Project Location: CRYSTAL SPRINGS, MS	Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS	KP	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCSS51-0.1	10/26/00	0849	S	1	NA	PCB's		1353
51 0.5		0852						1354
50-0.1		0842						1355
50-0.5		0844						1356
59-0.1		0750						1357
59 0.5		0753						1358
76-0.1		1335						1359
76-0.5		1338						1360
77-0.1		1342						1361
77-0.5		1345						1362
78-0.1		1351						1363
78-0.5		1400						1364

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	10-26-00/1010	Kate E. Jones	[illegible]
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

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CHAIN OF CUSTODY

No. 002736

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2/10 OCT00

Project Number:	Mail Report To:
Project Name: KUHLMAN ELECTRIC	Company: OGDEN / MARTIN & SEAGLER
Project Location: CRYSTAL SPRINGS, MS	Address:
Sampled By (Print): KELLY PHILLIPS	K.P.

Turn Around (circle one) Normal Rush
Report Due:
Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCLSS 79-01	10/26/00	1402	S	1	NA	PCB'S		1305
79-05		1404						1306
80-01		1406						1307
80-05		1408						1308
81-01		1411						1309
81-05		1413						1310
82-01		1512						1311
82-05		1514						1312
83-01		1518						1313
83-05		1520						1314
84-01		1522						1315
84-05		1524						1316

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	10-26-00/1810	Karen E. Hronek	10/26 1430
Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
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No. 002737

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20 OCT 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: OGDEN / MARTIN SLAGLE	Report Due:
Project Location: CRYSTAL SPRINGS, MS	Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS	KP	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MWSS-00-01	10/20	1527	S	1	NA	PCBS		1574
05 C5		1534						1575
06-01		1534						1576
06 C5		1532						1577
JSEIS-1		1740						1581
-2		1744						1582
-3		1746						1583
-4		1748						1584
JSEIS-1		1742						1585

KU Impedes Unknown job

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	10/26/00 1810	[illegible]	[illegible]
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

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CHAIN OF CUSTODY

No. 002858 *

Page 1 of 4

280000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: OSBORN/ MARTIN/SCAGLE	Report Due:
Project Location: CRYSTAL SPRINGS MISS	Address:	Invoice To:
Sampled By (Print): CHRIS SCAGLE ROBERT MARTIN	RM	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC-ESS -87	28 Oct	1142	S	1	NA	PCB²		1389
-88		1144						1390
-89		1146						1391
-90		1147						1392
-91		1152						1393
-92		1154						1394
-93		1157						1395
-94		1158						1396
-95		1205						1397
MC ESS -17		1149						1398
-18		1155						1399
-19		1203						1400

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: [signature]	Date/Time: 10 10 1410	Received By: [signature]	Date/Time: 280000 1400
	Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

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CHAIN OF CUSTODY

No. 002859 *

Page 2 of 4

280000

Project Number:	Mail Report To:
Project Name: KUHLMAN ELECTRIC	Company: OGDEN / HARDING SCAGLE
Project Location: CRYSTAL SPRINGS, MISS	Address:
Sampled By (Print): CHRIS SCAGLE, ROBERT MARTIN	RM

Turn Around (circle one) Normal Rush	
Report Due:	
Invoice To:	
Company:	
Address:	
P.O. No.:	Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCESS - 96	280000	1335	S	1	NA	PCB²		1401
-97		1339						1402
-98		1340						1403
-99		1341						1404
-100		1341						1405
-101		1343						1406
-102		1345						1407
-103		1343						1408
MCESS -20		1337						1409
-21		1342						1410
-22		1344						1411
-23		1347						1412

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: [signature]	Date/Time: 4/28/00 1422	Received By: R Johnson	Date/Time: 280000 1422
	Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

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CHAIN OF CUSTODY

No. 002860

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280C00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: OGDEN/ MARTIN & SCAGLE	Report Due:
Project Location: CRYSTAL SPRINGS MISS.	Address:	Invoice To:
Sampled By (Print): CHRIS SCAGLE		Company:
ROBERT MARTIN	RM & CS	Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCFSS -104	28 Oct 00	1431	S	1	NA	PCB²		1413
-105		1434						1414
-106		1436						1415
-107		1437						1416
-108		1438						1417
MC-EFS -24		1432						1418
-25		1435						1419
DS-PA -1		1452						1420
-2		1453						1421
-3		1454						1422
-4		1455						1423
-5		1456						1424

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: [signature]	Date/Time: 10/25/00 11:10	Received By: [signature]	Date/Time: 28 Oct 00 16:10
	Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s	Receipt Temp:
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CHAIN OF CUSTODY

No. 002865

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290000

Project Number:	Mail Report To:
Project Name: KUHLMAN ELECTRIC	Company: OGDEN/ MARTIN & SCAGLE
Project Location: CRYSTAL SPRINGS MISS	Address:
Sampled By (Print): CHRIS SCAGLE, ROBERT MARTIN	AM/CS

Turn Around (circle one) Normal Rush	
Report Due:	
Invoice To:	
Company:	
Address:	
P.O. No.:	Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
DS-FFS-10	29 OCT 00	1250	S	1	NA	PCB's		1452
-11		1252						1453
MC-FSS-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 10-29-00		—						1463

