

*FINAL*

~~DRAFT~~

**Contractor's Closeout Report**

**Soil Remediation  
Operable Unit 10, Site 35  
MCB Camp Lejeune  
Jacksonville, North Carolina**

Volume III of VII

Prepared for:

**DEPARTMENT OF THE NAVY  
Contract No. N62470-93-D-3032  
Delivery Order 0044**

Prepared by



**OHM Remediation  
Services Corp.**  
A Subsidiary of OHM Corporation

5335 Triangle Parkway, Suite 450  
Norcross, GA 30092

*May 1997*

~~July 1996~~

OHM Project No. 16487



02.08-05/01/97-02283

# 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. 882939

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

a. Generator Name: Command General b. Generating Location: STATE  
 c. Address: (Attn: AG/S EMD/John Ricos) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5876 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

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

i. BFI WASTE CODE 

0	0	1	2	1	0	0	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	0	7	3	0	0
---	---	---	---	---	---

 Containers: \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity: 

4	6	3	6	0
---	---	---	---	---

 Units: 

7
---

 No.: 

1
---

 TYPE: 

7
---

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.

TJW/MLKS Generator Authorized Agent Name [Signature] Signature 032596 Shipment Date

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

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 e. Truck No.: 23  
 f. Vehicle License No./State: LE 2904 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032596 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032596 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9247922

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-25-96      Time In: 09:47:05      Time Out: 10:05:53  
 Ticket # : A56470      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000029      Lic Plate:

ONSLOW  
 Manifest # : 682939      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN McLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: 1  
 Gross Wt : 39.13      Tare Wt: 15.97      Net Wt: 23.16 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.16 TN	18.00000	416.88
Sub Total..... \$				416.88
Total..... \$				416.88

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*Charo Coor*

280-116LF (3)

REORDER ONLY THROUGH BFJ/UARCO CONTRACT



# 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. 882936

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (7000) AC/S ETD/John Rides d. Address: \_\_\_\_\_  
Marine Corps Base, POC Box 24008, Camp LeJeune, NC 28542-0008  
 e. Phone No.: (910) 451-3475 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

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

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	6	4	4	0
---	---	---	---	---

 Units 

3
---

 No. 

1
---

 TYPE 

7
---

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

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

TSW/6/2/15 Generator Authorized Agent Name  
[Signature] Signature  
032596 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1028 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 998-2400 e. Truck No.: 301  
 f. Vehicle License No./State: LC6889/NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032596 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7404 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28362 Roseboro, NC 28352  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent [Signature] Signature 032596 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9247910

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-25-96    Time In: 09:05:22    Time Out: 09:05:22  
 Ticket # : A56464    CMS # : 0004721    LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000301    Lic Plate:

ONSLOW  
 Manifest # : 882936    PO #:    Transporter: OUT  
 Source Cd :    Generator : US    US MARINE CORP CAMP LEJELINE NC  
 Comment :    Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1    Scale Out #: Stored  
 Gross Wt : 38.31    Tare Wt: 14.84    Net Wt: 23.47 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	23.47 TN	18.00000	422.46
Sub Total..... \$				422.46
Total..... \$				422.46

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882937

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

a. Generator Name: Commercial General b. Generating Location: SAFE  
 c. Address: (City: 1478 E. W. John Roads) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC box 20004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 481-2876 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE 

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

 Containers 

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

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	5	2	0
---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

[Signature] Generator Authorized Agent Name      [Signature] Signature      

0	3	2	5	9	6
---	---	---	---	---	---

 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27234  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 998-2400 e. Truck No.: 303  
 f. Vehicle License No./State: LC6891 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature      

0	3	2	5	9	6
---	---	---	---	---	---

 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4102  
 b. Physical Address: 7404 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent      [Signature] Signature      

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

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable     Non-friable     Both    \_\_\_\_\_ % friable    \_\_\_\_\_ % nonfriable



No: 9247913

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-25-96      Time In: 09:17:01      Time Out: 09:17:01  
 Ticket # : A56466      CMS # : 0004721      LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000303      Lic Plate:

ONSLOW  
 Manifest # : 882937      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 42.85      Tare Wt: 15.09      Net Wt: 27.76 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	27.76 TN	18.00000	499.68
Sub Total.....	\$			499.68
Total.....	\$			499.68

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882934

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: AD/S EMD/John Higgs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-6878 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 

N	C	1	2	1	3	9	5	1	1	0
---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	9
---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

+	1	1	2	0
---	---	---	---	---

 Units 

A
---

 No. 

1
---

 TYPE 

7
---

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

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

TS/M/2015 Generator Authorized Agent Name [Signature] Signature 032596 Shipment Date

## Section II

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W. Lajoie  
 d. Phone No.: (910) 593-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC 6894 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032596 Shipment Date

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4152  
 b. Physical Address: 7104 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032596 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9247908

**BROWNING-FERRIS INDUSTRIES**

Saxson County Disposal, Inc.

Date : 03-25-96      Time In: 08:53:30      Time Out: 09:53:30  
 Ticket # : A56462      CMS #: 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000306      Lic Plate:

ONSLOW  
 Manifest # : 882934      PO #:  
 Source Cd :      Generator : US      Transporter: DUT  
 Comment :      US MARINE CORP CAMP LEJEUNE NC  
 Capacity : 30.00 yd Scale In # : 1      Operator: EVELYN MCLAURIN  
 Gross Wt : 36.61      Tare Wt: 15.65      Scale Out #: Stored  
 Net Wt: 20.96 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	20.96 TN	18.00000	377.28
Sub Total..... \$				377.28
Total..... \$				377.28

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: R. W. Lapierre

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882935

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

a. Generator Name: Commanding General b. Generating Location: SAVE  
 c. Address: (Attn: AC/S EMB/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSD Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-6873 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	0	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	5	7	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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

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

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

T. Williams Generator Authorized Agent Name  
[Signature] Signature  
032596 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Milco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Les Johnson  
 d. Phone No.: (910) 525-2400 e. Truck No.: 93  
 f. Vehicle License No./State: LF2916 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032596 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7437 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032596 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9247909

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

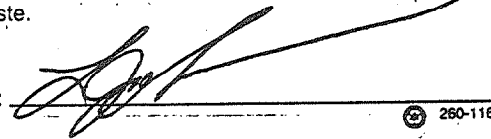
Date : 03-25-96 Time In: 09:02:40 Time Out: 09:02:40  
Ticket # : A56463 CMS #: 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle #: 000083 Lic Plate:

ONSLOW  
Manifest #: 882935 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In #: 1 Scale Out #: Stored  
Gross Wt : 43.88 Tare Wt: 16.01 Net Wt: 27.87 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.87 TN	18.00000	501.66
	Sub Total..... \$			501.66
	Total..... \$			501.66

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882955

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: TC/S EDD/John Ridd) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 481-5673 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 

8	0	1	2	1	6	9	6	1	1	0	0
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	3	0	3
---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	1	0	0
---	---	---	---	---

 Units 

1
---

 No. 

1
---

 TYPE 

7
---

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

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

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

TS/11/01/13 Generator Authorized Agent Name TS/11/01/13 Signature 032696 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: T. J. ...  
 d. Phone No.: (910) 993-2400 e. Truck No.: 130  
 f. Vehicle License No./State: LB 1801 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 032696

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

--	--	--	--	--

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. R. Lynn ... Signature 032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date 

--	--	--	--	--

  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248050

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96 Time In: 09:29:19 Time Out: 09:58:11  
 Ticket # : A56588 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:

UNSLW  
 Manifest # : 882955 PG #: Transporter: CUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: 1  
 Gross Wt : 38.71 Tare Wt: 16.15 Net Wt: 22.56 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	22.56 TN	18.00000	406.08
Sub Total..... \$				406.08
Total..... \$				406.08

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882956

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

a. Generator Name: Commanding General b. Generating Location: SAVE  
 c. Address: (Attn: AD/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5570 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 

H	C	1	2	1	6	9	5	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	1	2	4
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

TSIHORRIS Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 900-2400 e. Truck No.: AGZ  
 f. Vehicle License No./State: LE 2567/NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032696 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28302 Roseboro, NC 28362

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248049

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96      Time In: 09:30:23      Time Out: 09:55:44  
 Ticket # : A56589      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : M62      Lic Plate:

GNSLOW  
 Manifest # : 882956      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: 1  
 Gross Wt : 39.58      Tare Wt: 15.52      Net Wt: 24.06 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.06 TN	18.00000	433.08
Sub Total.....	\$			433.08
Total.....	\$			433.08

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882959

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/Boat Rings) d. Address: \_\_\_\_\_  
Aerine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-8870 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 

H	C	1	2	1	3	9	0	1	1	0	9	2	3	7	3	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

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

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	1	3	9	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS/MORRIS TS/MORRIS

0	3	2	6	9	6
---	---	---	---	---	---

  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: Tom J. Vanden...  
 d. Phone No.: (910) 993-2400 e. Truck No.: 94  
 f. Vehicle License No./State: LF2935 / NC  
 Acknowledgement of Receipt of Materials.  
 g. Tom J. Vanden...

0	3	2	6	9	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

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

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

  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4182  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Tom J. Vanden...

0	3	2	6	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248047

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96      Time In: 09:51:25      Time Out: 09:51:25  
 Ticket # : A56597      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000094      Lic Plate:

ONSLOW  
 Manifest # : 882959      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 32.83      Tare Wt: 11.89      Net Wt: 20.94 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	20.94 TN	18.00000	376.92
	Sub Total..... \$			376.92
	Total..... \$			376.92

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882958

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

a. Generator Name: Commanding General b. Generating Location: SALE  
 c. Address: (Attn: AC/S EMD/Dohn Ricks) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-3004  
 e. Phone No.: (910) 451-3876 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 

W	C	1	2	1	6	S	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	0	0	2
---	---	---	---	---	---

 Containers 

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

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	1	4	0
---	---	---	---	---

 Units 

7
---

 No. 

1
---

 TYPE 

7
---

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.

TSP/10/2015 Generator Authorized Agent Name  
TSP/10/2015 Signature  

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

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

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

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

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 393-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF2905 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

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

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

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7404 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent 

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

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248042

**BROWNING-FERRIS INDUSTRIES**

Saapson County Disposal, Inc.

Date : 03-26-96 Time In: 09:36:08 Time Out: 09:36:08  
 Ticket # : A56592 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

QNSLOW  
 Manifest # : 882958 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.30 Tare Wt: 16.23 Net Wt: 24.07 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.07 TN	18.00000	433.26
	Sub Total..... \$			433.26
	Total..... \$			433.26

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882957

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: A/C/S EDD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 23004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 451-5078 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: 

N	C	1	2	1	5	9	6	1	1	0	9	2	3	7	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 7645 Units: 2 No.: 1 TYPE: 7

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

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

TSW/WRIS Generator Authorized Agent Name      TSW/WRIS Signature      032696 Shipment Date

## Section II

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27204  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 e. Truck No.: 27  
 f. Vehicle License No./State: LE2904 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature      032696 Shipment Date

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

f. [Signature] Name of Authorized Agent      [Signature] Signature      032696 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248040

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

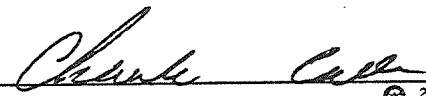
Date : 03-26-96 Time In: 09:32:11 Time Out: 09:32:11  
 Ticket # : A56590 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

DNSLOW  
 Manifest # : 882957 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 39.14 Tare Wt: 15.97 Net Wt: 23.17 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.17 TN	18.00000	417.06
Sub Total.....	\$			417.06
Total.....	\$			417.06

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:  260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882961

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAVE

c. Address: (Attn: A/C/S EMD/John Rings)  
Marine Corps Base, PSD Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5676 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE 

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

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 51340 Units P No. 1 TYPE T

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

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

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

TS/MC/LK/IS Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

## Section II

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

**TRANSPORTER I**  
a. Name: Wilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
c. Driver Name/Title: [Signature]  
(910) 308-2400 PRINT/TYPE  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 303  
f. Vehicle License No./State: LC 6891 / NC

**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.  
g. [Signature] Driver Signature 032696 Shipment Date  
n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-l)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
b. Physical Address: 7434 Roseboro Hwy.  
Roseboro, NC 28382 d. Mailing Address: PO Box 2003  
Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032696 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248051

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96 Time In: 10:01:16 Time Out: 10:01:16  
 Ticket # : A56599 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303 Lic Plate:

ONSLOW  
 Manifest # : 882961 PG #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.76 Tare Wt: 15.09 Net Wt: 25.67 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	25.67 TN	18.00000	462.06
Sub Total..... \$				462.06
Total..... \$				462.06

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882962

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: AC/S END/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20094, Camp LeJeune, NC 28542-0094  
 e. Phone No.: (910) 451-8878 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE: 

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

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 43140 Units: A No.: 1 TYPE: T

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

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

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

TSM021215 Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

## Section II

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF 2919 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032696 Shipment Date

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

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

[Signature] Name of Authorized Agent 032696 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248052

**BROWNING-FERRIS INDUSTRIES**

Seapson County Disposal, Inc.

Date : 03-26-96      Time In: 10:03:41      Time Out: 10:03:41  
 Ticket # : AE6600      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004      Lic Plate:

CNSLOW  
 Manifest # : 882962      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 33.79      Tare Wt: 12.22      Net Wt: 21.57 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	21.57 TN	18.00000	388.26
	Sub Total..... \$			388.26
	Total..... \$			388.26

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882963

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 431-3675 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

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

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	0	0
---	---	---	---

 Units 

1
---

 No. 

1
---

 TYPE 

7
---

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

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

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

T. Williams Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 593-2400 PRINT/TYPE e. Truck No.: 20  
 f. Vehicle License No./State: LF 2922 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032696 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ PRINT/TYPE I. 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: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248054

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96 Time In: 10:07:07 Time Out: 10:07:07  
 Ticket # : A56602 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000020 Lic Plate:

CNSLCW  
 Manifest # : 882963 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.88 Tare Wt: 12.27 Net Wt: 21.61 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	21.61 TN	18.00000	388.98
	Sub Total..... \$			388.98
	Total..... \$			388.98

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882960

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: A/C/S BRD/John Riggs) d. Address: \_\_\_\_\_  
Larise Corps Base, APO Box 25004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-8871 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: 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	2	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

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

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature] DE-TIT  
 d. Phone No.: (910) 593-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7610 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032696 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7484 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248055

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-26-96 Time In: 10:09:34 Time Out: 10:09:34  
 Ticket # : A56603 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000205 Lic Plate:

CNSLOW  
 Manifest # : 882960 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 34.01 Tare Wt: 11.87 Net Wt: 22.14 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	22.14 TN	18.00000	398.52
Sub Total..... \$				398.52
Total..... \$				398.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 832964

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

a. Generator Name: Commanding General b. Generating Location: SALE  
 c. Address: (Attn: A/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20034, Camp LeJeune, NC 28512-0034  
 e. Phone No.: (910) 451-8870 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

2	3	7	0	0	0
---	---	---	---	---	---

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	8	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

TSA 10/20/15 Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Roger Madant  
 d. Phone No.: (910) 938-2400 e. Truck No.: 302  
 f. Vehicle License No./State: LC6830 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032696 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7424 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent 032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248082

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

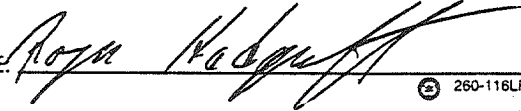
Date : 03-26-96 Time In: 12:00:16 Time Out: 12:00:16  
 Ticket # : A56630 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000302 Lic Plate:

ONSLOW  
 Manifest # : 822964 PG #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: SHIRLEY ROBINSON  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 37.20 Tare Wt: 14.76 Net Wt: 22.44 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	22.44 TN	18.00000	403.92
Sub Total..... \$				403.92
Total..... \$				403.92

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882965

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMB/Joan Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 26004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-8070 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 

R	C	1	2	1	6	9	6	1	1	0	9	2	3	7	5	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity \_\_\_\_\_ Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_  

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

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

TS/MORRIS Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

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

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

**TRANSPORTER I**  
 a. Name: Milco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: Richard W. Ladier  
 d. Phone No.: (315) 555-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC 6894 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032696 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248089

**BROWNING-FERRIS INDUSTRIES**

Date : 03-26-96 Time In: 12:48:12 Time Out: 12:48:12  
 Ticket # : A56637 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000306 Lic Plate:

Sampson County Disposal, Inc.