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: [signature]	Date/Time: 10/29/00 1435	Received By: [signature]	Date/Time: 290000 1435
	Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

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Receipt Temp:

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CHAIN OF CUSTODY

No. 002739

Page 1 of 2

310000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: OGDEN / MARTIN SLAGLE	Report Due:
Project Location: CRYSTAL SPRINGS, MS	Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS	KP	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
DS ESS - 27	3/6/00	0920	S	1	NA	PCB		1494
↓ -28		0925						1495
MC ESS -118		0932						1496
DUP 10/31		0935						1497
MCESS - 119		1130						1498
120		1134						1499
121		1140						1500
↓ 122		1145						1501
SHED-1		1125						1502
DSEFS - 25		1345						1503
↓ -26		1540						1504
MCESS -123		1509						1505

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Kelly Phillips	Date/Time: 10/31/00 1100	Received By: R Johnson	Date/Time: 11/1/00
	Relinquished By:	Date/Time:	Received By:	Date/Time:
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. 002855

Page 2 of 2

31 OC 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: OGDEN / MARTIN SLAGLE	Report Due:
Project Location: CRYSTAL SPRINGS, MS	Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS	K.P.	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC ESS - 124	31 OCT 00	1515	S	1	NA	PCBs		1506
125		1520						1507
126		1523						1508
127		1527						1509
128		1531						1510
129		1536						1511

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	10/31/00 1555	T. Pb	5/8/00 1555
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

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CHAIN OF CUSTODY

No. 002856

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1100

Project Number:		Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC		Company: OGDEN/MARTIN & EAGLE	Report Due:
Project Location: CRYSTAL SPRINGS, MS.		Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS		KP	Company:
			Address:
			P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
HCFSS 131	NOOO	1054	S	1	NA	PCB's		1512
132		1057						1513
133		1101						1514
134		1104						1515
135		1110						1516
136		1114						1517
HCFFS 26		1125						1518
27		1127						1519
28		1129						1520
29		1132						1521
HCSS-130		1050						1522
HCFFS-30		1340						1523

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Kelly Phillips	Date/Time: 11/01/00 / 1313	Received By: R Polson	Date/Time: NOOO 313
	Relinquished By:	Date/Time:	Received By:	Date/Time:
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. 002857

Page 2 of 3

1100 00

Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: KUHLMAN ELECTRIC
Project Location: CRYSTAL SPRINGS, MS
Sampled By (Print): KELLY PHILLIPS

Mail Report To:
Company: OGDEN / MARTIN SEAGLE
Address:
KP,

Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCEFS-31	11/00	1344	S	1	NA	PCB²		1524
32		1347						1525
33		1350						1526
34		1400						1527
35		1405						1528
36		1410						1529
37		1415						1530
DSEFS 29		1445						1531
30		1442						1532
DBEFS 27		1440						1533
28		1446						1534
31		1453						1535

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By: [signature] Date/Time: 11/[illegible]00/1449 Received By: [signature] Date/Time: 1447

Relinquished By: Date/Time: Received By: Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
Shipped Via:
Receipt Temp:
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No. 002889 *

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03 NOV 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: N. JAMAICA ELECTRIC	Company: CODEL PARKING SLAGER	Report Due:
Project Location: CRYSTAL SPRINGS MISS	Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS	KD	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
DS EFS-~~31~~ 33	03 NOV 00	1230	S	1	NA	RBs		1555
- ~~32~~ 34		1235						1556
- ~~33~~ 35		1240						1557
- ~~34~~ 36		1245						1558
- ~~35~~ 37		1255						1559
- ~~36~~ 38		1300						1560
39		1320						1561
MCEFS 38		1335						1562
39		1340						1563
40		1350						1564
41		~~1400~~				1400		1565
42		1405						1566

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: [signature]	Date/Time: 11-3-00/1310	Received By: [signature]	Date/Time: 03/NOV/00 1310
	Relinquished By:	Date/Time:	Received By:	Date/Time:
Custody Seal: Present/Absent	Intact/Not Intact	Seal #'s	Receipt Temp:	
Shipped Via:			Temp Blank Y N	

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No. 002900

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3N000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: DODKIN/ MARFIN SLAGLE	Report Due:
Project Location: CRYSTAL SPRINGS MIX	Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS		Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MEFS -43	3/00	1410	S	1	NA	PB²		1567
-44		1415						1568
-45		1420						1569
-46		1422						1570
-47		1425						1571
-48		1427						1572
-54		1448						1573
-55		1450						1574
-58		1458						1575
-59		1500						1576
-49		1430						1577
-50		1434						1578

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	11-3-00 1729	R Johnson	3/00 1709
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

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Receipt Temp:

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CHAIN OF CUSTODY

No. 002902

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30000

Project Number:		Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: Kuhlman Electric		Company: Ogden / Martin Stage	Report Due:
Project Location: CRYSTAL SPRING MISS		Address:	Invoice To:
Sampled By (Print): Kelly Phillips			Company:
			Address:
			P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
McEFS -51	11/3/00	1440	S	1	NA	PCBs		1579
52	↓	1442	↓	↓	↓	↓		1580
53	↓	1445	↓	↓	↓	↓		1581
56	↓	1452	↓	↓	↓	↓		1582
57	↓	1455	↓	↓	↓	↓		1583
60	↓	1503	↓	↓	↓	↓		1584
61	↓	1509	↓	↓	↓	↓		1585
DUPE	↓	1507	↓	↓	↓	↓		1586

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	11-3-00/1830	Christa Ellis	11/3/00 1830
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

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CHAIN OF CUSTODY

No. 002906 *

Page 1 of 2

400 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: ODEN / MARTIND SLAGER	Report Due:
Project Location: CRYSTAL SPRINGS MIS	Address:	Invoice To:
Sampled By (Print): KEVIN PHILLIPS	KP	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCFSS - 137	4 Nov 00	0820	S	1	NA	PCB 1		1587
↓ -138		0824						1588
MCFFS - 62		0830						1589
MCFSS - 140		1030						1590
↓ -139		1020						1591
MCFFS - 63		1615						1592
64		1626						1593
65		1628						1594
66		1630						1595
67		1629						1596
~~68~~ 68		1631						1597
↓ 69		1632						1598

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	[illegible]	11-4-00 / 1655	[illegible]	11-4-00 1655
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:

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CHAIN OF CUSTODY

No. 002912 *

Page 2 of 2

4 NOV 00

Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: KUHLMAN ELECTRIC
Project Location: CRYSTAL SPRINGS MISS
Sampled By (Print): KELLY ~~FITZPATRICK~~ PHILLIPS

Mail Report To:
Company: OGDEN / MARTIN / LAGER
Address:
KP

Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
KCFFS 70	4 NOV 00	1633	S	1	NA	PCB's		1577
71		1635						1600
72		1636						1601
73		1637						1602
74		1640						1603
75		1627						1604
KCFSS 142		1615						1605
143		1618						1606
144		1622						1607
145		1625						1608
DUP 11/4		1642						1609

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	11-4-00/1711	[signature]	4 NOV 00 1711
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
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Receipt Temp:
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CHAIN OF CUSTODY

No. 002913

Page 1 of 2

07 NO 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: OGDEN / MARTLAND & ASSOC	Report Due:
Project Location: CRYSTAL SPRINGS, MISS	Address:	Invoice To:
Sampled By (Print): KELLY PHILLIPS	KP	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCEFS-76	07 NO 00	0810	S	1	NA	PCB's		1610
MCESS-146		0850						1611
-147		0855						1612
DUPE 11/7/00		0900						1613
DS ESS-45		0930						1614
-46		0925						1615
MCESS-141		0920						1616
MCEFS-77		1230						1617
-78		1233						1618
-79		1235						1619
-80		1240						1620
-81		1245						1621

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Kelly Phillips	11/7/00/0830	T. Robert	07 NO 00 0830
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

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Receipt Temp:

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CHAIN OF CUSTODY

No. 002922 *

Page 2 of 6

07 NO 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
		Report Due:
Project Name: KUHLMAN ELECTRIC	Company: OGDEN/MARTIN SLOGLE	Invoice To:
Project Location: CRYSTAL SPRINGS, MS	Address:	Company:
Sampled By (Print): Kelly Phillips	KP	Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC EFS 82	07 NO 00	1400	S	1	NA	PCBs		1622
83		1402						1623
MC ESS 148		1420						1624
149		1425						1625
MC EFS 108		1603						1626
109		1602						1627
110		1601						1628
111		1601						1629
112		1600						1630
113		1559						1631
114		1558						1632
115		1557						1633

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Kelly Phillips	Date/Time: 11/7/00 1445	Received By: Tim Pobst	Date/Time: 07 NO 00 1445
	Relinquished By:	Date/Time:	Received By:	Date/Time:
Custody Seal: Present/Absent	Intact/Not Intact Seal #'s		Receipt Temp:	
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CHAIN OF CUSTODY

No. 002923

Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: Kuhlman Electric
Project Location: Crystal Springs MS
Sampled By (Print): Kelly Phillips

Mail Report To:
Company: Ogden/Martin Stage
Address:

Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCEFS 116	11/7/00	1556	S	1	NA	PCBs		1634
117		1555						1635
118		1554						1636
119		1554						1637
120		1553						1638
121		1552						1639
122		1551						1640
123		1550						1641
124		1549						1642
125		1548						1643
126		1547						1644
127		1547						1645

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	11/7/00 - 1610	C Altstaetter 1600	11/7/00

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
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Receipt Temp:
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CHAIN OF CUSTODY

No. 002924

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Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: Kuhlman Electric
Project Location: Crystal Springs MS
Sampled By (Print): Kelly Phillips

Mail Report To:
Company: Ogden / Martin Stage
Address:

Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCEFS 128	11/7/00	1546	S	1	NA	PCBs		1646
129		1546						1647
130		1545						1648
131		1544						1649
84		1550						1650
85		1552						1651
86		1553						1652
87		1554						1653
88		1555						1654
89		1556						1655
90		1557						1656
91		1558						1657

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	11/7/00 1610	C Alstaetter 1610	11/7/00
Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
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Receipt Temp:
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CHAIN OF CUSTODY

No. 002925

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Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: Kuhlman Electric
Project Location: Crystal Springs MS
Sampled By (Print): Kelly Phillips

Mail Report To:
Company: Ogden/Martin Sloyer
Address:

Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCEFS 92	11/7/00	1559	S	1	NA	PCBs		1658
93		1600						1659
94		1601						1660
95		1602						1661
96		1603						1662
97		1604						1663
98		1605						1664
99		1606						1665
~~100~~		~~1607~~						
101		1608						1666
102		1609						1667
103		1610						1668

NO CAPTCHA

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	11-7-00/1620	C Altstaetter 1620	11/7/00
Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
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CHAIN OF CUSTODY

No. 002926 *

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Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: Kuhlman Electric
Project Location: Crystal Springs MS
Sampled By (Print): Kelly Phillips

Mail Report To:
Company: Ogden / Martin Slayer
Address:

Invoice To:
Company:
Address:

P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
McEFS 104	11/7/00	1611	S	1	NA	PCBs		1669
105	|	1612	|	|	|	|		1670
106	|	1613	|	|	|	|		1671
107	|	1614	|	|	|	|		1672

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Kelly Phillips	11/7/00 1620	C Petstaette 1620	11/7/00
Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
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No. 002928 *

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14 NOV 00

Turn Around (circle one)	Normal Rush
Report Due:	
Invoice To:	
Company:	
Address:	
P.O. No.:	Quote No.:

Project Number:		Mail Report To:	
Project Name:	KUHLMAN ELECTRIC	Company:	OGDEN/MARTIN, SCAGLE
Project Location:	CRYSTAL SPRINGS, MS	Address:	KP
Sampled By (Print):	ROBERT MARTIN		RM

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCFFS 132	14 NOV 00	1144	S	1	NA	PCBs		1673
133		1152						1674
134		1154						1675
135		1157						1676
136		1158						1677
137		1159						1678
138		1201						1679
139		1204						1680
140		1205						1681
141		1206						1682
142		1208						1683
143		1209						1684

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Robert Martin	11/14/00 1235	R Thon 1236	14 NOV 00
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:
Shipped Via:			Temp Blank Y N

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CHAIN OF CUSTODY

No. 002936

Page 2 of 2

14 NOV 00

Turn Around (circle one) Normal Rush
Report Due:
Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Project Number:
Project Name: KUITLMAN ELECTRIC
Project Location: CRYSTAL SPRINGS MISS
Sampled By (Print): ROBERT MARTIN

Mail Report To:
Company: CLIENT/ MARTIN & SLAGLE
Address:
RM

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCEFS - 144	14 NOV 00	1212	S	1	NA	PCB's		1685
- 145		1214						1686
- 146		1216						1687
- 147		1217						1688
- 148		1219						1689
- 149		1221						1690
- 150		1220						1691
- 151		1254						1692
- 152		1218						1693
- 153		1217						1694
- 154		1215						1695
- 155		1220						1696

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Robert Martin	11/14/00 1237	R Johnson 1240	14 NOV 00
Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
Shipped Via:
Receipt Temp:
Temp Blank Y N

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CHAIN OF CUSTODY

No. 002957 *

Page 1 of 1

27N000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: GOLDEN/ MARTIN & EAGLE	Report Due:
Project Location: CRYSTAL SPRING MKE	Address:	Invoice To:
Sampled By (Print): ROBERT MARTIN		Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCESS - 150	27 Nov 00	1205	S	1	NA	PCB's		1769
- 151		1206						1770
- 152		1207						1771
- 153		1211						1772
MCEFS - 156		1204						1773
- 157		1212						1774
DSESS - 50		1609						1775
- 51		1638						1776
- 52		1640						1777
- 53		1641						1778

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Robert Martin	11/28/00 1505	R Johnson	1505 27N000
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:

Shipped Via:

Temp Blank Y N

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CHAIN OF CUSTODY

No. 002959

Page 1 of 1

28 NOV 00

Turn Around (circle one) Normal Rush
Report Due:

Project Number:
Project Name: KUHLMAN ELECTRIC
Project Location: CRYSTAL SPRINGS MISS
Sampled By (Print): ROBERT MARTIN

Mail Report To:
Company: AMEK / MARTIN & SCAGGS
Address:
RM

Invoice To:
Company:
Address:
P.O. No.: Quote No.:

Sample Description (WASTE # BA 1000)	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
DS EFS-43	28 NOV 00	0854	S	1	NA	PCB's		1779
↓ ↓ -44	↓	0855	↓	↓	↓	↓		1780
↓ ↓ -45	↓	0856	↓	↓	↓	↓		1781
DS ESS-54	↓	1113	↓	↓	↓	↓		1782
↓ ↓ -55	↓	1114	↓	↓	↓	↓		1783
↓ ↓ -56	↓	1115	↓	↓	↓	↓		1784
DS EFS-46	↓	1401	↓	↓	↓	↓		1785
↓ ↓ -47	↓	1402	↓	↓	↓	↓		1786
MC EFS-158	↓	1424	↓	↓	↓	↓		1787
MC ESS-154	↓	1446	↓	↓	↓	↓		1788
↓ ↓ -155	↓	1425	↓	↓	↓	↓		1789
DS EFS-48	↓	1445	↓	↓	↓	↓		1790

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Robert Martin	11/28/00 0933	[illegible] 0933	28 NOV 00
Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s
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Receipt Temp:
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CHAIN OF CUSTODY