ONSLGW  
 Manifest # : 882965 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 36.84 Tare Wt: 15.65 Net Wt: 21.19 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	21.19 TN	18.00000	381.42
Sub Total..... \$				381.42
Total..... \$				381.42

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Richard W. Lapierre*

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF



# 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. 882966

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

a. Generator Name: Commanding General b. Generating Location: SARE  
 c. Address: (ADDR: AC/S EHD/Joan Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (319) 451-8870 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 

B	C	1	2	1	5	9	5	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

2	3	7	8	0	5
---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 

4	1	1	0	7
---	---	---	---	---

 Units 

--	--	--	--	--

 No. 

--	--	--	--	--

 TYPE 

--	--	--	--	--

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

TS Monzies Generator Authorized Agent Name  
[Signature] Signature  

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 888-2400 e. Truck No.: 83  
 f. Vehicle License No./State: LF 2916/NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

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

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

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 526-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent 

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

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature 

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

 Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248090

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96      Time In: 12:52:24      Time Out: 12:52:24  
 Ticket # : 456638      CMS # : 0004721      LMS #: 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000063      Lic Plate:

ONSLW  
 Manifest # : 882966      PD #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 37.00      Tare Wt: 16.01      Net Wt: 20.99 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	20.99 TN	18.00000	377.82
	Sub Total..... \$			377.82
	Total..... \$			377.82

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF



# 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. 882968

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: A/S EIB/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5875 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 

N	C	1	2	1	5	9	6	1	1	0	9	2	3	7	0	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	9	3	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TS/Morris Generator Authorized Agent Name      [Signature] Signature      

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: J. [Signature]  
 d. Phone No.: (910) 993-2430 e. Truck No.: 130  
 f. Vehicle License No./State: LB 1801 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature      

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent      [Signature] Signature      

0	3	2	6	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248102

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 03-26-96 Time In: 13:54:26 Time Out: 13:54:26  
 Ticket # : A56651 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:

CNSLW  
 Manifest # : 882968 PG #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 38.59 Tare Wt: 16.15 Net Wt: 22.44 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	22.44 TN	18.00000	403.92
Sub Total..... \$				403.92
Total..... \$				403.92

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

ORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF (C)



# 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. 882967

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: AD/S ELD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-9804  
 e. Phone No.: (210) 451-8878 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 

R	C	1	2	1	5	9	5	1	1	0	0
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	2	0	0
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	1	2	4	0
---	---	---	---	---

 Units 

1
---

 No. 

1
---

 TYPE 

1
---

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

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

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

TSW/02/11/15 Generator Authorized Agent Name  
[Signature] Signature  

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Pileco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27204  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 953-2460 e. Truck No.: MGZ  
 f. Vehicle License No./State: LE 2569 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

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

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

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent  
[Signature] Signature  

0	3	2	6	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type  
 \_\_\_\_\_ Operator's\* Signature  

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

 Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248103

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96 Time In: 13:56:41 Time Out: 13:56:41  
 Ticket # : A56652 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : MGE Lic Plate:

ONSLOW  
 Manifest # : 882969 PD #: 892967 Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 38.66 Tare Wt: 15.52 Net Wt: 23.14 tn

*Please change manifest number*

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	23.14 TN	18.00000	416.52
Sub Total..... \$				416.52
Total..... \$				416.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882969

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: A/C/O EHR/John Rigas) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-3373 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: 

HC	1	2	1	5	0	5	1	1	0	9	2	3	7	0	0
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 5134 Units: 2 No.: 1 TYPE: 7

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

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

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

TSMOZKIS Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

## Section II

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

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Hilco Transport, Inc</u>	h. Name: _____	i. Address: _____	i. Address: _____
b. Address: <u>1024 East Mountain Street</u> <u>Kennersville, NC 27284</u>	j. Driver Name/Title: _____	k. Phone No.: _____	l. Truck No.: _____
c. Driver Name/Title: _____	PRINT/TYPE	m. Vehicle License No./State: _____	
d. Phone No.: <u>(910) 993-2400</u>	e. Truck No.: <u>29</u>	Acknowledgement of Receipt of Materials.	
f. Vehicle License No./State: <u>LF2904 / NC</u>		Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u> Driver Signature	<u>032696</u> Shipment Date	n. _____ Driver Signature	_____ Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
032696 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248104

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96      Time In: 13:59:35      Time Out: 13:59:35  
 Ticket # : A56653      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000029      Lic Plate:

ONGLOW  
 Manifest # : 882963      PD #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity :      30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt :      41.63      Tare Wt: 15.97      Net Wt: 25.66 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.66 TN	18.00000	461.88
Sub Total..... \$				461.88
Total..... \$				461.88

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/ARCO CONTRACT

260-118LF (3)



# 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. 882971

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

a. Generator Name: Commanding General b. Generating Location: SAFEG  
 c. Address: (Attn: AC/S EHD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-8878 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: 

N	C	1	2	1	0	9	0	1	1	0	9	2	3	7	8	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 7620 Units: 1 No.: \_\_\_\_\_ TYPE: 7

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

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

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

T. Morris Generator Authorized Agent Name      [Signature] Signature      032696 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 PRINT/TYPE      e. Truck No.: 31  
 f. Vehicle License No./State: LF2905 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature      032696 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_ PRINT/TYPE  
 k. Phone No.: \_\_\_\_\_ I. 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: Sampson County Disposal, Inc c. Phone No.: (910) 625-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28362 Roseboro, NC 28362  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

f. [Signature] Name of Authorized Agent      [Signature] Signature      032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      \_\_\_\_\_ Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248105

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96      Time In: 14:01:32      Time Out: 14:01:32  
 Ticket # : A56654      CMS # : 0004721      LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031      Lic Plate:

ONSLOW  
 Manifest # : 882971      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.39      Tare Wt: 16.23      Net Wt: 23.16 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.16 TN	18.00000	416.88
Sub Total..... \$				416.88
Total..... \$				416.88

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 882972

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

a. Generator Name: Commanding General b. Generating Location: SNPE  
 c. Address: Attn: AD/S E/D/John Riggs d. Address: \_\_\_\_\_  
Marine Corps Base, 290 Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-3274 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

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

i. BFI WASTE CODE 

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

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

2	7	1	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TSN100415 Signature [Signature] Shipment Date 

0	3	2	6	9	6
---	---	---	---	---	---

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature] PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 94  
 f. Vehicle License No./State: LF 2935 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 

0	3	2	6	9	6
---	---	---	---	---	---

**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. \_\_\_\_\_ Shipment Date 

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Simpson County Disposal, Inc c. Phone No: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

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

0	3	2	6	9	6
---	---	---	---	---	---

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's\* Signature \_\_\_\_\_ Date 

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

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248107

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-26-96 Time In: 14:05:18 Time Out: 14:05:18  
 Ticket # : A566E6 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000094 Lic Plate:

ONSLOW  
 Manifest # : 882972 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 30.47 Tare Wt: 11.89 Net Wt: 18.58 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIEEE	30.00	18.58 TN	18.00000	334.44
Sub Total..... \$				334.44
Total..... \$				334.44

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Ernest H. Vernon*

260-116LF (

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882973

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

a. Generator Name: Commanding General b. Generating Location: SALE

c. Address: (Attn: AD/S EDD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004

e. Phone No.: (910) 431-5073 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 

N	C	1	2	1	6	9	5	1	1	0	9	2	3	7	3	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 42000 Units 1 No. 1 TYPE 7

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

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

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

TS MORRIS Generator Authorized Agent Name [Signature] Signature 032696 Shipment Date

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kennersville, NC 27264

c. Driver Name/Title: [Signature] PRINT/TITLE

d. Phone No.: (910) 993-2400 e. Truck No.: 4

f. Vehicle License No./State: LF 2919 NC

Acknowledgement of Receipt of Materials.  
g. [Signature] Driver Signature 032696 Shipment Date

TRANSPORTER II  
h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_ PRINT/TITLE

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132

b. Physical Address: 7404 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248111

**BROWNING-FERRIS INDUSTRIES**

Saapson County Disposal, Inc.

Date : 03-26-96 Time In: 14:19:12 Time Out: 14:18:12  
Ticket # : A56661 CMS # : 0004721 LMS # : 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000004 Lic Plate:

CNSLOW  
Manifest # : 982973 PD # : Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 33.62 Tare Wt: 12.22 Net Wt: 21.40 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	21.40 TN	18.00000	385.20
	Sub Total..... \$			385.20
	Total..... \$			385.20

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 882970

## Section I.

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

a. Generator Name: Commonwealth General b. Generating Location: SAFE

c. Address: (Attn: A/S END/John Piers) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004

e. Phone No.: (910) 451-5575 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 

A	C	1	0	1	5	9	5	1	1	0	9	2	3	7	8	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	7	2	0
---	---	---	---	---

 Units 

9
---

 No. 

1
---

 TYPE 

7
---

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

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

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

TS MORRIS Generator Authorized Agent Name [Signature] Signature 

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-g; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: Hilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kernersville, NC 27234  
c. Driver Name/Title: [Signature]  
d. Phone No.: (910) 598-2400 e. Truck No.: 303  
f. Vehicle License No./State: LC 6891 / NC  
Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature 

0	3	2	6	9	6
---	---	---	---	---	---

 Shipment Date

#### TRANSPORTER II

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

n. \_\_\_\_\_ Driver Signature 

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

 Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2036  
Roseboro, NC 28302 Roseboro, NC 28302

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

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

f. [Signature] Name of Authorized Agent [Signature] Signature 

0	3	2	6	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ 

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

 Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248112

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96      Time In: 14:22:03      Time Out: 14:22:03  
 Ticket # : A56663      CMS # : 0004721      LMS #: 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000303      Lic Plate:

DMSLOW  
 Manifest # : 882970      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.95      Tare Wt: 15.09      Net Wt: 24.86 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.86 TN	18.00000	447.48
Sub Total..... \$				447.48
Total..... \$				447.48

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFJ/UARCO CONTRACT



# 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. 882974

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

a. Generator Name: Commanding General b. Generating Location: SAME

c. Address: (Attn: AC/S ENO/John Rides) d. Address: \_\_\_\_\_

Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 481-5872 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE 

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

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 70360 Units 7 No. 1 TYPE T

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

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

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

TSM/01115 Generator Authorized Agent Name B. M. ... Signature 032696 Shipment Date

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: \_\_\_\_\_ PRINT/TYPE

d. Phone No.: (910)993-2400 e. Truck No.: 20

f. Vehicle License No./State: LF2922 NC

Acknowledgement of Receipt of Materials.

g. 032696 Shipment Date  
Driver Signature \_\_\_\_\_

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No: (910)525-4132

b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096

Roseboro, NC 28382 Roseboro, NC 28382

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. John M. ... Name of Authorized Agent [Signature] Signature 032696 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248114

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96 Time In: 14:28:05 Time Out: 14:28:05  
 Ticket # : A56665 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000020 Lic Plate:

DNSLW  
 Manifest # : 882974 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 32.45 Tare Wt: 12.27 Net Wt: 20.18 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	20.18 TN	18.00000	363.24
	Sub Total..... \$			363.24
	Total..... \$			363.24

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882975

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SANE  
 c. Address: (Attn: A/C/S EMB/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-3870 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: 

H	C	1	2	1	6	9	5	1	1	0	9	2	3	7	3	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 4 Units: 1 No.: 1 TYPE: T

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

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

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

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
032696 Shipment Date

## Section II

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

**TRANSPORTER I**  
 a. Name: Milco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: JOHN PATTIT  
 d. Phone No.: (910) 993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7610 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032696 Shipment Date

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28382 Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032696 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248118

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-26-96 Time In: 14:35:14 Time Out: 14:35:14  
 Ticket # : AE6667 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000205 Lic Plate:

CNSLOW  
 Manifest # : 882975 PD # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.85 Tare Wt: 11.87 Net Wt: 21.98 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	21.98 TN	18.00000	395.64
Sub Total..... \$				395.64
Total..... \$				395.64

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882939

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

a. Generator Name: Commanding General b. Generating Location: 9112  
 c. Address: (Attn: AC/S E'D/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 451-5970 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE 

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

 Containers 

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

 TYPE  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	4	0	7
---	---	---	---	---

 Units 

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

 No. 

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

 TYPE 

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

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

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

TS Morris Generator Authorized Agent Name  
[Signature] Signature  
032796 Shipment Date

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

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Wilco Transport, Inc</u>	h. Name: _____
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27294</u>	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: <u>(910) 890-2400</u> PRINT/TYPE	k. Phone No.: _____ PRINT/TYPE
e. Truck No.: <u>31</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>LF 2905 / NC</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: _____	Acknowledgement of Receipt of Materials: _____
g. <u>[Signature]</u> Driver Signature <u>032796</u> Shipment Date	n. _____ Driver Signature _____ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2090  
Roseboro, NC 26382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032796 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248246

**BROWNING-FERRIS INDUSTRIES**

Date : 03-27-96 Time In: 14:34:25 Time Out: 14:34:25  
 Ticket # : A56791 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

Sampson County Disposal, Inc.

ONSLOW  
 Manifest # : 682989 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.45 Tare Wt: 16.23 Net Wt: 24.22 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.22 TN	18.00000	435.96
Sub Total..... \$				435.96
Total..... \$				435.96

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/ARCO CONTRACT

SIGNATURE:  #31



# 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. 882990

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

a. Generator Name: Simpson General b. Generating Location: SAFE  
 c. Address: (Attn: AC/S EHD/John Kioss) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5370 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE: 

1	0	1	2	1	3	3	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

 Containers: 

2	3	7	9	0	3
---	---	---	---	---	---

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, Diesel Fuel k. Quantity: 

3	7	9	0	0
---	---	---	---	---

 Units: 

1
---

 No.: 

1
---

 TYPE: 

7
---

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.

TS Mcorris Generator Authorized Agent Name  
[Signature] Signature  
032796 Shipment Date

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

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27234  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: 20  
 f. Vehicle License No./State: LF 2922 / NC  
 Acknowledgement of Receipt of Materials:  
[Signature] g. 032796 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Simpson County Disposal, Inc c. Phone No.: (910) 523-4132  
 b. Physical Address: 7454 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
032796 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248245

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-27-96      Time In: 14:32:05      Time Out: 14:32:05  
 Ticket # : A56790      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000020      Lic Plate:

CNSLOW  
 Manifest # : 882990      PD #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 31.22      Tare Wt: 12.27      Net Wt: 18.95 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	18.95 TN	18.00000	341.10
Sub Total..... \$				341.10
Total..... \$				341.10

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*BH*

REORDER ONLY THROUGH BF1/UARCO CONTRACT

260-116LF



# 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. 882985

## Section I.

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

a. Generator Name: Commandia General b. Generating Location: same

c. Address: (Attn: AC/S EMB/John Riess)  
Maplewood Lane, PSC Box 2000A, Camp Lejeune, NC 28542-0000

e. Phone No.: (910) 461-6075 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE: 

0	1	2	1	0	0	0	1	1	0	0	3	7	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_

j. Description of Waste: Seal, Diesel Fuel k. Quantity: 4 Units: 1 No.: \_\_\_\_\_ TYPE: T

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

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

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

TSMORIKIS Generator Authorized Agent Name  
[Signature] Signature  
032796 Shipment Date

## Section II

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

#### TRANSPORTER I

a. Name: Wilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kennersville, NC 27204  
c. Driver Name/Title: [Signature]  
d. Phone No.: (910) 993-2400 e. Truck No.: 4  
f. Vehicle License No./State: LF2919 / NC

Acknowledgement of Receipt of Materials.  
g. [Signature] Driver Signature  
032796 Shipment Date

#### TRANSPORTER II

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

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4182  
b. Physical Address: 7484 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
032796 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248244

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-27-96 Time In: 14:29:49 Time Out: 14:29:49  
 Ticket # : A56789 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

ONSLOW  
 Manifest # : 882985 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCCLAIRIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 35.28 Tare Wt: 12.22 Net Wt: 23.06 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.06 TN	18.00000	415.08
Sub Total..... \$				415.08
Total..... \$				415.08

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882988

## Section I.

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

a. Generator Name: Companing General b. Generating Location: SAFE  
 c. Address: (Attn: 10/S Elm/3000 Blvd) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20003, Camp Lejeune, NC 28542-0003  
 e. Phone No.: (910) 281-5070 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 

7	0	1	2	1	5	2	5	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

2	3	7	8	0	8
---	---	---	---	---	---

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	6	1	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TS Morris Generator Authorized Agent Name      [Signature] Signature      032796 Shipment Date

## Section II

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 998-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature      032796 Shipment Date

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No. (910) 525-4132  
 b. Physical Address: 7634 Roseboro Hwy. d. Mailing Address: PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

f. [Signature] Name of Authorized Agent      [Signature] Signature      032796 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248243

**BROWNING-FERRIS INDUSTRIES**

Date : 03-27-96 Time In: 14:26:44 Time Out: 14:26:44  
Ticket # : A56788 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000029 Lic Plate:

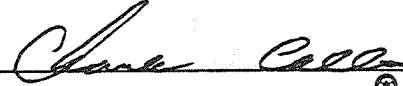
Sampson County Disposal, Inc.