No. 002960 *

Page 2 of 2

28N000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: ARCEK / MARTINS SCALE	Report Due:
Project Location: CRYSTAL SPRINGS MISC	Address:	Invoice To:
Sampled By (Print): ROBERT MARTIN		Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC-ESS-156	28/00	1509	S	1	NA	PCB²		1791
MC-EES-159	↓	1510	↓	↓	↓	↓		1792

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Robert Martin	11/28/00 1545	R Johnson 1545	28N000
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

Shipped Via:

Receipt Temp:

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CHAIN OF CUSTODY

No. 002961

Page 1 of 1

29N000

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush
Project Name: KUHLMAN ELECTRIC	Company: AMEK / MARTIN & LARGE	Report Due:
Project Location: CRYSTAL SPRINGS MISS	Address:	Invoice To:
Sampled By (Print): ROBERT MARTIN	RM	Company:
		Address:
		P.O. No.: Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC ESS 157	29 NOV 00	1245	S	1	NA	PCB²		1793
MC ESS 160	↓	1249	S	1	NA	↓		1794

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Robert Martin	11/30/00 1315	R Allison 1315	29N000
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

Shipped Via:

Receipt Temp:

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CHAIN OF CUSTODY

No. 002964

Page 2 of 2

30 NOV 00

Project Number:	Mail Report To:	Turn Around (circle one) Normal Rush	
Project Name: KUHLMAN ELECTRIC	Company: MARTIN & SCAGLE	Report Due:	
Project Location: CRYSTAL SPRING MISS.	Address:	Invoice To:	
Sampled By (Print): ROBERT MARTIN	RM	Company:	
		Address:	
		P.O. No.: Quote No.:	

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC-EFS-157	30 NOV 00	1343	S	1	NA	PKB 2 SIDEWALL		1809
-158		1344						1810
-159		1345						1811
EFS -160		1410				FLOOR		1812
MC-ESS-160		1529						1813
-161		1528						1814
MC-EFS-161		1525						1815
162		1526						1816
163		1527						1817

*Preservation Code	Relinquished By:	Date/Time:	Received By:	Date/Time:
A=None B=HCL C=H2SO4	Robert Martin	11/30/00 1438	R Folson 1438	30 NOV 00
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

Shipped Via:

Receipt Temp:

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CHAIN OF CUSTODY

No. 133010

Page 1 of 1

10JA01

Project Number:	Mail Report To:
Project Name: KUHLMAN ELECTRIC	Company: MARTIN & SLAGLE
Project Location: CRYSTAL SPRINGS, MISS	Address:
Sampled By (Print): ROBERT MARTIN	

Turn Around (circle one) Normal Rush	
Report Due:	
Invoice To:	
Company:	
Address:	
P.O. No.:	Quote No.:

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MCEFS-165	10JA01	1554	S	1	NA	PCB 2		1835
166		1552						1836
167		1551						1837
168		1550						1838

*Preservation Code
A=None B=HCL C=H2SO4
D=HNO3 E=EnCore F=Methanol
G=NaOH O=Other(Indicate)

Relinquished By:	Date/Time:	Received By:	Date/Time:
Robert Martin	01/16/01/1619	[illegible] 16:20	10JA01

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

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Receipt Temp:
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CHAIN OF CUSTODY

No. 003011 *

Page 1 of ____

18JA01

Turn Around (circle one)	Normal Rush
Report Due:	
Invoice To:	
Company:	
Address:	
P.O. No.:	Quote No.:

Project Number:		Mail Report To:	
Project Name:	KUHLMAN ELECTRIC	Company:	MARTIN & SLAGLE
Project Location:	CRYSTAL SPRINGS MISS	Address:	
Sampled By (Print):	ROBERT MARTIN		RM

Sample Description	Collection Date	Collection Time	Matrix	Total Bottles	Preserv*	Analysis Requested	Comments	Laboratory Number
MC ESS-165	18JA01	1635	S	1	NA	PCB's		1839
↓ -166	↓	1640	↓	↓	↓	↓		1840

*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol G=NaOH O=Other(Indicate)	Relinquished By: Robert Martin	Date/Time: 9/18/01 1639	Received By: R Johnson 16:45	Date/Time: 18JA01
	Relinquished By:	Date/Time:	Received By:	Date/Time:

Custody Seal: Present/Absent Intact/Not Intact Seal #'s

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Receipt Temp:

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Chain-of Custody Record & Analytical Request
828-712-1115

COC# 1[illegible]96

Page 1 of 3

Client: Martin & Slagle
Address: PO Box 1023
Address: Black Mtn, NC 28711
Quote #:

Project ID: BW 00-1
Contact: Robert Martin
Phone: 828 669 3929
Fax: 828 669 5289

Date: 10/29/00
Turnaround: Standard
Job Number:
P.O. Number:

Report To: Robert Martin
Same

Invoice To: Same

Sample ID	Date	Time	Matrix	Preservatives				Analyses: PCBs -	Comments: Please specify any special reporting requirements
									+ 1262
GS-1	10/27	1445	S	—	—	—	—		Report QC
GS-2	10/27	1453	S	—	—	—	—		
MCESS62	10/25	1517	S	—	—	—	—		G442-1
DUPE	10/25	~~1518~~	S	—	—	—	—		
MCESS19	10/28	1203	S	—	—	—	—		
MCESS101	10/28	1343	S	—	—	—	—		
DSPA7	10/28	1505	S	—	—	—	—		
Dup	10/28	~~1427~~	S	—	—	—	—		
DS ESS14	10/29	1247	S	—	—	—	—		
DS ESS1	10/29	1229	S	—	—	—	—		

Relinquished By	Date	Time	Received By	Date	Time	Temperature	State Certification Requested
[signature]	10/30/00	1520	[signature]	10/31/00	0930	4.0°C	NC ____ SC ____ Other ____
							SEE REVERSE FOR TERMS AND CONDITIONS

ORIGINAL

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Chain-of Custody Record & Analytical Request

COC# 19597

Page 2 of 3

Client: Martin & Slagle
Address: On file
Address: On file
Quote #:

Project ID: BW-00-1
Contact: Robert Martin
Phone: On file
Fax:

Date: 10/29/00
Turnaround: Std.
Job Number:
P.O. Number:

Report To: Robert Martin
Invoice To: Same

Sample ID	Date	Time	Matrix	Preservatives	Analyses: RCBs	Comments: Please specify any special reporting requirements
						GHH2-1
MCESS113	10/29/00	1442	S			
Dup	10/29/00		S			
MCESS530.1	10/26/00	0914	S			
MCESS580.5	10/26/00	0849	S			
SESS17	10/29/00	1434	S			
MCESS710.5	10/25/00	1117	S			
MCESS630.1	10/25/00	1417	S			
MCESS170.5	10/24/00	0942	S			
MCESS220.5	10/24/00	1051	S			

Relinquished By	Date	Time	Received By	Date	Time	Temperature
[illegible]	10/30/00	1500	[illegible]	10/31/00	0930	4.0°C

State Certification Requested

NC ____ SC ____ Other ____

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Chain-of Custody Record & Analytical Request

COC# 19927

Client: Martin Slagle
Address: On file
Address:
Quote #:

Project ID: BW-00-1
Contact: Martin
Phone: On file
Fax:

Date: 10/29/00
Turnaround: Std
Job Number:
P.O. Number:

Report To: Robert Martin
Invoice To: Same

Sample ID	Date	Time	Matrix	Preservatives				Analyses: PCBs	Comments: Please specify any special reporting requirements
									GHH2-1
MCESS280.5	10/24	1305	S	—	—				
MCESS330.5	10/24	1358	S	—	—				
MCESS400.5	10/24	1622	S	—	—				
MCESS440.5	10/24	1703	S	—	—				
MCESS360.1	10/24	1557	S	—	—				
MCESS680.5	10/25	1347	S	—	—				
MCESS800.5	10/26	1408	S	—	—				
MCESS850.1	10/26	1527	S	—	—				
SESS4	10/26	1748	S	—	—				
				—	—				

Relinquished By	Date	Time	Received By	Date	Time	Temperature
[illegible]	10/31/00	1500	[illegible]	10/31/00	0930	4.0°C

State Certification Requested
NC ____ SC ____ Other ____

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Chain-of Custody Record & Analytical Request

COC# 19[illegible]

Page 1 of 1

Client: OGDEN
Address: 200 S Old Statesville Rd
Address: Huntersville, NC 28078
Quote #:

Project ID:
Contact: Tim Fitzpatrick
Phone: 704 875 3570
Fax: 704 875 8718

Date: 10/24/00
Turnaround:
Job Number:
P.O. Number:

Report To: Tim Fitzpatrick
P.O. Box 3142
Huntersville, NC 28078
Invoice To:

Sample ID	Date	Time	Matrix	Preservatives	Analyses: PCB's	Comments: Please specify any special reporting requirements
						G1182-86
MCEFS-2	10/17/00	1335	S		X	Please Call ASAP if you
MCEFS-8	10/18/00	1058	S		X	have any Questions
MCEFS-11	10/20/00	1050	S		X	
MCDS-2	10/23/00	0905	S		X	
DP-3104 0.1	10/24/00	0952	S		X	

Relinquished By	Date	Time	Received By	Date	Time	Temperature
Kathy Phillips	10/24/00	1500	[illegible]	10/25/00	0950	3.0°C

State Certification Requested

NC ____ SC ____ Other ____

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Chain-of Custody Record & Analytical Request

COC# 1997[illegible]

Page 1 of 1

ient: Ogden
ddress: PO Box 3142
ddress:
uote #:

Project ID: Kuhlman
Contact: Jim Fitzpatrick
Phone: 704 756 2951
Fax:

Date: 11-6-00
Turnaround: Std
Job Number:
P.O. Number:

Report To: Same
Invoice To: Same

Sample ID	Date	Time	Matrix	Preservatives: None				Analyses: PCBs										Comments: Please specify any special reporting requirements
																		G185-B7
MCEFS 72	11/4/00	1636	S					X										
DUPE 11/4-1642	11/4	1642																
DUPE 11/3-1508	11/3	1508																
DUPE 10/31-0935	10/31	0935																
DSESS 36	11/2	1505																
MCESS 118	10/31	0932																
MCEFS 61	11/3	1509																
DUPE 11/2-1525	11/2	1525																
MCEFS 31	11/1	1344																
DSESS 38	11/2	1820																

Relinquished By	Date	Time	Received By	Date	Time	Temperature
JJ Fitzpatrick	11/6/00	1700	[illegible]	11/7/00	0935	4.8°C