ONSLOW  
Manifest # : 882988 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 40.02 Tare Wt: 15.97 Net Wt: 24.05 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.05 TN	18.00000	432.90
Sub Total..... \$				432.90
Total..... \$				432.90

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882987

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

a. Generator Name: Commanding General b. Generating Location: SALE

c. Address: (Attn: AC/S ERO/John Riggs) d. Address: Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-8004

e. Phone No.: (910) 451-5078 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE: 

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

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity: 450.00 Units: 9 No.: 1 TYPE: 1

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.

J. MORRIS Generator Authorized Agent Name Signature 032796 Shipment Date

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

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

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

**TRANSPORTER I**

a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Warrersville, NC 27207

c. Driver Name/Title: [Signature]

d. Phone No.: (910) 296-4400 e. Truck No.: MG2

f. Vehicle License No./State: LE 2569 NC

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

g. [Signature] Driver Signature 032796 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 526-4132

b. Physical Address: 7484 Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent Signature 032796 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248239

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-27-96 Time In: 14:18:23 Time Out: 14:18:23  
 Ticket # : A56786 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : M62 Lic Plate:

ONSLOW  
 Manifest # : 882987 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 38.42 Tare Wt: 15.52 Net Wt: 22.90 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	22.90 TN	18.00000	412.20
Sub Total..... \$				412.20
Total..... \$				412.20

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882986

## Section I.

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

a. Generator Name: Compucon General b. Generating Location: Same  
 c. Address: (Attn: MC/S ERG/John Hicks) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20504, Camp LeJeune, NC 28542-1004  
 e. Phone No.: (910) 461-5673 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE: 

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

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 45 Units: 1 No.: 1 TYPE: T

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

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

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

TS Morris Generator Authorized Agent Name      TS Morris Signature      032796 Shipment Date

## Section II

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

**TRANSPORTER I**  
 a. Name: Hileo Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Techina King  
 d. Phone No.: (910) 993-2600 e. Truck No.: 130  
 f. Vehicle License No./State: LB 1201 / NC  
 Acknowledgement of Receipt of Materials.  
 g. TS King Driver Signature      032796 Shipment Date

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2056  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. TS Morris Name of Authorized Agent      TS Morris Signature      032796 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248238

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 03-27-96 Time In: 14:15:45 Time Out: 14:15:45  
 Ticket # : A56785 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:

ONSLOW  
 Manifest # : 882986 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 39.06 Tare Wt: 16.15 Net Wt: 22.91 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	22.91 TN	18.00000	412.38
Sub Total..... \$				412.38
Total..... \$				412.38

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882991

## Section I

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

a. Generator Name: Johnnaling General b. Generating Location: S.W.E  
 c. Address: (Attn: P.O/S E.P/John Nings) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 28884, Camp LeJeune, NC 28542-0804  
 e. Phone No.: (919) 481-8878 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE 

0	0	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	3
---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 

4	5	4	0	3
---	---	---	---	---

 Units 

1
---

 No. 

1
---

 TYPE 

1
---

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

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

TS MORRIS Generator Authorized Agent Name [Signature] Signature 

0	3	2	7	9	6
---	---	---	---	---	---

 Shipment Date

## Section II

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

#### TRANSPORTER I

a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: JOE CAMERON  
PRINT/TYPE  
 d. Phone No.: (919) 293-2400 e. Truck No.: 80  
 f. Vehicle License No./State: LF 2897 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 

0	3	2	7	9	6
---	---	---	---	---	---

 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: Sampson County Disposal, Inc c. Phone No.: (919) 523-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 28886  
Roseboro, NC 28582 Roseboro, NC 28582

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

f. [Signature] Name of Authorized Agent [Signature] Signature 

0	3	2	7	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print/Type  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248233

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-27-96      Time In: 13:50:14      Time Out: 13:50:14  
 Ticket # : A56778      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000060      Lic Plate:

ON SLOW  
 Manifest # : 882991      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity :      40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt :      38.54      Tare Wt:      15.84      Net Wt: 22.70 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	22.70 TN	18.00000	408.60
Sub Total..... \$				408.60
Total..... \$				408.60

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Joe Cameron*

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882984

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

a. Generator Name: Commanding General b. Generating Location: SAVE

c. Address: (Attn: AC/S CWO/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-8870 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE 

1	0	1	2	1	3	0	5	1	1	0	9	2	3	7	0	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	4	6	0
---	---	---	---	---

 Units 

4
---

 No. 

--	--

 TYPE 

--	--

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

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

TSMORRIS

[Signature]

032796

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: Hilco Transport, Inc

b. Address: 1024 East Mountain Street

Kennersville, NC 27284

c. Driver Name/Title: [Signature]

d. Phone No.: (910) 220-2226 e. Truck No.: 303

f. Vehicle License No./State: LC 6891 NC

Acknowledgement of Receipt of Materials.

g. [Signature]

0	3	2	7	9	6
---	---	---	---	---	---

 Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

\_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

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

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 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 323-4102

b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096

Roseboro, NC 28382 Roseboro, NC 28382

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]

0	3	2	7	9	6
---	---	---	---	---	---

 Receipt Date

Name of Authorized Agent

Signature

Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ 

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

 Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248220

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 03-27-96 Time In: 12:56:47 Time Out: 12:56:47  
 Ticket # : A56754 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303 Lic Plate:

QNSLGH  
 Manifest # : 882984 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 37.82 Tare Wt: 15.09 Net Wt: 22.73 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	22.73 TN	18.00000	409.14
Sub Total.....	\$			409.14
Total.....	\$			409.14

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

ORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882983

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

a. Generator Name: Commanding General b. Generating Location: SANE  
 c. Address: (Attn: AC/S EMO/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5678 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

0	C	1	2	1	5	9	5	1	1	0	9	2	3	7	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 760 Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_  
 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
032796 Shipment Date

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

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Lebensville, NC 27284  
 c. Driver Name/Title: JOE CAMERON  
 PRINT/TYPE  
 d. Phone No.: (910) 995-2400 e. Truck No.: 80  
 f. Vehicle License No./State: LF 2897 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032796 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: Sanborn County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7884 Roseboro Hwy. d. Mailing Address: PO Box 2035  
Roseboro, NC 28382 Roseboro, NC 28382

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, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print/Type  
 f. Name and Address \_\_\_\_\_

No: 9248192



BROWNING-FERRIS INDUSTRIES

Date : 03-27-96 Time In: 09:49:33 Time Out: 09:49:33  
Ticket # : A56735 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000020 Lic Plate:

Sampson County Disposal, Inc.

ONSLGW  
Manifest # : 882983 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 41.22 Tare Wt: 15.84 Net Wt: 25.38 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	25.38 TN	18.00000	456.84
Sub Total..... \$				456.84
Total..... \$				456.84

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

R ONLY THROUGH BFI/ARCO CONTRACT

SIGNATURE *Joe Cameron*

260-116LF (2)



# 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. 882982

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

a. Generator Name: Commanding General b. Generating Location: S-1-E  
 c. Address: (Attn: AC/S ENB/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-1004  
 e. Phone No.: (910) 451-5075 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

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

i. BFI WASTE CODE: 

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

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 45400 Units: 9 No.: 1 TYPE: T

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

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

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

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
032796 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 293-2400 e. Truck No.: 20  
 f. Vehicle License No./State: LF 2922 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
032796 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sargento County Disposal, Inc c. Phone No.: (910) 525-1100  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
032796 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248190

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-27-96      Time In: 09:43:30      Time Out: 09:43:30  
 Ticket # : A56733      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 002020      Lic Plate:

CNSLOW  
 Manifest # : 862982      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 33.47      Tare Wt: 12.27      Net Wt: 21.20 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	21.20 TN	18.00000	381.60
Sub Total..... \$				381.60
Total..... \$				381.60

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882981

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAFIE  
 c. Address: (Attn: AC/S EMB/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (310) 451-6076 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

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

 Containers 

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

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	3	6	0
---	---	---	---

 Units 

F
---

 No. 

1
---

 TYPE 

T
---

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

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

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032796 Shipment Date

## Section II

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (310) 513-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF 2919 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032796 Shipment Date

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7454 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28362 Roseboro, NC 28362

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032796 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248189

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-27-96 Time In: 09:41:30 Time Out: 09:41:30  
Ticket # : A56732 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000004 Lic Plate:

ONSLOW  
Manifest # : 882981 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Consent : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 34.06 Tare Wt: 12.22 Net Wt: 21.84 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	21.84 TN	18.00000	393.12
	Sub Total..... \$			393.12
	Total..... \$			393.12

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_



# 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. 882980

## Section I

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

a. Generator Name: Commanding General b. Generating Location: SAFE

c. Address: (Attn: AG/S EDD/John Riess) d. Address: \_\_\_\_\_

Marine Corps Base, PSC Box 20064, Camp LeJeune, NC 28542-0064

e. Phone No.: (910) 451-5673 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE 

1	0	1	2	1	3	9	6	1	1	0	9	2	3	7	3	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	0	0
---	---	---	---

 Units 

3
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TS Morris Generator Authorized Agent Name      [Signature] Signature      032796 Shipment Date

## Section II

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

#### TRANSPORTER I

a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: (310) 993-2400 e. Truck No.: 31

f. Vehicle License No./State: LF 2905 / NC  
Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature      032796 Shipment Date

#### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No. (910) 525-4132

b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382      Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent      [Signature] Signature      032796 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248188

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-27-96      Time In: 09:39:14      Time Out: 09:39:14  
 Ticket # : A56731      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000031      Lic Plate:

ONSLOW  
 Manifest # : 882980      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 42.13      Tare Wt: 16.23      Net Wt: 25.90 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.90 TN	18.00000	466.20
Sub Total..... \$				466.20
Total..... \$				466.20

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/JARCO CONTRACT

SIGNATURE: \_\_\_\_\_

*[Handwritten Signature]* #51



# 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. 882979

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
c. Address: (Attn: AC/S EMB/John Riggs) d. Address: \_\_\_\_\_  
Narine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5873 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 

H	C	1	2	1	0	9	5	1	1	0	9	2	3	7	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 5250 Units 1 No. 1 TYPE T  
TYPE  
DM - METAL DRUM  
DP - PLASTIC DRUM  
B - BAG  
BA - 6 MIL. PLASTIC BAG or WRAP  
T - TRUCK  
O - OTHER

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

TSMORRIS Generator Authorized Agent Name [Signature] Signature 032296 Shipment Date  
UNITS  
P - POUNDS  
Y - YARDS  
M<sup>3</sup> - CUBIC METERS  
Y<sup>3</sup> - CUBIC YARDS  
O - OTHER

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

TRANSPORTER I  
a. Name: Wilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: (810) 808-2400 e. Truck No.: 29  
f. Vehicle License No./State: LF2904 NC  
Acknowledgement of Receipt of Materials.

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

g. [Signature] Driver Signature 032296 Shipment Date  
n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9248187

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-27-96      Time In: 09:36:59      Time Out: 09:36:59  
 Ticket # : AE6730      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000029      Lic Plate:

GNSLOW  
 Manifest # : 882979      PO #:      Transporter: DUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 42.18      Tare Wt: 15.97      Net Wt: 26.21 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.21 TN	18.00000	471.78
Sub Total..... \$				471.78
Total..... \$				471.78

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882978

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

a. Generator Name: Commanding General b. Generating Location: SAFE

c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_

Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

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

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	7	5	4	0
---	---	---	---	---

 Units 

A
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TSMorris Generator Authorized Agent Name [Signature] Signature 032796 Shipment Date

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: [Signature] PRINT/TITLE

d. Phone No.: (910) 233-2408 e. Truck No.: 303

f. Vehicle License No./State: LC 6891 NC

Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature 032796 Shipment Date

TRANSPORTER II  
h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_ PRINT/TITLE

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No: (910) 825-4132

b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032796 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248182

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 03-27-96      Time In: 09:28:52      Time Out: 09:28:52  
 # : A56725      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303      Lic Plate:

GNSLOW  
 Manifest # : 882978      PD #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 38.86      Tare Wt: 15.09      Net Wt: 23.77 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	23.77 TN	18.00000	427.86
Sub Total..... \$				427.86
Total..... \$				427.86

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF1

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882977

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

a. Generator Name: Commanding General b. Generating Location: SAVE  
 c. Address: (Attn: AC/S EMD/Joan Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-3878 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 

N	C	1	2	1	5	9	5	1	1	0	9	2	3	7	9	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 46500 Units P No. 1 TYPE 7

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

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

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

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032796 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: MG2  
 f. Vehicle License No./State: LE 2569/NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032796 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032796 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_  
 Print/Type \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248181

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-27-96      Time In: 09:26:28      Time Out: 09:26:28  
 Ticket # : A56724      CMS # : 0004721      LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : M62      Lic Plate:

ONSLOW  
 Manifest # : 982977      PO # :      Transporter: OUI  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 38.77      Tare Wt: 15.52      Net Wt: 23.25 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	23.25 TN	18.00000	418.50
Sub Total..... \$				418.50
Total..... \$				418.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

C  
E  
e  
f

of Responsible Agency

Date



# 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. 882976

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

a. Generator Name: Commanding General b. Generating Location: GALE

c. Address: (Attn: AC/S END/John Riggs) d. Address: Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004

e. Phone No.: (910) 451-5273 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE: 

0	1	2	1	5	9	5	1	1	0
---	---	---	---	---	---	---	---	---	---

2	3	7	5	0	2
---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity: 

4	9	1	3	0	8
---	---	---	---	---	---

 Units: 

1
---

 No.: 

1
---

 TYPE: 

7
---

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.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  

0	3	2	7	9	6
---	---	---	---	---	---

 Shipment Date

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

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: [Signature]  
d. Phone No.: (910) 883-2400 e. Truck No.: 130  
f. Vehicle License No./State: LB1801 NC  
Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature  

0	3	2	7	9	6
---	---	---	---	---	---

 Shipment Date

TRANSPORTER II  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_

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

n. \_\_\_\_\_ Driver Signature  

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

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 825-4132  
b. Physical Address: 7484 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  

0	3	2	7	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type  
Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

No. 882976



No: 9248180

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-27-96 Time In: 09:22:17 Time Out: 09:22:17  
 Ticket # : AS6723 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:  
 ONSLOW  
 Manifest # : 882976 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.74 Tare Wt: 16.15 Net Wt: 24.59 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.59 TN	18.00000	442.62
Sub Total.....				\$ 442.62
Total.....				\$ 442.62

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

ORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882993

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: AC/S EHD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 461-5878 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 

H	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	8	4	2	0
---	---	---	---	---

 Units 

2
---

 No. 