State Certification Requested

NC ____ SC ____ Other ____

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Chain-of Custody Record & Analytical Request

COC# 20[illegible]

Page 1 of 1

Client: Ogden
Address: PO Box 3142
Address: Huntersville NC 28070
Quote #:

Project ID: Kuhlman offsite dig
Contact: Tim Fitzpatrick
Phone: 704 756 2951
Fax:

Date: 11/8/00
Turnaround: std
Job Number:
P.O. Number:

Report To: Tim Fitzpatrick
Invoice To: same

Sample ID	Date	Time	Matrix	Preservatives: None				Analyses: PCBs									Comments: Please specify any special reporting requirements
																	G185-91
MCEFS 127	11/7/00	1547	S	X				X									
MCEFS 117	11/7/00	1555	S	X				X									
MCEFS 129	11/7/00	1546	S	X				X									
MCEFS 108	11/7/00	1603	S	X				X									
MCEFS 97	11/7/00	1604	S	X				X									
DUPE 11/7/00-0900	11/7/00	0900	S	X				X									
MCEFS 90	11/7/00	1557	S	X				X									
MCEFS 147	11/7/00	0855	S	X				X									

Relinquished By	Date	Time	Received By	Date	Time	Temperature
T Fitzpatrick	11/8/00	1600	Julie Johnson	11/9/00	1030	4.6

State Certification Requested
NC ____ SC ____ Other ____

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Chain-of Custody Record & Analytical Request

COC# 20641

Page 1 of 1

Client: Ogden
Address: PO Box 3142
Address: Huntersville NC 28070
Quote #:

Project ID: Kuhlman excavations
Contact: Tim Fitzpatrick
Phone: 704-756-2951
Fax:

Date: 11-16-00
Turnaround: Std
Job Number:
P.O. Number:

Report To: Tim Fitzpatrick
Invoice To: Same

Sample ID.	Date	Time	Matrix	Preservatives: None				Analyses: PCBs										Comments: Please specify any special reporting requirements
																		G185-93
MCEFS-134	11/14/00	1154	S	Y				Y										
MCEFS-144	11/14/00	1212	S	Y				Y										
MCEFS-155	11/14/00	1220	S	Y				Y										

Relinquished By	Date	Time	Received By	Date	Time	Temperature	State Certification Requested
T Fitzpatrick	11/16/00	1130	[illegible]	11/17/00	0930	2.6°C	NC ____ SC ____ Other ____
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Chain-of Custody Record & Analytical Request

COC# 20[illegible]50

Client: Martin & Slagle
Address: PO Box 1023
Address: Black Mtn, NC 28711
Quote #:

Project ID: BW001
Contact: Robert Martin
Phone: 828/669-[illegible]
Fax: 828/669-5289

Date: 12/06/00
Turnaround: Standard
Job Number:
P.O. Number:

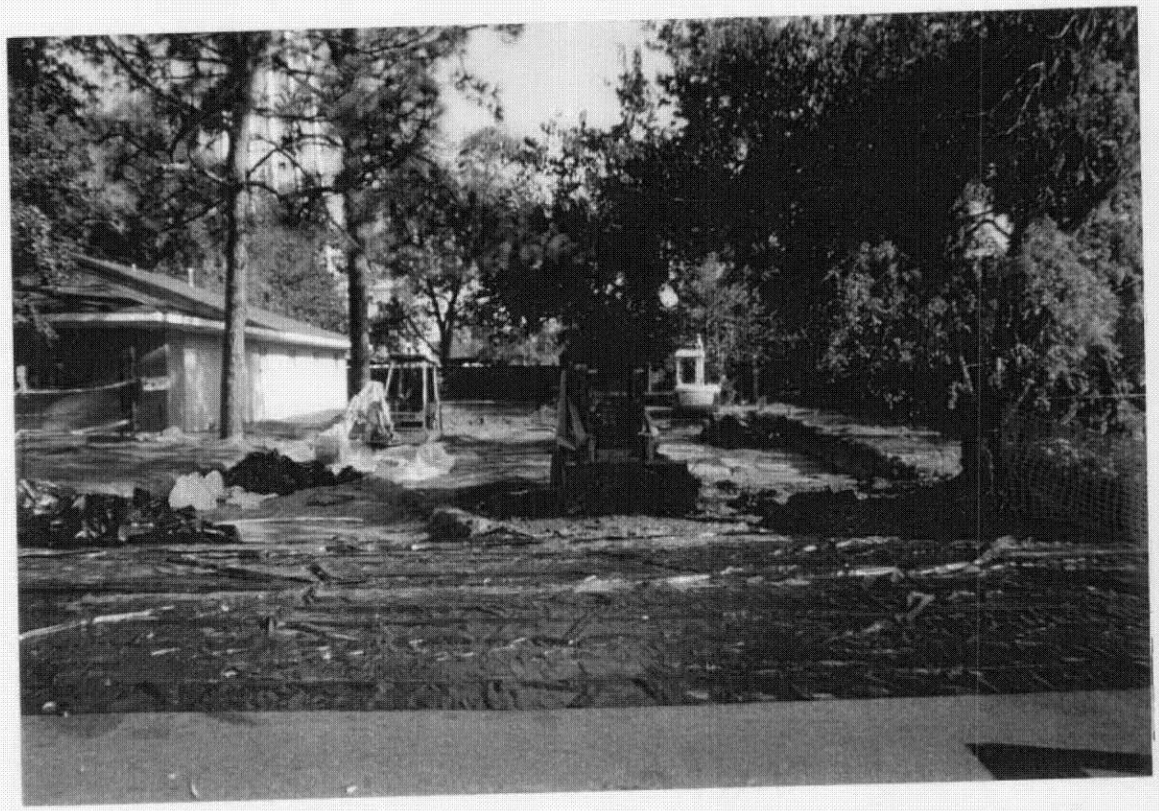
Report To: Robert Martin
Invoice To: Martin & Slagle

Sample ID	Date	Time	Matrix	Preservatives				Analyses: PCB										Comments: Please specify any special reporting requirements
																		6442-3
DSESS-53	11/27/00	1641	Soil					X										
MCEFS-158	11/28/00	1424	Soil					X										
NDESS-4	11/30/00	0953	Soil					X										
MCEFS-160	11/30/00	1410	Soil					X										
MCEFS-164	12/05/00	1541	Soil					X										
DSESS-57	12/06/00	1350	Soil					X										

Relinquished By	Date	Time	Received By	Date	Time	Temperature	State Certification Requested
Robert Martin	12/06/00	1625	Julie Johnson	12/7/00	0930	4.6 °C	NC ____ SC ____ Other ____

SEE REVERSE FOR TERMS AND CONDITIONS

ORIGINAL



Medical Center Property looking north from Lee Avenue showing excavation of contaminated soil from the eastern portion of the site.

Medical Center Property looking south toward Lee Avenue showing the loading area and dust control operations.

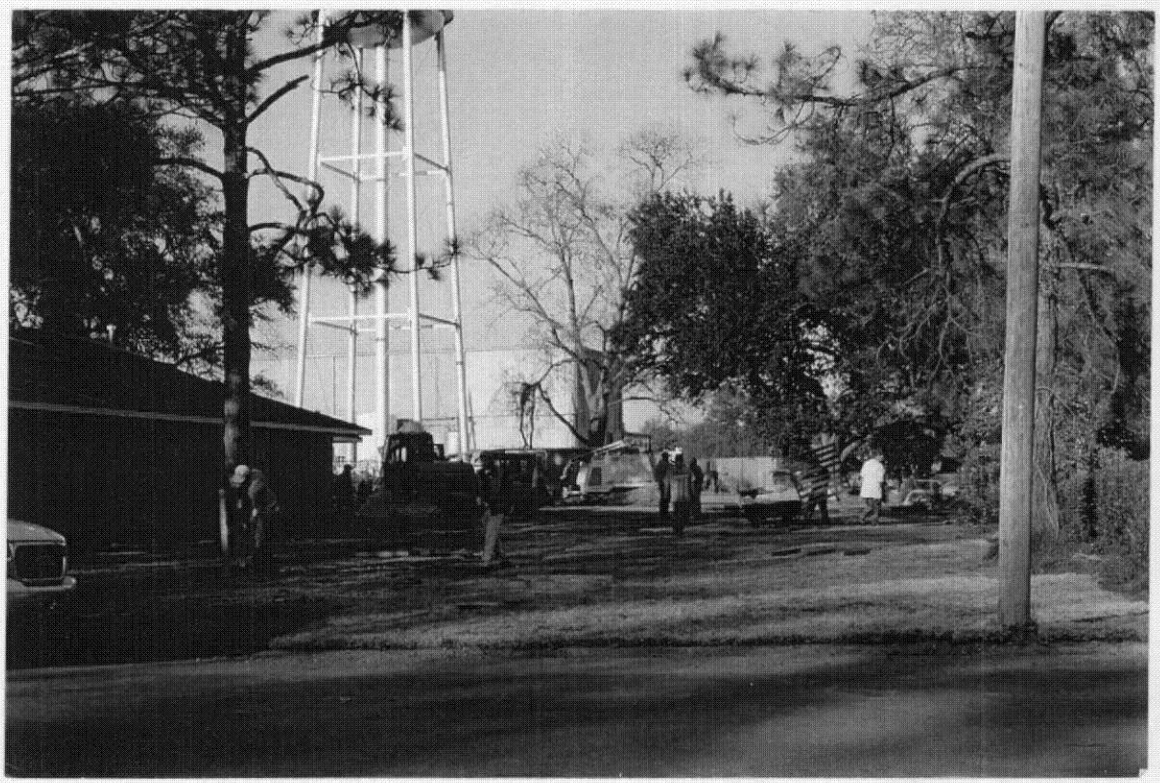
Medical Center building looking southwest showing base of excavation following removal of contaminated soil from the northern portion of the site.

Medical Center building looking southeast showing placement of clean backfill following removal of contaminated soil from the northern and eastern portion of the site.

Medical Center site looking southwest showing excavation of the southwest property corner adjacent to the KEC parking lot.

Medical Center property looking east showing the loading area and removal of a full roll-off box destined for the landfill.

Medical Center site looking north from Lee Avenue showing clean backfill at final grade and pallets of sod to be placed.



Medical Center site looking north from Lee Avenue showing new sod being installed.