1
---

 TYPE 

1
---

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

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

T.S. MORRIS Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 998-2900 PRINT/TITLE  
 e. Truck No.: 303  
 f. Vehicle License No./State: LC 6891 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032896 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ I. 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: Sampson County Disposal, Inc c. Phone No.: (910) 525-4182  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248303

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-28-96      Time In: 09:00:26      Time Out: 09:00:26  
 Ticket # : A56841      CMS # : 0004721      LMS # : 0004721  
 Customer : O. H. M. REMEDIATION  
 License # : 000303      Lic Plate:

Manifest # : 882993      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.33      Tare Wt: 15.09      Net Wt: 24.24 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.24 TN	18.00000	436.32
Sub Total..... \$				436.32
Total..... \$				436.32

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF

Name & Title:

transport by highway and accurately described above by gross weight and tare weight according to applicable 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. 882997

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

a. Generator Name: Commanding General b. Generating Location: SAVE  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	0	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910)993-2400 PRINT/TYPE  
 e. Truck No.: 31  
 f. Vehicle License No./State: LF2905 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
032896 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ PRINT/TYPE  
 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: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
093093 Receipt Date

## Section IV. ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type  
 \_\_\_\_\_ Operator's\* Signature  
 \_\_\_\_\_ Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248311

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-28-96 Time In: 09:37:13 Time Out: 09:37:13  
 Ticket # : AS6851 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

ONSLOW  
 Manifest # : 882997 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.74 Tare Wt: 16.23 Net Wt: 26.51 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.51 TN	18.00000	477.18
Sub Total.....	\$			477.18
Total.....	\$			477.18

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/ARCO CONTRACT

SIGNATURE: [Signature] #31



# 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. 883007

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	4	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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

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

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

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
032996 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Bill Beckett  
 d. Phone No.: (910) 993-2400 PRINT/TYPE e. Truck No.: 303  
 f. Vehicle License No./State: LC 6891 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032996 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_ PRINT/TYPE  
 k. Phone No.: \_\_\_\_\_ I. 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: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Miksa Name of Authorized Agent [Signature] Signature 032996 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248384

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-29-96      Time In: 07:33:29      Time Out: 07:33:29  
 Ticket # : A56917      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000303      Lic Plate:

ONSLOW  
 Manifest # : 883007      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.80      Tare Wt: 15.09      Net Wt: 25.71 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.71 TN	18.00000	462.78
Sub Total..... \$				462.78
Total..... \$				462.78

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883010

### Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAE

c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_

Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 50740 Units P No. 1 TYPE 7

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

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

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

TSMORRIS Generator Authorized Agent Name [Signature] Signature 032996 Shipment Date

### Section II

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: CHRISTOPHER GAIDE  
PRINT/TITLE

d. Phone No.: (910) 993-2400 e. Truck No.: 304

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature 032996 Shipment Date

TRANSPORTER II  
h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

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

### Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132

b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096

Roseboro, NC 28382 Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032996 Receipt Date

### Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator \* completes e.)

a. Operator's \* Name: \_\_\_\_\_ b. Operator's \* Phone No.: \_\_\_\_\_

c. Operator's \* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's \* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's \* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248394

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 08:56:08 Time Out: 08:56:08  
 Ticket # : A56928 CMS # : 0004721 LMS #: 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000304 Lic Plate:

ONSLOW  
 Manifest # : 883010 PO #: Transporter: DUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.26 Tare Wt: 15.89 Net Wt: 25.37 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.37 TN	18.00000	456.66
Sub Total..... \$				456.66
Total..... \$				456.66

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

REORDER ONLY THROUGH BF1/UARCO CONTRACT



# 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. 883008

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

a. Generator Name: Commanding General b. Generating Location: SAME

c. Address: (Attn: AC/S EMB/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	1	9	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032996 Shipment Date

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: [Signature]  
(910) 993-7400 PRINT/TYPE

d. Phone No.: \_\_\_\_\_ e. Truck No. VE2

f. Vehicle License No./State: LE 2569  
Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature  
032996 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: Sampson County Disposal, Inc  
7434 Roseboro Hwy.

b. Physical Address: Roseboro, NC 28382

c. Phone No.: (910) 525-4132

d. Mailing Address: PO Box 2096  
Roseboro, NC 28382

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

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
032996 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type  
Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9248399

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-29-96      Time In: 09:19:57      Time Out: 09:19:57  
 Ticket # : A56932      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : MG2      Lic Plate:

DNSLOW  
 Manifest # : 883009      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 42.61      Tare Wt: 15.52      Net Wt: 27.09 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	27.09 TN	18.00000	487.62
Sub Total..... \$				487.62
Total..... \$				487.62

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE

260-116LF (3)



# 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. 883009

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5378 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

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

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	5	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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

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

TS MORRIS [Signature]

0	3	2	9	9	6
---	---	---	---	---	---

  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: Jehnnaly hove  
 d. Phone No.: (910)993-2400 e. Truck No.: 130  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	3	2	9	7	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

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

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

  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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]

0	3	2	9	7	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator \* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248401

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 09:25:10 Time Out: 09:25:10  
Ticket # : A56934 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000130 Lic Plate:  
ONSLOW

Manifest # : 883009 PO #: Transporter: QUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.40 Tare Wt: 16.15 Net Wt: 26.25 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.25 TN	18.00000	472.50
	Sub Total..... \$			472.50
	Total..... \$			472.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883011

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

a. Generator Name: Commanding General b. Generating Location: SAME

c. Address: (Attn: AC/S EMD/John Riggs) d. Address: Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 47300 Units P No.    TYPE   

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

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

TSMORRIS Generator Authorized Agent Name [Signature] Signature 032996 Shipment Date

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

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: [Signature] PRINT/TITLE

d. Phone No.: (910)993-2400 e. Truck No.: 29

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature 032996 Shipment Date

TRANSPORTER II  
h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_ PRINT/TITLE

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc

b. Physical Address: 7434 Roseboro Hwy.  
Roseboro, NC 28382

c. Phone No.: (910)525-4132

d. Mailing Address: PO Box 2096  
Roseboro, NC 28332

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. Evelyn McLaughlin Name of Authorized Agent [Signature] Signature 032996 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248402

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 09:27:44 Time Out: 09:27:44  
Ticket # : A56935 CMS # : 0004721 LMS # : 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000029 Lic Plate:

ONSLOW  
Manifest # : 883011 PD # : Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 39.62 Tare Wt: 15.97 Net Wt: 23.65 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.65 TN	18.00000	425.70
Sub Total..... \$				425.70
Total..... \$				425.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883013

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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: 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 47960 Units: P No.: 1 TYPE: T

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

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

TS MORRIS [Signature] 032996  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: David Bennett  
 d. Phone No.: (910)993-2400 e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 032996  
 Driver Signature Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

i. Evelyn McLaughlin [Signature] 032996  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248404

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-29-96      Time In: 09:31:50      Time Out: 09:31:50  
 Ticket # : A56937      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031      Lic Plate:

ONSLOW  
 Manifest # : 883013      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Consent :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.21      Tare Wt: 16.23      Net Wt: 23.98 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.98 TN	18.00000	431.64
Sub Total..... \$				431.64
Total..... \$				431.64

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE *[Signature]* #30

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883014

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

3	8	6	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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

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

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

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032996 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: BRAD HOLBROOK  
 d. Phone No.: (910)993-2400 e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.

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

g. [Signature] Driver Signature  
032996 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

[Signature] Name of Authorized Agent  
[Signature] Signature  
032996 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248407

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-29-96      Time In: 09:36:23      Time Out: 09:36:23  
 Ticket # : A56940      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000020      Lic Plate:

ONSLOW  
 Manifest # : 883014      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 31.61      Tare Wt: 12.27      Net Wt: 19.34 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	19.34 TN	18.00000	348.12
	Sub Total..... \$			348.12
	Total..... \$			348.12

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:           BH          

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883012

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 41440 Units P No. 1 TYPE 7

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

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

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
032996 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910)993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LE-2919 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032996 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Laurin Name of Authorized Agent [Signature] Signature 032996 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248408

BROWNING-FERRIS INDUSTRIES

Date : 03-29-96 Time In: 09:38:47 Time Out: 09:38:47  
 Ticket # : A56941 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

Sampson County Disposal, Inc.

ONSLOW  
 Manifest # : 883012 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 32.94 Tare Wt: 12.22 Net Wt: 20.72 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.72 TN	18.00000	372.96
Sub Total..... \$				372.96
Total..... \$				372.96

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF



# 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. 883100

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	7	1	0	6
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TS Morris Generator Authorized Agent Name      [Signature] Signature      032996 Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete a-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature] PRINT/TYPE  
 d. Phone No.: (910)993-2700 e. Truck No.: 303  
 f. Vehicle License No./State: 1529044, N.C.

**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.  
 g. [Signature] Driver Signature      032996 Shipment Date

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: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent      [Signature] Signature      032996 Receipt Date

## Section IV. ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248423

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-29-96      Time In: 11:26:45      Time Out: 11:26:45  
 Ticket # : A56956      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000303      - Lic Plate:

ONSLOW  
 Manifest # : 883100      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 38.64      Tare Wt: 15.09      Net Wt: 23.55 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.55 TN	18.00000	423.90
Sub Total..... \$				423.90
Total..... \$				423.90

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

REORDER ONLY THROUGH BFI/ARCO CONTRACT

260-116LF (S)



# 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. 883015

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	0	2	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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

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

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032996 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Ernest L. Venable (Driver)  
(PRINT/TITLE)  
 d. Phone No.: (910)993-2400 e. Truck No.: 94  
 f. Vehicle License No./State: LE 2735

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

Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032996 Shipment Date  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent [Signature] Signature 032996 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator \* completes e)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, or controls the vehicle used for transportation.



No: 9248431

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 12:52:11 Time Out: 12:52:11  
 Ticket # : AS6964 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000094 Lic Plate:

ONSLOW  
 Manifest # : 883015 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 32.03 Tare Wt: 11.89 Net Wt: 20.14 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.14 TN	18.00000	362.52
Sub Total..... \$				362.52
Total..... \$				362.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: EMILY VERNON

260-116LF (

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 883016

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: AC/S EAD/John Rinos) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. BFI WASTE CODE 

1	0	1	2	1	5	9	6	1	1	0
---	---	---	---	---	---	---	---	---	---	---

 9 

2	3	7	3	0	0
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	0	4	0
---	---	---	---	---

 Units 

1
---

 No. 

1
---

 TYPE 

7
---

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

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

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

TS Morris Generator Authorized Agent Name  
TS Morris Signature  

0	3	2	9	9	6
---	---	---	---	---	---

 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kornersville, NC 27284  
 c. Driver Name/Title: Jesse DeWitt  
 d. Phone No.: (910) 993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LD 76 NC  
 Acknowledgement of Receipt of Materials.  
 g. Jesse DeWitt Driver Signature 

0	3	2	9	9	6
---	---	---	---	---	---

 Shipment Date

**TRANSPORTER II**  
 h. Name: 76  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature 

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

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7436 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28582 Roseboro, NC 28582  
 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. Jesse DeWitt Name of Authorized Agent Jesse DeWitt Signature 

0	3	2	9	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248432

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 12:55:09 Time Out: 12:55:09  
 Ticket # : A56965 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000205 Lic Plate:

DMSLOW  
 Manifest # : 883016 PO # : Transporter: DUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 36.39 Tare Wt: 11.87 Net Wt: 24.52 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	24.52 TN	18.00000	441.36
Sub Total.....	\$			441.36
Total.....	\$			441.36

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*Jeff Pottet*

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883017

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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: 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 49640 Units: P No.: 1 TYPE: T

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

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

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

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
032996 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER F. GAIDE  
 PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
032996 Shipment Date

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

## Section III. DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
032996 Receipt Date

## Section IV. ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type  
 \_\_\_\_\_ Operator's\* Signature  
 \_\_\_\_\_ Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248435

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 13:01:39 Time Out: 13:01:39  
 Ticket # : A56968 CMS # : 0004721 LMS #: 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000304 Lic Plate:

ONSLOW  
 Manifest # : 883017 PO #: Transporter: DUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.71 Tare Wt: 15.89 Net Wt: 24.82 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	24.82 TN	18.00000	446.76
Sub Total..... \$				446.76
Total..... \$				446.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/ARCO CONTRACT

280-116LF (

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

% friable \_\_\_\_\_ % nonfriable



# 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. 883018

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

a. Generator Name: Commanding General b. Generating Location: SAE  
 c. Address: (Attn: AG/S ELD/John Nicks) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 461-5070 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

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

i. BFI WASTE CODE 

1	0
1	2
1	6
0	9
1	1
0	0

2	3	7	3	0	8
---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	5	0
---	---	---	---

 Units 

7
---

 No. 

--	--

 TYPE 

--	--

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

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

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

TS/Mozz Generator Authorized Agent Name [Signature] Signature 

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

 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27294  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910)993-2400 e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: LB 1031

**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.  
 g. [Signature] Driver Signature 

0	9	8	1	7	6
---	---	---	---	---	---

 Shipment Date

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: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2036  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 

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

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248448

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 13:36:13 Time Out: 13:36:13  
 t # : A56981 CMS # : 0004721 LMS #: 0004721  
 er : D.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:

CNSLOW  
 Manifest # : 883018 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.84 Tare Wt: 16.15 Net Wt: 26.69 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.69 TN	18.00000	480.42
	Sub Total..... \$			480.42
	Total..... \$			480.42

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

FOR ONLY THROUGH BFI/JARCO CONTRACT

260-116LF



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. 883019

**Section I. GENERATOR** (Generator completes all of Section I)

a. Generator Name: Collinsville General b. Generating Location: SALE  
 Address: (Attn: AC/S END/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-3070 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

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

i. BFI WASTE CODE 

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

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	7	0	0	0	0
---	---	---	---	---	---

 Units 

1	0	0	0	0	0
---	---	---	---	---	---

 No. 

0	0	0	0	0	0
---	---	---	---	---	---

 TYPE 

0	0	0	0	0	0
---	---	---	---	---	---

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

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

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

TSMSIKRIS Generator Authorized Agent Name      [Signature] Signature      030916 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 995-2400 PRINT/TYPE e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: Ph...  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature      030916 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ PRINT/TYPE 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: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28362 Roseboro, NC 28362

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

f. [Signature] Name of Authorized Agent      [Signature] Signature      030916 Receipt Date

**Section IV ASBESTOS** (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_



No: 9248449

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 13:38:32 Time Out: 13:38:32  
 Manifest # : A56982 CMS # : 0004721 LMS #: 0004721  
 Driver : O.H.M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

ONSLOW  
 Manifest # : 883019 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.91 Tare Wt: 15.97 Net Wt: 24.94 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.94 TN	18.00000	448.92
	Sub Total..... \$			448.92
	Total..... \$			448.92

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883022

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

a. Generator Name: Commanding General b. Generating Location: SAVE

c. Address: (Attn: AG/S ENB/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004

e. Phone No.: (910) 451-5070 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	<input type="text" value="H"/> <input type="text" value="C"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/>	<input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/>	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:	<u>Soil, Diesel Fuel</u>	k. Quantity	Units	No.	TYPE
		<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

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.

T.S. Morris Generator Authorized Agent Name  
[Signature] Signature  
132076 Shipment Date

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

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

**TRANSPORTER I**

a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: [Signature]

d. Phone No.: (910) 993-2400 e. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature 132076 Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 325-4102

b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28332

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

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

f. [Signature] Name of Authorized Agent [Signature] Signature 132076 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248450

**BROWNING-FERRIS INDUSTRIES**

Saapson County Disposal, Inc.

Date : 03-29-96 Time In: 13:44:01 Time Out: 13:44:01  
 Ticket # : A56984 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

ONSLOW  
 Manifest # : 883022 PO # : Transporter: DUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.22 Tare Wt: 16.23 Net Wt: 23.99 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.99 TN	18.00000	431.82
	Sub Total..... \$			431.82
	Total..... \$			431.82

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:  #31

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF (3)



# 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. 883020

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

a. Generator Name: Commanding General b. Generating Location: SAGE  
 c. Address: (Attn: AG/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 451-5870 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 

A	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	1	4	0
---	---	---	---

 Units 

F
---

 No. 

1
---

 TYPE 

7
---

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

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

TS Morris Generator Authorized Agent Name  
[Signature] Signature  
032996 Shipment Date

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

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27204  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: LF2132  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 

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

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

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
032996 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248451

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 13:46:25 Time Out: 13:46:25  
 Ticket # : A56985 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000020 Lic Plate:

ONSLOW  
 Manifest # : 893020 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.09 Tare Wt: 12.27 Net Wt: 20.82 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.82 TN	18.00000	374.76
Sub Total..... \$				374.76
Total..... \$				374.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: BT

REORDER ONLY THROUGH BFI/ARCO CONTRACT

250-116LF (3)



# 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. 883021

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

a. Generator Name: Commanding General b. Generating Location: SONE

c. Address: (Attn: AC/S EIC/John Riggs) d. Address: Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-8070 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE 

1	0	1	2	1	6	9	6	1	1	0	9	2	3	7	3	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	0	0	0	0	0
---	---	---	---	---	---

 Units 

0
---

 No. 

0	0	0	0	0	0
---	---	---	---	---	---

 TYPE 

0	0	0	0	0	0
---	---	---	---	---	---

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

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

T. S. MORAN Generator Authorized Agent Name      T. S. Moran Signature      032990 Shipment Date

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

**TRANSPORTER I**  
a. Name: Hilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
c. Driver Name/Title: Kevin W. Sudek  
d. Phone No.: (910) 992-2400 e. Truck No.: 41  
f. Vehicle License No./State: LF 2919 NIC

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

g. Kevin W. Sudek Driver Signature      032990 Shipment Date      n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4102  
b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382      Roseboro, NC 28382

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. T. S. Moran Name of Authorized Agent      T. S. Moran Signature      032990 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      \_\_\_\_\_ Date  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable     Non-friable     Both    \_\_\_\_\_ % friable    \_\_\_\_\_ % nonfriable





No: 9248452

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-29-96 Time In: 13:59:10 Time Out: 13:59:10  
Ticket # : A56986 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000004 Lic Plate:

DNLOW  
Manifest # : 883021 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 32.48 Tare Wt: 12.22 Net Wt: 20.26 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.26 TN	18.00000	364.68
Sub Total..... \$				364.68
Total..... \$				364.68

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF (3)

REORDER ONLY THROUGH BFI/JARCO CONTRACT

f. Name and Address  
of Responsible Agency: \_\_\_\_\_  
 Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\_\_\_\_\_ being demolished or renovated, or the demolition or renovation



# 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. 883038

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 50660 Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_

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

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

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

TSMORRIS Generator Authorized Agent Name  
TSMorris Signature  
040196 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Ray Kelly  
 d. Phone No.: (910) 993-2400 e. Truck No.: MGZ  
 f. Vehicle License No./State: LE 2569 NC  
 Acknowledgement of Receipt of Materials.  
 g. Ray Kelly Driver Signature 040196 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Sandi Brown Name of Authorized Agent Sandi Brown Signature 040196 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248608

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

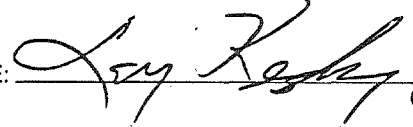
Date : 04-01-96      Time In: 15:16:43      Time Out: 15:16:43  
 Ticket # : A57131      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : M62      Lic Plate:

DMSLOW  
 Manifest # : 883038      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: SANDI BROWN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.85      Tare Wt: 15.52      Net Wt: 25.33 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	25.33 TN	18.00000	455.94
Sub Total.....	\$			455.94
Total.....	\$			455.94

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

of Responsible Agency:

Frangible     Non frangible     Dual



# 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. 883037

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

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

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 55680 Units 

--

 No. 

--

 TYPE 

--

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

TSMORRIS Generator Authorized Agent Name  
J. J. Morris Signature  
040196 Shipment Date

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

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: J. J. Morris  
 d. Phone No.: (910) 993-2400 e. Truck No.: 130  
 f. Vehicle License No./State: LB1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. J. J. Morris Driver Signature 040196 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No. (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Sandi Brown Name of Authorized Agent  
Sandi Brown Signature  
040196 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248607

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-01-96 Time In: 15:13:32 Time Out: 15:13:32  
Ticket # : 257130 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000120 Lic Plate:

ONSLOW  
Manifest # : 883037 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SANDI BROWN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 43.99 Tare Wt: 16.15 Net Wt: 27.84 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.84 TN	18.00000	501.12
Sub Total.....	\$			501.12
Total.....	\$			501.12

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

f. Name and Address  
of Responsible Agency:

Operator's\* Signature

Date

g.  Friable:  Non-friable:  Both



# 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. 883036

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	1	8	0
---	---	---	---	---

 Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_

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

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

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

TSMorris Generator Authorized Agent Name  
ZSMorris Signature  
040196 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER GAIDE  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC6892 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040196  
Driver Signature Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Sandi Brown Sandi Brown 040196  
Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ 

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Print/Type Operator's\* Signature Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248601

**BROWNING-FERRIS INDUSTRIES**

Swampson County Disposal, Inc.

Date : 04-01-96      Time In: 14:39:50      Time Out: 14:39:50  
 Ticket # : A57124      CMS # : 0004721      LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000304      Lic Plate:

QNSLOW  
 Manifest # : 883036      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: SANDI BROWN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 41.48      Tare Wt: 15.89      Net Wt: 25.59 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.59 TN	18.00000	460.62
Sub Total..... \$				460.62
Total..... \$				460.62

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

of Responsible Agency: \_\_\_\_\_

Friable:  Non-friable:  Both

0% friable

0% non-friable



# 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. 883035

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	6	2	0
---	---	---	---	---

 Units 

--

 No. 

--

 TYPE 

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040196 Shipment Date

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

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

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Larry W. Sault  
 d. Phone No.: (910) 993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF 2919 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040196  
 Driver Signature Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Sandi Brown Sandi Brown 040196  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition contractor.





No: 9248600

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-01-96      Time In: 14:34:26      Time Out: 14:34:26  
 Ticket # : A57123      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000004      Lic Plate:

DMSLOW  
 Manifest # : 883035      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: SANDI BROWN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 35.03      Tare Wt: 12.22      Net Wt: 22.81 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.81 TN	18.00000	410.58
Sub Total.....	\$			410.58
Total.....	\$			410.58

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Frank W. Smith*

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883034

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAME

c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_

Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	0	4	0	0
---	---	---	---	---

 Units 

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 No. 

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 TYPE 

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

TSMORRIS Generator Authorized Agent Name TSMorris Signature 040196 Shipment Date

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

## Section II

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: Richard W. Lapierre  
PRINT/TITLE

d. Phone No.: (910)993-2400 e. Truck No.: 306

f. Vehicle License No./State: LC 6894 NC  
Acknowledgement of Receipt of Materials.

g. Richard W Lapierre Driver Signature 040196 Shipment Date

TRANSPORTER II  
h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_ Driver Signature 

--	--	--	--	--

 Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc

c. Phone No.: (910)525-4132

b. Physical Address: 7434 Roseboro Hwy.  
Roseboro, NC 28382

d. Mailing Address: PO Box 2096  
Roseboro, NC 28382

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. Sandi Brown Name of Authorized Agent Sandi Brown Signature 040196 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature

--	--	--	--	--

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or is responsible for the waste.



No: 9248598

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

: 04-01-96      Time In: 14:27:15      Time Out: 14:27:15  
 Ticket # : A57121      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000306      Lic Plate:

DMSLOW  
 Manifest # : 883034      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Consent :      Operator: SANDI BROWN  
 Capacity :      20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt :      40.85      Tare Wt:      15.65      Net Wt: 25.20 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.20 TN	18.00000	453.60
Sub Total..... \$				453.60
Total..... \$				453.60

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Richard W. Lapine 260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883032

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 59760 Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_

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

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

TB MORRIS [Signature] 040196  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: David Bennett  
 d. Phone No.: (910)993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF 2905 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040196  
 Driver Signature Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Sandi Brown [Signature] 040196  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



No: 9248597

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-01-96      Time In: 14:23:08      Time Out: 14:23:08  
 Ticket # : A57120      CMS # : 0004721      LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031      Lic Plate:

GNSLOW  
 Manifest # : 883032      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: SANDI BROWN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 46.11      Tare Wt: 16.23      Net Wt: 29.88 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	29.88 TN	18.00000	537.84
Sub Total..... \$				537.84
Total..... \$				537.84

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: *[Signature]* #31 260-116LF

of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883031

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 55820 Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_

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

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

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

JSMORRIS Signature [Signature] Shipment Date 040196  
 Generator Authorized Agent Name \_\_\_\_\_

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904 / NC  
 Acknowledgement of Receipt of Materials.  
 g. Charles Collins Shipment Date 040196  
 Driver Signature \_\_\_\_\_

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

Sandi Brown Sandi Brown 040196  
 Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date \_\_\_\_\_

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9248596

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-01-96      Time In: 14:20:39      Time Out: 14:20:39  
 Ticket # : A57119      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000029      Lic Plate:

DMSLOW  
 Manifest # : 883031      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: SANDI BROWN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 43.88      Tare Wt: 15.97      Net Wt: 27.91 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.91 TN	18.00000	502.38
	Sub Total..... \$			502.38
	Total..... \$			502.38

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Chase Case

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883033

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

a. Generator Name: Commanding General b. Generating Location: SAMF

c. Address: (Attn: AC/S EMD/John Riggs)  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 46120 Units No. TYPE

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

TS MORRIS Generator Authorized Agent Name [Signature] Signature 040196 Shipment Date

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

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: Jeff Pettit PRINT/TYPE  
d. Phone No.: (910)993-2400 e. Truck No.: 205  
f. Vehicle License No./State: LF 7610 NC

Acknowledgement of Receipt of Materials.  
g. Jeff Pettit Driver Signature 040196 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: Sampson County Disposal, Inc c. Phone No. (910)525-4132  
b. Physical Address: 7434 Roseboro Hwy.  
Roseboro, NC 28382 d. Mailing Address: PO Box 2096  
Roseboro, NC 28382

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. Sandi Bruner Name of Authorized Agent Sandi Bruner Signature 040196 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the contractor.





No: 9248594

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-01-96 Time In: 14:16:11 Time Out: 14:16:11  
 Ticket # : A57117 CMS # : 0004721 LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000205 Lic Plate:

ONSLOW  
 Manifest # : 883033 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: SANDI BROWN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 34.93 Tare Wt: 11.87 Net Wt: 23.06 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.06 TN	18.00000	415.08
Sub Total.....	\$			415.08
Total.....	\$			415.08

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both



# 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. 883030

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	6	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TSMORRIS [Signature] 040196  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: MG2  
 f. Vehicle License No./State: LE 2569 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040196  
 Driver Signature Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Laurin [Signature] 040196  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable.  Non-friable.  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248572

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-01-96      Time In: 11:22:47      Time Out: 11:22:47  
 Ticket # : A57095      CMS # : 0004721      LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : M62      Lic Plate:

DMSLOW  
 Manifest # : 883030      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 42.32      Tare Wt: 15.52      Net Wt: 26.80 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	26.80 TN	18.00000	482.40
Sub Total..... \$				482.40
Total..... \$				482.40

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883029

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

a. Generator Name: Commanding General b. Generating Location: SAME

c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_

Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 49580 Units P No. 1 TYPE T

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

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

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040196 Shipment Date

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

TRANSPORTER I  
a. Name: Hilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

TRANSPORTER II  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_

c. Driver Name/Title: Johndy Hove  
d. Phone No.: (910)993-2400 e. Truck No.: 130  
f. Vehicle License No./State: LB 1801 / NC

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

Acknowledgement of Receipt of Materials.  
g. [Signature] Shipment Date 040196

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc  
b. Physical Address: 7434 Roseboro Hwy.  
Roseboro, NC 28382

c. Phone No.: (910)525-4132  
d. Mailing Address: PO Box 2096  
Roseboro, NC 28382

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.

i. Evelyn McLaurin Name of Authorized Agent  
[Signature] Signature  
040196 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility having responsibility for the waste.



No: 9248571

**BROWNING-FERRIS INDUSTRIES**

Sawson County Disposal, Inc.

: 04-01-96      Time In: 11:19:58      Time Out: 11:19:58  
 Ticket # : A57094      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130      Lic Plate:

ONSLOW  
 Manifest # : 883029      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity :      30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt :      40.94      Tare Wt: 16.15      Net Wt: 24.79 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.79 TN	18.00000	446.22
Sub Total..... \$				446.22
Total..... \$				446.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF (3)



# 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. 883028

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	6	2	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

J
---

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

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

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

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040196 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER GAIDE  
PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC 6892 NC  
 Acknowledgement of Receipt of Materials.  
[Signature] Driver Signature  
040196 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: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn McLaughlin Name of Authorized Agent  
[Signature] Signature  
040196 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, or controls the vehicle used for transportation.



No: 9248566

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-01-96      Time In: 10:52:51      Time Out: 10:52:51  
 Ticket # : A57089      CMS # : 0004721      LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000304      Lic Plate:

ONSLOW  
 Manifest # : 883028      PO # :      Transporter: DUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.02      Tare Wt: 15.89      Net Wt: 23.13 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.13 TN	18.00000	416.34
Sub Total..... \$				416.34
Total..... \$				416.34

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF (3)

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

Erable:  Non Erable:  Both



# 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. 883027

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	1	3	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040196 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Kerry W. Seale Jr  
 d. Phone No.: (910) 993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF 2919 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040196 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Name of Authorized Agent [Signature] Signature 040196 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, or controls the vehicle used for transportation.





No: 9248564

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-01-96 Time In: 10:46:46 Time Out: 10:46:46  
 Ticket # : A57087 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

ONSLOW  
 Manifest # : 883027 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 32.89 Tare Wt: 12.22 Net Wt: 20.67 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SDIL DIESE	20.00	20.67 TN	18.00000	372.06
	Sub Total..... \$			372.06
	Total..... \$			372.06

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Jerry W. Smith* 260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address  
 of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both  % friable  % non-friable



# 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. 883026

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	0	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TS MARKS Generator Authorized Agent Name      ZS M... Signature      

0	4	0	1	9	6
---	---	---	---	---	---

 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Jeff Pettit  
 d. Phone No.: (910)993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7610 / NC  
 Acknowledgement of Receipt of Materials.  
 g. Jeff Pettit Driver Signature      

0	4	0	1	9	6
---	---	---	---	---	---

 Shipment Date

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

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

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn McLaurin Name of Authorized Agent      Evelyn McLaurin Signature      

0	4	0	1	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      

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

 Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248563

BROWNING-FERRIS INDUSTRIES

Sawson County Disposal, Inc.

Date: 04-01-96 Time In: 10:44:12 Time Out: 10:44:12  
# : A57086 CMS # : 0004721 LMS #: 0004721  
Customer: O.H.M. REMEDIATION  
Vehicle #: 000205 Lic Plate:

ONSLOW  
Manifest #: 883026 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In #: 1 Scale Out #: Stored  
Gross Wt : 34.37 Tare Wt: 11.87 Net Wt: 22.50 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.50 TN	18.00000	405.00
Sub Total.....	\$			405.00
Total.....	\$			405.00

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Jeff Cottel*

260-116LF (3)

REORDER ONLY THROUGH BFI/JARCO CONTRACT

- c
- d
- f
- g
- S
- a
- b
- e
- f
- 4
- Se
- a. C
- c. C
- e. C

f. Name and Address of Responsible Agency:

Operator's \* Signature \_\_\_\_\_ Date \_\_\_\_\_

g.  Friable  Non friable



# 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. 883025

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 42660 Units P No. 1 TYPE T

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

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

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

TSMorris [Signature] 040196  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W. Lapierre  
 d. Phone No.: (910)993-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC 6894 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040196  
 Driver Signature Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn M. C. Laurin [Signature] 040196  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248560

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-01-96      Time In: 10:36:02      Time Out: 10:36:02  
 Ticket # : A57083      CMS # : 0004721      LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000306      Lic Plate:

DMSLOW  
 Manifest # : 883025      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 36.98      Tare Wt: 15.65      Net Wt: 21.33 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SDTL DIESE	20.00	21.33 TN	18.00000	383.94
Sub Total..... \$				383.94
Total..... \$				383.94

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

*R. W. Spivey*

260-116LF (3)

REORDER ONLY THROUGH BFI/UARC CONTRACT

r. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883024

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

a. Generator Name: Commanding General b. Generating Location: SAME

c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 51100 Units P No. 1 TYPE T

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.

TS MORRIS Generator Authorized Agent Name [Signature] Signature 040196 Shipment Date

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

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

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

**TRANSPORTER I**

a. Name: Hilco Transport, Inc

b. Address: 1024 East Mountain Street  
Kernersville, NC 27284

c. Driver Name/Title: DAVID BONNETT PRINT/TITLE

d. Phone No.: (910)993-2400 e. Truck No.: 31

f. Vehicle License No./State: LF 2905 / NC

Acknowledgement of Receipt of Materials.

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_ PRINT/TITLE

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature 040196 Shipment Date n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Laurin Name of Authorized Agent [Signature] Signature 040196 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition contractor.



No: 9248559

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Ticket # : 04-01-96      Time In: 10:33:27      Time Out: 10:33:27  
 : A57082      CMS #: 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031      Lic Plate:

ONSLOW  
 Manifest # : 883024      PO #:      Transporter: DUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 41.78      Tare Wt: 16.23      Net Wt: 25.55 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.55 TN	18.00000	459.90
Sub Total.....	\$			459.90
Total.....	\$			459.90

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*[Handwritten Signature]* #31

250-116LF (3)

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883023

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	0	5	8	0
---	---	---	---	---

 Units P No. 

1
---

 TYPE 

T
---

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.

TSMORRIS [Signature]

0	4	0	1	9	6
---	---	---	---	---	---

  
 Generator Authorized Agent Name Signature Shipment Date

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

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

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 d. Phone No.: (910) 993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	0	1	9	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

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

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 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn M. Laurin [Signature]

0	4	0	1	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248558

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

: 04-01-96      Time In: 10:30:01      Time Out: 10:30:01  
 : A57081      CMS #: 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle #: 000029      Lic Plate:

DMSLOW  
 Manifest #: 883023      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity :      30.00 yd Scale In #: 1      Scale Out #: Stored  
 Gross Wt :      36.26      Tare Wt: 15.97      Net Wt: 20.29 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	20.29 TN	18.00000	365.22
	Sub Total..... \$			365.22
	Total..... \$			365.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (3)

REORDER ONLY THROUGH BFI/JARCO CONTRACT

Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both

% friable

% nonfriable



# 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. 883049

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	7	9	0	0
---	---	---	---	---

 Units 

P
---

 No. 

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 TYPE 

T
---

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

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

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W. Lapierre  
 d. Phone No.: (910)993-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC 6894 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040296 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248678

BROWNING-FERRIS INDUSTRIES

Seapson County Disposal, Inc.

Date : 04-02-96      Time In: 10:32:17      Time Out: 10:32:17  
 Ticket # : AS7197      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000306      Lic Plate:

QNSLOW  
 Manifest # : 883049      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.60      Tare Wt: 15.65      Net Wt: 23.95 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.95 TN	18.00000	431.10
Sub Total..... \$				431.10
Total..... \$				431.10

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: R. W. Lapierre

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883057

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

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

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	7	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: LES JOHNSON  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 83  
 f. Vehicle License No./State: LF 2916 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
040296 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

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

[Signature] Name of Authorized Agent  
[Signature] Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

WED 7:40 BFI

FAX NO. 9105254160

P. 03



No: 9248710

Ticket # : 84-02-96 Time In: 13:07:42 Time Out: 13:07:42  
: AST229 CMS # : 0004721 LMS #: 0004721

**BROWNING-FERRIS INDUSTRIES**  
Seaspan County Disposal, Inc.

Customer : Q.H.M. REMEDIATION  
Vehicle # : 000083 Lic Plate:

Manifest # : 883057+ PO #: Transporters: QUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
Costant : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 40.99 Tare Wt: 16.01 Net Wt: 24.88 tn

Descr	Actual	Bill Qty	#/Unit	Extended
SOIL WIESE	20.00	24.88 TN	16.00000	447.84
Sub Total.....				447.84
Total.....				447.84

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

ORDER ONLY THROUGH BFI/ARCO CONTRACT

250-116LP (3)

f. Name and Address  
of Responsible Agency:



# 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. 883058

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 51940 Units 9 No. 1 TYPE T

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

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

JSMORRIS Generator Authorized Agent Name  
JSMORRIS Signature  
040296 Shipment Date

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

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Robert L. Guthrie  
 d. Phone No.: (910)993-2400 e. Truck No.: 84  
 f. Vehicle License No./State: LE 2917 NC  
 Acknowledgement of Receipt of Materials.  
Robert Guthrie Driver Signature  
040296 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No. (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

Stacy Robinson Name of Authorized Agent  
Stacy Robinson Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248709

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-02-96      Time In: 13:05:19      Time Out: 13:05:19  
 : A57228      CMS #: 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle #: 000084      Lic Plate:

ONSLON  
 Manifest #: 883058      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: SHIRLEY ROBINSON  
 Capacity : 30.00 yd Scale In #: 1      Scale Out #: Stored  
 Gross Wt : 41.74      Tare Wt: 15.77      Net Wt: 25.97 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.97 TN	18.00000	467.46
Sub Total..... \$				467.46
Total..... \$				467.46

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

REORDER ONLY THROUGH BFI/JARCO CONTRACT

280-118LF (3)



# 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. 883056

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 49560 Units 8 No. 1 TYPE T

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

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

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

TSMorris Generator Authorized Agent Name  
TSMorris Signature  
040296 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: M62  
 f. Vehicle License No./State: LE 2569 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040296  
 Driver Signature Shipment Date

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

## Section III. DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Shirley Robinson [Signature] 040296  
 Name of Authorized Agent Signature Receipt Date

## Section IV. ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which is responsible for the transportation of the waste.





No: 9248705

BROWNING-FERRIS INDUSTRIES  
Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 12:48:00 Time Out: 12:48:00  
Ticket # : A57224 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : M62 Lic Plate:

ONSLOW  
Manifest # : 883056 PO #: Transporter: QUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 40.30 Tare Wt: 15.52 Net Wt: 24.78 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.78 TN	18.00000	446.04
Sub Total.....	\$			446.04
Total.....	\$			446.04

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 883050

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	5	2	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TSMORRIS Generator Authorized Agent Name  
TSMORRIS Signature  
040296 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LE 2904 NC  
 Acknowledgement of Receipt of Materials.  
 g. Charles Collins Driver Signature 040296 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Mc Laurin Name of Authorized Agent Evelyn Mc Laurin Signature 040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



No: 9248682

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-02-96      Time In: 10:41:19      Time Out: 10:41:19  
 Ticket # : A57201      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000029      Lic Plate:

ONSLOW  
 Manifest # : 883050      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 43.58      Tare Wt: 15.97      Net Wt: 27.61 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.61 TN	18.00000	496.98
Sub Total..... \$				496.98
Total..... \$				496.98

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Charles Cook*

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF



# 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. 883055

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 49300 Units P No. 1 TYPE T

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

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

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Johnny Lee  
 d. Phone No.: (910)993-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LB 1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
040296 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248704

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Ticket # : 04-02-96      Time In: 12:45:29      Time Out: 12:45:29  
 : A57223      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.H. REMEDIATION  
 Vehicle # : 000130      Lic Plate:  
 ONSLOW  
 Manifest # : 883055      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: SHIRLEY ROBINSON  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.80      Tare Wt: 16.15      Net Wt: 24.65 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.65 TN	18.00000	443.70
Sub Total..... \$				443.70
Total..... \$				443.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883051

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

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

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	9	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
 Generator Authorized Agent Name Signature Shipment Date

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

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: David Bennett  
 d. Phone No.: (910)993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF 2905 N  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

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

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 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

i. Evelyn Mc Laurin [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature 

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

  
 Print/Type Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248683

Date : 04-02-96 Time In: 10:43:25 Time Out: 10:43:25  
Ticket # : A57202 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000031 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Sampson County Disposal, Inc.

ONSLOW  
Manifest # : 883051 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Comment : Operator: EVELYN McLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 43.21 Tare Wt: 16.23 Net Wt: 26.98 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.98 TN	18.00000	485.64
Sub Total.....	\$			485.64
Total.....	\$			485.64

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: [Signature] #31

260-116LF (3)



# 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. 883053

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	3	6	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

TSMORRIS [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Henry W. Spade  
 d. Phone No.: (910) 993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF 2919 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

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

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

  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No. (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ 

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

  
 Print/Type Operator's\* Signature Date

f. Name and Address  
 of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248685

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-02-96 Time In: 10:49:32 Time Out: 10:49:32  
 : A57204 CMS #: 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle #: 000004 Lic Plate:

QNSLOW  
 Manifest #: 883853 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In #: 1 Scale Out #: Stored  
 Gross Wt : 34.06 Tare Wt: 12.22 Net Wt: 21.84 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.84 TN	18.00000	393.12
Sub Total.....	\$			393.12
Total.....	\$			393.12

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883052

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 46680 Units 7 No. 1 TYPE T

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

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

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

TS MORRIS [Signature] 040296  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT  
 d. Phone No.: (910)993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LY 7610 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040296  
 Driver Signature Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Mc Laurin [Signature] 040296  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248686

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date: 04-02-96 Time In: 10:51:33 Time Out: 10:51:33  
 Loc #: A57205 CMS #: 0004721 LMS #: 0004721  
 Customer: O.H.M. REMEDIATION  
 Vehicle #: 000205 Lic Plate:  
 ONSLOW  
 Manifest #: 883052 PO #: Transporter: OUT  
 Source Cd: Generator: US US MARINE CORP CAMP LEJELINE NC  
 Comment: Operator: EVELYN MCLAURIN  
 Capacity: 20.00 yd Scale In #: 1 Scale Out #: Stored  
 Gross Wt: 35.21 Tare Wt: 11.87 Net Wt: 23.34 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.34 TN	18.00000	420.12
Sub Total..... \$				420.12
Total..... \$				420.12

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Jeff Pettit

ROUGH BFI/UARCO CONTRACT

250-116LF (3)

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

d.  Friable:  Non-friable:  Both      % friable      % nonfriable



# 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. 883054

## Section I

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

a. Generator Name: Commanding General b. Generating Location: SAMF  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

NC	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	3	0	0
---	---	---	---	---

 Units P No. 

1
---

 TYPE 

T
---

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

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

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

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

## Section II

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER BAIDE  
PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC 6892 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040296 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: Sampson County Disposal, Inc c. Phone No. (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Name of Authorized Agent  
[Signature] Signature 040296 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248688

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 11:10:03 Time Out: 11:10:03  
 Manifest # : A57207 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000304 Lic Plate:  
 UNSLOW  
 Manifest # : 883054 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.04 Tare Wt: 15.89 Net Wt: 26.15 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.15 TN	18.00000	470.70
Sub Total..... \$				470.70
Total..... \$				470.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF (

REORDER ONLY THROUGH BFI/UARCO CONTRACT

of Responsible Agency:

g.  Friable:  Non-friable  Both



# 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. 883059

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

a. Generator Name: Commanding General b. Generating Location: SAMF  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

2	3	7	8	0	8
---	---	---	---	---	---

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	6	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

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

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W. Lapierre  
 d. Phone No.: (910) 993-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC 6894 NC  
 Acknowledgement of Receipt of Materials:  
 g. Richard W. Lapierre Driver Signature 040296 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Name of Authorized Agent  
[Signature] Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or dismantled.



No: 9248723

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-02-96 Time In: 14:06:23 Time Out: 14:06:23  
 \* : A57243 CMS #: 0004721 LMS #: 0004721  
 Owner : G.H.M. REMEDIATION  
 Vehicle #: 000306 Lic Plate:  
 ONSLOW  
 Manifest #: 883059 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In #: 1 Scale Out #: Stored  
 Gross Wt : 37.98 Tare Wt: 15.65 Net Wt: 22.33 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.33 TN	18.00000	401.94
Sub Total.....	\$			401.94
Total.....	\$			401.94

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: K.W. Lajunen

260-116LF (C)

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883060

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	2	9	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

TSMorris Generator Authorized Agent Name  
TSMorris Signature  
040296 Shipment Date

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

## Section II

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Harold Soule Jr  
 d. Phone No.: (910) 993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF2919  
 Acknowledgement of Receipt of Materials.  
 g. Harold Soule Jr Driver Signature 040296 Shipment Date

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

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn M. Laurin Name of Authorized Agent  
Evelyn M. Laurin Signature  
040296 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address: \_\_\_\_\_  
 of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or repaired, or the demolition or repair operation, or both.





No: 9248724

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date: 04-02-96 Time In: 14:08:56 Time Out: 14:08:56  
 # : A57244 CMS # : 0004721 LMS # : 0004721  
 Owner : O.H.W. REMEDIATION  
 Vehicle # : 000004 Lic Plate:  
 ONSLOW  
 Manifest # : 883060 PO # : Transporter: DUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.67 Tare Wt: 12.22 Net Wt: 21.45 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.45 TN	18.00000	386.10
Sub Total..... \$				386.10
Total..... \$				386.10

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

*Jerry W. Duff*

260-118LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

f. Name and Address  
of Responsible Agency.

Operator's Signature

Date



# 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. 883062

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

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

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 53200 Units P No. 1 TYPE T

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.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

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

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

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: DAVID BENNETT  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF 2905 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040296 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

i. Evelyn M.C. Laurin Name of Authorized Agent  
[Signature] Signature 040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248730

BROWNING-FERRIS INDUSTRIES  
Sampson County Disposal, Inc.

Time In: 14:29:17 Time Out: 14:29:17  
Ticket #: A57249 CMS #: 0004721 LMS #: 0004721  
Customer: O.H.M. REMEDIATION  
Vehicle #: 000031 Lic Plate:

ONSLOW  
Manifest #: 883062 PO #: Transporter: OUT  
Source Cd: Generator: US US MARINE CORP CAMP LEJEUNE NC  
Comment: Operator: EVELYN MCLAURIN  
Capacity: 30.00 yd Scale In #: 1 Scale Out #: Stored  
Gross Wt: 42.83 Tare Wt: 16.23 Net Wt: 26.60 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.60 TN	18.00000	478.80
Sub Total.....	\$			478.80
Total.....	\$			478.80

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: [Signature] #31

260-116LF (3)

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

Fragile  Non fragile  Both



# 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. 883063

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	3	9	0	0
---	---	---	---	---

 Units 

P
---

 No. 

N
---

 TYPE 

T
---

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

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

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT  
PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7016  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040296 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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.

Evelyn McLaughlin Name of Authorized Agent  
[Signature] Signature 040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ 

--	--	--	--	--

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being described on this manifest.



No: 9248732

Date : 04-02-96 Time In: 14:32:55 Time Out: 14:32:55  
Ticket # : A57251 CMS # : 0004721 LMS #: 0004721  
Customer : O. H. M. REMEDIATION  
Vehicle # : 000205 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Sampson County Disposal, Inc.

ONSLOW  
Manifest # : 883063 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Consent : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 33.82 Tare Wt: 11.87 Net Wt: 21.95 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.95 TN	18.00000	395.10
Sub Total..... \$				395.10
Total..... \$				395.10

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: \_\_\_\_\_

260-116LF (3)



# 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. 883064

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

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	0	4	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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

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

TSMORRIS Generator Authorized Agent Name  
TSMorris Signature  
040296 Shipment Date

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

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER BAIDE  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC 6892 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040296  
Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 040296  
Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Name of Authorized Agent  
Evelyn Mc Laurin Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type Operator's\* Signature Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248733

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Ticket # : 04-02-96      Time In: 14:37:25      Time Out: 14:37:25  
 : A57252      CMS #: 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000304      Lic Plate:  
 ONSLOW  
 Manifest # : 883064      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In #: 1      Scale Out #: Stored  
 Gross Wt : 41.12      Tare Wt: 15.89      Net Wt: 25.23 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.23 TN	18.00000	454.14
Sub Total..... \$				454.14
Total..... \$				454.14

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

1. Name and Address  
of Responsible Agency: \_\_\_\_\_

Eriable:  Non triable:  ...



# 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. 882992

## Section I.

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

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: AG/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 481-5875 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

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

i. BFI WASTE CODE 

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

 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, Diesel Fuel k. Quantity 44180 Units 9 No. 1 TYPE 7

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

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

JSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

## Section II

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

TRANSPORTER I  
 a. Name: Lilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27294  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 990-2400 e. Truck No.: 83  
 f. Vehicle License No./State: LF 2916 / NC  
 Acknowledgement of Receipt of Materials.

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

g. [Signature] Driver Signature 032896 Shipment Date  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2036  
Roseboro, NC 28382 Roseboro, NC 28382

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

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

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248302

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

xDate : 03-28-96      Time In: 08:54:59      Time Out: 08:54:59  
 Ticket # : A56848      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000083      Lic Plate:  
 DMSLOW  
 Manifest # : 882992      PD # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 38.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 38.10      Tare Wt: 16.01      Net Wt: 22.09 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	38.00	22.09 TN	18.00000	397.62
Sub Total..... \$				397.62
Total..... \$				397.62

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_



# 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. 883006

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

a. Generator Name: Commanding General b. Generating Location: SALE  
 c. Address: (Attn: AG/S END/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5070 f. Phone No.: \_\_\_\_\_

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

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

i. BFI WASTE CODE: 

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

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	5	3	0
---	---	---	---	---

 Units 

7
---

 No. 

1
---

 TYPE 

7
---

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

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

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

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

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

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27204  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 e. Truck No.: MGZ  
 f. Vehicle License No./State: LE2569 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032896 Shipment Date

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

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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

f. [Signature] Name of Authorized Agent [Signature] Signature 032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

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

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

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248354

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-28-96 Time In: 13:57:40 Time Out: 13:57:40  
 Ticket # : A56892 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : MS2 Lic Plate:

ONSLOW  
 Manifest # : 883006 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.81 Tare Wt: 15.52 Net Wt: 27.29 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	27.29 TN	18.00000	491.22
Sub Total..... \$				491.22
Total..... \$				491.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883005

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

a. Generator Name: Commanding General b. Generating Location: SALE  
 c. Address: (Attn: AC/S ENR/John Riccio) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5070 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 

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

 Containers 

DM	DP	B	BA	T	O
----	----	---	----	---	---

 TYPE  
DM - METAL DRUM  
DP - PLASTIC DRUM  
B - BAG  
BA - 6 MIL. PLASTIC BAG or WRAP  
T - TRUCK  
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	1	0
---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27224  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 930-2000 e. Truck No.: 130  
 f. Vehicle License No./State: LB 1801 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032896 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 520-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 052042 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248353

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-28-96 Time In: 13:55:25 Time Out: 13:55:25  
 Ticket # : A56891 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:

ONSLOW  
 Manifest # : 883005 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.74 Tare Wt: 16.15 Net Wt: 26.59 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.59 TN	18.00000	478.62
Sub Total.....	\$			478.62
Total.....	\$			478.62

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF



# 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. 883001

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Consolidating General b. Generating Location: SALE  
 c. Address: (Attn: RC/S EPO/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20001, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (919) 481-3070 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0
---	---

1	2	1
---	---	---

3	9	1	1	0	9
---	---	---	---	---	---

2	3	7	0	0	9
---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	4	0
---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG  
 or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

TSMORRIS Signature [Signature] Shipment Date 032896

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Wilco Transport, Inc  
 b. Address: 1025 East Mountain Street  
Kannerville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 893-2100 e. Truck No.: 20  
 f. Vehicle License No./State: LF 2922 NC  
 Acknowledgement of Receipt of Materials.  
 g. Driver Signature [Signature] Shipment Date 032896

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 828-4102  
 b. Physical Address: 7154 Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28302 Roseboro, NC 28302  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 032896

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248347

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-28-96 Time In: 13:22:32 Time Out: 13:22:32  
 Ticket # : A56885 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000020 Lic Plate:

ONSLOW  
 Manifest # : 883001 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 36.99 Tare Wt: 12.27 Net Wt: 24.72 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.72 TN	18.00000	444.96
Sub Total..... \$				444.96
Total..... \$				444.96

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

BH



# 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. 883004

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFTE  
 c. Address: (Apt: AD/S EMB/John Piers) d. Address: \_\_\_\_\_  
Haring Barracks Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 951-5170 f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0	1	2	1	6	9	5	1	1	0	9	2	3	7	5	0	5
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	5	0	0	0
---	---	---	---	---	---

 Units 

3
---

 No. 

1
---

 TYPE 

1
---

**TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

TSMORIKO Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Nilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2430 e. Truck No.: 31  
 f. Vehicle License No./State: LF2905 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
032796 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Simpson County Disposal, Inc c. Phone No.: (910) 528-4132  
 b. Physical Address: 7436 Roseboro Hwy. d. Mailing Address: PO Box 20009  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g. Operator \* completes e.)

a. Operator's \* Name: \_\_\_\_\_ b. Operator's \* Phone No.: \_\_\_\_\_  
 c. Operator's \* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's \* Name & Title: \_\_\_\_\_ Operator's \* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248346

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-28-96 Time In: 13:19:44 Time Out: 13:19:44  
 Ticket # : A56884 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

DNSLOW  
 Manifest # : 883004 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.73 Tare Wt: 16.23 Net Wt: 24.50 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.50 TN	18.00000	441.00
Sub Total..... \$				441.00
Total..... \$				441.00

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/ARCO CONTRACT

SIGNATURE: \_\_\_\_\_

*[Handwritten Signature]* #31



# 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. 883003

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SALE  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (919) 451-5278 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0	1	2	1	0	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

0	0	4	4	0
---	---	---	---	---

 Units F No. 

1
---

 TYPE 

T
---

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 PRINT/TYPE \_\_\_\_\_  
 e. Truck No.: 29  
 f. Vehicle License No./State: LF2904 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032896 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_ PRINT/TYPE \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ I. 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: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7404 Roseboro Hwy. d. Mailing Address: PO Box 2825  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent [Signature] Signature 032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248343

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-28-96 Time In: 13:12:30 Time Out: 13:12:30  
 Ticket # : A56881 CMS # : 0004721 LMS #: 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

ONSLOW  
 Manifest # : 883003 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 46.19 Tare Wt: 15.97 Net Wt: 30.22 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	30.22 TN	18.00000	543.96
Sub Total..... \$				543.96
Total..... \$				543.96

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*Charu Case*

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF

f. Name and Address of Responsible Agency: \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

and or the demolition or ren



# 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. 883002

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address: (Attn: AC/S EMD/Donn Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 24904, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 461-5673 f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

1	0	1	2	1	5	9	5	1	1	0	9	2	3	7	8	3	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity: 43143 Units: F No.: 1 TYPE: T

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSM/0.c/MS [Signature] 032896  
 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		TRANSPORTER II	
a. Name: <u>Hilco Transport, Inc</u>	h. Name: _____	i. Address: _____	_____
b. Address: <u>1024 East Mountain Street</u> <u>Kannerville, NC 27284</u>	j. Driver Name/Title: _____	k. Phone No.: _____	l. Truck No.: _____
c. Driver Name/Title: _____	PRINT/TYPE	m. Vehicle License No./State: _____	_____
d. Phone No.: <u>(910) 993-2400</u>	e. Truck No.: <u>4</u>	Acknowledgement of Receipt of Materials.	
f. Vehicle License No./State: <u>LF 2919</u> / <u>NC</u>	_____	_____	
g. <u>[Signature]</u> <u>032896</u>	Driver Signature	n. <u>[Signature]</u> <u>[Signature]</u>	Driver Signature
Shipment Date	_____	Shipment Date	_____

## Section III. DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Scaleson County Disposal, Inc c. Phone No.: (910) 595-4192  
 b. Physical Address: 7-04 Roseboro Hwy. d. Mailing Address: PO Box 2496  
Roseboro, NC 28382 Roseboro, NC 28382

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] 032896  
 Name of Authorized Agent      Signature      Receipt Date

## Section IV. ASBESTOS (Generator completes a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print/Type

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248342

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-28-96      Time In: 13:09:53      Time Out: 13:09:53  
 Ticket # : A56880      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000004      Lic Plate:

ONSLOW  
 Manifest # : 883002      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 36.29      Tare Wt: 12.22      Net Wt: 24.07 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.07 TN	18.00000	433.26
Sub Total..... \$				433.26
Total..... \$				433.26

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF 15



# 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. 883000

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commander General b. Generating Location: SALE  
 c. Address: (Attn: AC/S EDO/John Rides) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5178 f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0	1	2	1	6	9	6	1	1	0	9	2	3	7	3	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 

5	0	0	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

- UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910)998-2400 PRINT/TYPER e. Truck No.: 303  
 f. Vehicle License No./State: LC6891/NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032896 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_ PRINT/TYPER  
 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: Samson County Disposal, Inc c. Phone No.: (910)526-4132  
 b. Physical Address: 7404 Roseboro Hwy. d. Mailing Address: PO box 2093  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator \* completes e.)

a. Operator's \* Name: \_\_\_\_\_ b. Operator's \* Phone No.: \_\_\_\_\_  
 c. Operator's \* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's \* Name & Title: \_\_\_\_\_ Print/Type Operator's \* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable,  Non-friable,  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248339

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 03-28-96 Time In: 12:48:24 Time Out: 12:48:24  
 Ticket # : A56877 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303 Lic Plate:

DNSLOW  
 Manifest # : 883000 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.12 Tare Wt: 15.09 Net Wt: 25.03 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	25.03 TN	18.00000	450.54
Sub Total..... \$				450.54
Total..... \$				450.54

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF (3)

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882999

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S ENG/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-8870 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

1	0	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 4354 Units: 1 No.: 1 TYPE: T

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.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 525-4132 e. Truck No.: MG2  
 f. Vehicle License No./State: LE 2569 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032896 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7134 Roseboro Hwy. d. Mailing Address: PO Box 2003  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248315

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-28-96      Time In: 09:46:45      Time Out: 09:46:45  
 Ticket # : A56853      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : M62      Lic Plate:

ONSLOW  
 Manifest # : 882999      PO # :      Transporter: DUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.81      Tare Wt: 15.52      Net Wt: 24.29 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.29 TN	18.00000	437.22
Sub Total..... \$				437.22
Total..... \$				437.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882998

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAIE  
 c. Address: (Attn: AD/S ERD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20904, Camp Lejeune, NC 28542-0904  
 e. Phone No.: (910) 461-5679 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0	1	2	1	6	9	6	1	1	0	9	2	3	7	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM	DP	B	BA	T	O
----	----	---	----	---	---

 TYPE  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	3	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TSMorris Generator Authorized Agent Name  
TSMorris Signature  

0	3	2	8	9	6
---	---	---	---	---	---

 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: T. Morris  
 d. Phone No.: (910) 993-2000 e. Truck No.: 130  
 f. Vehicle License No./State: LE 1801 / NC  
 Acknowledgement of Receipt of Materials.  
 g. T. Morris Driver Signature 

0	3	2	8	9	6
---	---	---	---	---	---

 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature 

--	--	--	--	--	--

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 20905  
Roseboro, NC 28382 Roseboro, NC 28382

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. E. Morris Name of Authorized Agent E. Morris Signature 

0	3	2	8	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248314

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-28-96      Time In: 09:44:29      Time Out: 09:44:29  
 Ticket # : A56852      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130      Lic Plate:

QNSLDW  
 Manifest # : 882998      PD # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 38.30      Tare Wt: 16.15      Net Wt: 22.15 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	22.15 TN	18.00000	398.70
Sub Total..... \$				398.70
Total..... \$				398.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 882994

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SALE  
 c. Address: (Attn: AC/S END/John Riens) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

4	0	1	2	1	6	9	5	1	1	0
---	---	---	---	---	---	---	---	---	---	---

 s 

2	3	7	2	0	6
---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	8	4	9	0
---	---	---	---	---

 Units 

7
---

 No. 

1
---

 TYPE 

1
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS/MORRIS Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 998-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF2919 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032896 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7436 Roseboro Hwy. d. Mailing Address: PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both % friable \_\_\_\_\_ % nonfriable \_\_\_\_\_



No: 9248307

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-28-96 Time In: 09:09:52 Time Out: 09:09:52  
 Ticket # : A56845 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

ONSLOW  
 Manifest # : 882994 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 36.46 Tare Wt: 12.22 Net Wt: 24.24 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.24 TN	18.00000	436.32
Sub Total..... \$				436.32
Total..... \$				436.32

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 882996

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAVE  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5876 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 

A	D	1	2	1	6	9	6	1	1	0	9	2	3	7	3	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 40370 Units F No. 1 TYPE 7

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMOR, KID Generator Authorized Agent Name  
[Signature] Signature  
032896 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 PRINT/TYPE  
 e. Truck No.: 20  
 f. Vehicle License No./State: LF 2922 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 032896 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: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248308

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 03-28-96      Time In: 09:18:58      Time Out: 09:18:58  
 Ticket # : A56846      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000020      Lic Plate:

ONSLOW  
 Manifest # : 882996      PO #:      Transporter: QUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 32.69      Tare Wt: 12.27      Net Wt: 20.42 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	20.42 TN	18.00000	367.56
Sub Total..... \$				367.56
Total..... \$				367.56

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

*B.H.*

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 882995

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAWF  
 c. Address: (Open: 10/8 HLB/John Pigg) d. Address: \_\_\_\_\_  
Navajo County Jail, P.O. Box 20000, Camp Lejeune, NC 28502-1000

e. Phone No.: (910) 351-5879 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0	1	0	1	5	9	5	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	2	0	8
---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 

50	90	0	0	0	0
----	----	---	---	---	---

 Units 

1
---

 No. 

1
---

 TYPE 

7
---

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

TS MORRIS Generator Authorized Agent Name TS Morris Signature 032896 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kornersville, NC 27204  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (810) 793-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 032896 Shipment Date  
 Driver Signature

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sanderson County Disposal, Inc c. Phone No: (910) 525-4132  
 b. Physical Address: 743+ Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28302 Roseboro, NC 28302

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 032896 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248310

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 03-28-96 Time In: 09:34:35 Time Out: 09:34:35  
 Ticket # : A56850 CMS # : 0004721 LMS #: 0004721  
 Customer : O. H. M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

ONSLOW  
 Manifest # : 882995 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.42 Tare Wt: 15.97 Net Wt: 25.45 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.45 TN	18.00000	458.10
Sub Total..... \$				458.10
Total..... \$				458.10

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

*Chase*

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883065

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	2	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORAN Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: J. Schmitt PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LB1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040296

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_ PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn McLaure Name of Authorized Agent  
[Signature] Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type  
 \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248747

**BROWNING-FERRIS INDUSTRIES**  
Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 16:20:48 Time Out: 16:20:48  
Ticket # : A57266 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000130 Lic Plate:

ONSLOW  
Manifest # : 883065 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.29 Tare Wt: 16.15 Net Wt: 26.14 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.14 TN	18.00000	470.52
Sub Total..... \$				470.52
Total..... \$				470.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

1. Name and Address  
of Responsible Agency: \_\_\_\_\_

Friable  Non friable  Both

0% friable

8% nonfriable



# 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. 883045

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	0	0
---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
TSMorris Signature  
040296 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Johnny Lowe  
 d. Phone No.: (910)993-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LB 1901 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040296

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn McLaurin Name of Authorized Agent  
Evelyn McLaurin Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248654

BROWNING-FERRIS INDUSTRIES

Sawpson County Disposal, Inc.

Date : 04-02-96 Time In: 09:11:38 Time Out: 09:11:38  
Lot # : A57173 CMS # : 0004721 LMS #: 0004721

Customer : O.H.M. REMEDIATION

Vehicle # : 000130

Lic Plate:

ONSLOW

Manifest # : 883045 PO #: Transporter: OUT

Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC

Comment : Operator: EVELYN MCLAURIN

Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored

Gross Wt : 42.15 Tare Wt: 16.15 Net Wt: 26.00 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.00 TN	18.00000	468.00
	Sub Total..... \$			468.00
	Total..... \$			468.00

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF (3)

of Responsible Agency: \_\_\_\_\_



# 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. 883066

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 49140 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910)993-2400 e. Truck No.: MG2  
 f. Vehicle License No./State: LE 2569 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040296

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ I. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Name of Authorized Agent  
[Signature] Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248748

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

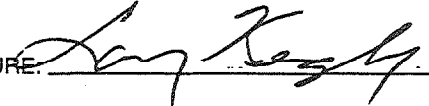
Date : 04-02-96 Time In: 16:23:14 Time Out: 16:23:14  
 Ticket # : A57267 CMS # : 0004721 LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : MG2 Lic Plate:

ONSLOW  
 Manifest # : 883066 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.09 Tare Wt: 15.52 Net Wt: 24.57 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.57 TN	18.00000	442.26
Sub Total..... \$				442.26
Total..... \$				442.26

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:  260-116LF (3)

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 883048

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 49960 Units P No. 1 TYPE T

TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

TSMORRIS [Signature] 040296  
 Generator Authorized Agent Name Signature Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910)993-2400 e. Truck No.: M62  
 f. Vehicle License No./State: LE 2569 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040296  
 Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn McLaure [Signature] 040296  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248655

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

: 04-02-96      Time In: 09:14:27      Time Out: 09:14:27  
 Ticket # : A57174      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : MG2      Lic Plate:

ONSLOW  
 Manifest # : 882048      PO # :      Transporter: DUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.50      Tare Wt: 15.52      Net Wt: 24.98 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.98 TN	18.00000	449.64
Sub Total..... \$				449.64
Total..... \$				449.64

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883067

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	3	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Robert L. Guthrie  
 d. Phone No.: (910) 993-2400 e. Truck No.: 84  
 f. Vehicle License No./State: LF 2917 NC  
 Acknowledgement of Receipt of Materials.  
 g. Robert Guthrie Driver Signature 040296 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn McShawin Name of Authorized Agent [Signature] Signature 040296 Receipt Date

## Section IV ASBESTOS (Generator completes a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or used as the demolition or construction operation, or both.



No: 9248750

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 16:31:21 Time Out: 16:31:21  
 Ticket # : A57269 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000084 Lic Plate:

ONSLOW  
 Manifest # : 883067 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.96 Tare Wt: 15.77 Net Wt: 26.19 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.19 TN	18.00000	471.42
Sub Total..... \$				471.42
Total..... \$				471.42

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Robert Smith*

REORDER ONLY THROUGH BFI/UARCO CONTRACT

25 260-116LF (3)

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both  % friable  % nonfriable



# 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. 883068

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAMF  
c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	8	0	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE  
DM - METAL DRUM  
DP - PLASTIC DRUM  
B - BAG  
BA - 6 MIL. PLASTIC BAG or WRAP  
T - TRUCK  
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS  
P - POUNDS  
Y - YARDS  
M<sup>3</sup> - CUBIC METERS  
Y<sup>3</sup> - CUBIC YARDS  
O - OTHER

T Smorris Generator Authorized Agent Name [Signature] Signature 040296 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
a. Name: Hilco Transport, Inc  
b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
c. Driver Name/Title: [Signature] LES JOHNSON  
PRINT/TITLE  
d. Phone No.: (910) 998-2400 e. Truck No.: 73  
f. Vehicle License No./State: LF2916 NC  
Acknowledgement of Receipt of Materials.  
g. [Signature] Driver Signature 040296 Shipment Date

TRANSPORTER II  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.  
n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No. (910) 525-4132  
b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
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. Evelyn Mc Laurin Name of Authorized Agent [Signature] Signature 040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9248752

BROWNING-FERRIS INDUSTRIES  
Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 16:36:33 Time Out: 16:36:33  
Ticket # : A57271 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000083 Lic Plate:

ONSLOW  
Manifest # : 883068 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 40.05 Tare Wt: 16.01 Net Wt: 24.04 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	24.04 TN	18.00000	432.72
Sub Total.....	\$			432.72
Total.....	\$			432.72

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

280-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

t. Name and Address  
of Responsible Agency: \_\_\_\_\_



# 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. 883046

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	5	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

J
---

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.

TSMORRIS TSMorris

0	4	0	2	9	6
---	---	---	---	---	---

  
 Generator Authorized Agent Name Signature Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: LES JOHNSON  
PRINT/TYPE  
 d. Phone No.: (910)993-2400 e. Truck No.: 83  
 f. Vehicle License No./State: LF 2916 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
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: Sampson County Disposal, Inc c. Phone No. (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Evelyn Mc Laurin

0	4	0	2	9	6
---	---	---	---	---	---

  
Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--	--

  
Print/Type Operator's\* Signature Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



No: 9248657

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 09:20:08 Time Out: 09:20:08  
Ticket # : A57177 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000083 Lic Plate:

ONSLOW  
Manifest # : 883046 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.77 Tare Wt: 16.01 Net Wt: 26.76 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.76 TN	18.00000	481.68
Sub Total.....	\$			481.68
Total.....	\$			481.68

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

of Responsible Agency: \_\_\_\_\_

Empty  Non-Hazardous  Other



# 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. 883043

## Section I

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 54460 P Units 1 No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
TSMORRIS Signature  
040196 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER GAIDE  
 d. Phone No.: (910)993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC 6892/NC  
 Acknowledgement of Receipt of Materials.  
[Signature] g. Driver Signature  
040196 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature \_\_\_\_\_  
 Shipment Date \_\_\_\_\_

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040296 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248644

Date : 04-02-96 Time In: 07:33:16 Time Out: 07:33:16  
Ticket # : A57164 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000304 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Saapson County Disposal, Inc.

ONSLOW  
Manifest # : 883043 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 43.12 Tare Wt: 15.89 Net Wt: 27.23 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	27.23 TN	18.00000	490.14
Sub Total.....	\$			490.14
Total.....	\$			490.14

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

Name and Address  
of Responsible Agency: \_\_\_\_\_



# 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. 883047

## Section I

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	7	4	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Robert L. Guthrie  
PRINT/TYPE  
 d. Phone No.: (910)993-2400 e. Truck No.: 84  
 f. Vehicle License No./State: LF 2917 NC  
 Acknowledgement of Receipt of Materials.  
 g. Robert Guthrie Driver Signature 040296 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: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Name of Authorized Agent [Signature] Signature 040296 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9248658

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-02-96      Time In: 09:22:45      Time Out: 09:22:45  
 Ticket # : A57178      CMS # : 0004721      LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000084      Lic Plate:  
 ONSLOW  
 Manifest # : 883047      PD # :      Transporter: OUI  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 44.50      Tare Wt: 15.77      Net Wt: 28.73 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	28.73 TN	18.00000	517.14
Sub Total.....	\$			517.14
Total.....	\$			517.14

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Robert G. [Signature]*

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF

r. Name and Address

of Responsible Agency: \_\_\_\_\_

q.  Friable,  Non-friable,  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883061

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 54780 Units P No. 11 TYPE T

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.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904  
 Acknowledgement of Receipt of Materials.  
 g. Charles Collins Driver Signature 040296 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ i. 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: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

i. Evelyn McLaurin Name of Authorized Agent [Signature] Signature 040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated or the demolition or renovation operation, or both



No: 9248729

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-02-96      Time In: 14:27:16      Time Out: 14:27:16  
 Ticket # : A57248      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000029      Lic Plate:

DMSLOW  
 Manifest # : 883061      PO #:      Transporter: GUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 43.36      Tare Wt: 15.97      Net Wt: 27.39 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.39 TN	18.00000	493.02
	Sub Total..... \$			493.02
	Total..... \$			493.02

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*Charles Case*

260-116LF (S)

REORDER ONLY THROUGH BFI/JARCO CONTRACT

of Responsible Agency: \_\_\_\_\_

g.  Friable,  Non-friable,  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883044

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 416640 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature] 040196  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF 2919 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040196  
 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: Sampson County Disposal, Inc c. Phone No. (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 040296  
 Name of Authorized Agent Signature Receipt Date

## Section IV. ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9248635

BROWNING-FERRIS INDUSTRIES  
Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 07:17:26 Time Out: 07:17:26  
Ticket # : A57154 CMS # : 0004721 LMS #: 0004721  
Customer : D. H. M. REMEDIATION  
Vehicle # : 000004 Lic Plate:

ONSLOW  
Manifest # : 883044 PO #: Transporter: GUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 33.54 Tare Wt: 12.22 Net Wt: 21.32 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.32 TN	18.00000	383.76
Sub Total..... \$				383.76
Total..... \$				383.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF (

REORDER ONLY THROUGH BFI/UARCO CONTRACT

of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable % nonfriable



# 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. 883040

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 52220 Units P No. 1 TYPE T  
 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature] 040196  
 Generator Authorized Agent Name Signature Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Davio Bennett  
 d. Phone No.: (910)993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF2905 / NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040196  
 Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 040296  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demarcated, except for the generator.





No: 9248632

**BROWNING-FERRIS INDUSTRIES**  
Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 07:11:23 Time Out: 07:11:23  
Ticket # : A57151 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000031 Lic Plate:

ONSLOW  
Manifest # : 883040 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.34 Tare Wt: 16.23 Net Wt: 26.11 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.11 TN	18.00000	469.98
Sub Total..... \$				469.98
Total..... \$				469.98

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE:  #31  260-116LF

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

Eriable:  Non triable  Both



# 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. 883039

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 53640 Units P No. 1 TYPE T  
 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
TSMorris Signature  
040196 Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904 /NC  
 Acknowledgement of Receipt of Materials.  
 g. Charles Collins Driver Signature 040196 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

Shirley Robinson Name of Authorized Agent  
Shirley Robinson Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248631

**BROWNING-FERRIS INDUSTRIES**  
Sampson County Disposal, Inc.

Date : 04-02-96 Time In: 07:09:25 Time Out: 07:09:25  
Ticket # : A57150 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000029 Lic Plate:

ON SLOW

Manifest # : 883039 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.79 Tare Wt: 15.97 Net Wt: 26.82 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.82 TN	18.00000	482.76
Sub Total..... \$				482.76
Total..... \$				482.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Charles Case

25 260-116LF (

REORDER ONLY THROUGH BFI/ARCO CONTRACT

Name and Address  
of Responsible Agency: \_\_\_\_\_



# 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. 883041

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 46660 Units P No. 1 TYPE T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

TSMORRIS Generator Authorized Agent Name  
TSM Signature  
040196 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT  
 PRINT/TYPE  
 d. Phone No.: (910)993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7610 NC

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.  
 g. Jeff Pettit Shipment Date 040196

Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Shirley Robinson Name of Authorized Agent  
Shirley Robinson Signature  
040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248630

Time In: 07:07:15 Time Out: 07:07:15  
Ticket #: A57149 CMS #: 0004721 LMS #: 0004721  
Customer: O.H.M. REMEDIATION  
Vehicle #: 000205 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Sampson County Disposal, Inc.

ONSLOW  
Manifest #: 883041 PO #: Transporter: QUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In #: 1 Scale Out #: Stored  
Gross Wt : 35.20 Tare Wt: 11.87 Net Wt: 23.33 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.33 TN	18.00000	419.94
Sub Total..... \$				419.94
Total..... \$				419.94

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: \_\_\_\_\_

260-116LF (3)

1. Name and Address  
of Responsible Agency: \_\_\_\_\_

g.  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883042

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	2	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040196 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W. Lapierre  
 d. Phone No.: (910)993-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC 6894 / NC  
 Acknowledgement of Receipt of Materials.  
 g. Richard W. Lapierre Driver Signature 040196 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ I. 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: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 040296 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248627

BROWNING-FERRIS INDUSTRIES  
Sampson County Disposal, Inc.

: 04-02-96      Time In: 06:58:20      Time Out: 06:58:20  
 Ticket # : A57146      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000306      Lic Plate:  
 DMSLW  
 Manifest # : 883042      PD #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 37.79      Tare Wt: 15.65      Net Wt: 22.14 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.14 TN	18.00000	398.52
Sub Total..... \$				398.52
Total..... \$				398.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Richard W Lapierre  
260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 883097

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	6	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TSMORRIS [Signature] 040396  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Cousins  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF2904 NC  
 Acknowledgement of Receipt of Materials.  
 g. Charles Cousins 040396  
 Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Jewelyn Mc Laurin 040396  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# SPECIAL WASTE & ASBESTOS MANIFEST



No: 9248882

Date : 04-03-96 Time In: 16:30:15 Time Out: 16:30:15  
 Ticket # : A57398 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

ONSLOW  
 Manifest # : 883097 PD #: Transporter: QUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.79 Tare Wt: 15.97 Net Wt: 26.82 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.82 TN	18.00000	482.76
Sub Total..... \$				482.76
Total..... \$				482.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*Charles Case*

260-116LF (3)

REORDER ONLY THROUGH BFI/ARCO CONTRACT

are classified.

Date

f. Name and \_\_\_\_\_  
 of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_



# 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. 883095

## Section I.

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	9	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Johnny Lee  
 d. Phone No.: (910)993-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LB1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ I. 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: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn M.S. Laurin Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type  
 \_\_\_\_\_ Operator's\* Signature  
 \_\_\_\_\_ Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248880

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 04-03-96 Time In: 16:24:04 Time Out: 16:24:04  
 Ticket # : A57395 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:  
 DNSLW  
 Manifest # : 883095 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.64 Tare Wt: 16.15 Net Wt: 26.49 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.49 TN	18.00000	476.82
Sub Total.....	\$			476.82
Total.....	\$			476.82

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF (

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248881

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 04-03-96 Time In: 16:26:31 Time Out: 16:26:31  
 Ticket # : A57396 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : M62 Lic Plate:  
 DNSLW  
 Manifest # : 883096 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.32 Tare Wt: 15.52 Net Wt: 25.80 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	25.80 TN	18.00000	464.40
Sub Total.....	\$			464.40
Total.....	\$			464.40

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF (

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address  
of Responsible Agency: \_\_\_\_\_



# 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. 883096

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	6	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: M62  
 f. Vehicle License No./State: LE 2569 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040396 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 

--	--	--	--	--	--

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-l)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin [Signature] 040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WED 18:20 BFI

FAX NO. 9105254150

P. 03



No: 9248880

Date : 04-03-96 Time In: 16:24:04 Time Out: 16:24:04  
Ticket # : A57395 CMS # : 0204721 LMS #: 0004/21  
Customer : O.H.M. REMEDIATION  
Vehicle # : 0001C0 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Seapson County Disposal, Inc.

Manifest # : 683095 PG #: Transporters: DLT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Coasent : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.64 Tare Wt: 16.15 Net Wt: 26.49 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.49 TN	18.00000	476.82
Sub Total..... \$				476.82
Total..... \$				476.82

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFIWARCO CONTRACT

SIGNATURE: *[Signature]*

260-116LF



No: 9248881

Date : 04-03-96 Time In: 16:26:31 Time Out: 16:26:31  
Ticket # : A57396 CMS # : 0204721 LMS #: 0004/21  
Customer : O.H.M. REMEDIATION  
Vehicle # : AG2 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Seapson County Disposal, Inc.

Manifest # : 683096 PG #: Transporters: DLT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Coasent : Operator: EVELYN MCLAURIN  
Capacity : 40.00 yd Scale in # : 1 Scale Out #: Stored  
Gross Wt : 41.32 Tare Wt: 15.52 Net Wt: 25.80 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	25.80 TN	18.00000	464.40
Sub Total..... \$				464.40
Total..... \$				464.40

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

ORDER ONLY THROUGH BFIWARCO CONTRACT

SIGNATURE: *[Signature]*



# 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. 883093

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	4	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-r)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 83  
 f. Vehicle License No./State: LF2916 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
040396 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

i. Evelyn McLaurin Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248877

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Ticket # : 04-03-96      Time In: 16:02:50      Time Out: 16:02:50  
 : A57392      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000083      Lic Plate:

ONSLOW  
 Manifest # : 883093      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 41.72      Tare Wt: 16.01      Net Wt: 25.71 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.71 TN	18.00000	462.78
Sub Total..... \$				462.78
Total..... \$				462.78

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248878

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-03-96      Time In: 16:04:52      Time Out: 16:04:52  
 Ticket # : A57393      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000084      Lic Plate:

ONSLOW  
 Manifest # : 883094      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 43.02      Tare Wt: 15.77      Net Wt: 27.25 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.25 TN	18.00000	490.50
Sub Total..... \$				490.50
Total..... \$				490.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

of Responsible Agency: \_\_\_\_\_



# 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. 883094

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	5	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

**TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

**UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Robert L Guthrie  
PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 84  
 f. Vehicle License No./State: LF 2917 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn McLaurin Name of Authorized Agent  
[Signature] Signature 040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_  
Print/Type Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



BFI

FAX NO. 9105254150

P. 04



No: 9248877

Date : 04-03-96 Time In: 16:02:50 Time Out: 16:02:50  
 Ticket # : A57392 CMS # : 0004721 LMS #: 0004721  
 Customer : C.H.M. REMEDIATION  
 Vehicle # : 000083 Lic Plate:  
 ONSLOW

**BROWNING-FERRIS INDUSTRIES**  
 Seapson County Disposal, Inc.

Manifest # : 883093 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.72 Tare Wt: 16.01 Net Wt: 25.71 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.71 TN	18.00000	462.78
Sub Total..... \$				462.78
Total..... \$				462.78

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

200-118LF (2)

ORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248878

**BROWNING-FERRIS INDUSTRIES**  
 Seapson County Disposal, Inc.

Date : 04-03-96 Time In: 16:04:52 Time Out: 16:04:52  
 Ticket # : A57393 CMS # : 0004721 LMS #: 0004721  
 Customer : C.H.M. REMEDIATION  
 Vehicle # : 000054 Lic Plate:  
 ONSLOW

Manifest # : 883094 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 43.02 Tare Wt: 15.77 Net Wt: 27.25 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.25 TN	18.00000	490.50
Sub Total..... \$				490.50
Total..... \$				490.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

200-118LF (2)

ORDER ONLY THROUGH BFI/ARCO CONTRACT

Name and Address of Responsible Agency: \_\_\_\_\_



# 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. 883091

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	6	3	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

AS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910)993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF2919 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040396

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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.  
 1. Evelyn McLaurin Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248857

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 14:09:17 Time Out: 14:09:17  
Ticket # : A57373 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000004 Lic Plate:

ONSLW

Manifest # : 883091 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 35.37 Tare Wt: 12.22 Net Wt: 23.15 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.15 TN	18.00000	416.70
Sub Total..... \$				416.70
Total..... \$				416.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (C)

REORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248862

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 14:51:29 Time Out: 14:51:29  
Ticket # : A57380 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000324 Lic Plate:

ONSLW

Manifest # : 883092 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 41.14 Tare Wt: 15.89 Net Wt: 25.25 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.25 TN	18.00000	454.50
Sub Total..... \$				454.50
Total..... \$				454.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (C)

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address  
of Responsible Agency:



# 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. 883092

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	0	5	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature]

0	4	0	3	9	6
---	---	---	---	---	---

  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER GAIDE  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC6872 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	0	3	9	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 

--	--	--	--	--	--

  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Mc Laurin [Signature]

0	4	0	3	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--	--

  
Print/Type Operator's\* Signature Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

BFI

FAX NO. 9105254150

P.05



No: 9248857

BROWNING-FERRIS INDUSTRIES

Saxson County Disposal, Inc.

Date : 04-03-96 Time In: 14:09:17 Time Out: 14:09:17  
 Ticket # : A57373 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

ONSLOW  
 Manifest # : 883091 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 35.37 Tare Wt: 12.22 Net Wt: 23.15 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.15 TN	18.00000	416.70
Sub Total..... \$				416.70
Total..... \$				416.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

250-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248862

BROWNING-FERRIS INDUSTRIES

Saxson County Disposal, Inc.

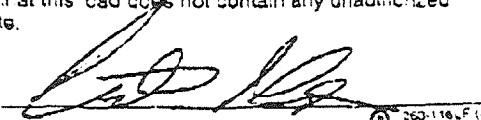
Date : 04-03-96 Time In: 14:51:29 Time Out: 14:51:29  
 Ticket # : A57380 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

ONSLOW  
 Manifest # : 883092 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.14 Tare Wt: 15.59 Net Wt: 25.25 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.25 TN	18.00000	454.50
Sub Total..... \$				454.50
Total..... \$				454.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

250-116LF

ORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 883089

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 44360 Units P No. 1 TYPE T

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORLIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W Lapierre  
 d. Phone No.: (910)993-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC 6894 NC  
 Acknowledgement of Receipt of Materials.  
 g. Richard W Lapierre Driver Signature 040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Laurin Name of Authorized Agent [Signature] Signature 040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248851

Date : 04-03-96 Time In: 13:42:18 Time Out: 13:42:18  
Ticket # : A57369 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000306 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Sampson County Disposal, Inc.

ONSLOW  
Manifest # : 883089 PO #: Transporter: GUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 37.83 Tare Wt: 15.65 Net Wt: 22.18 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.18 TN	18.00000	399.24
Sub Total.....	\$			399.24
Total.....	\$			399.24

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/ARCO CONTRACT

SIGNATURE: P. W. Lapierre

260-116LF



No: 9248853

Date : 04-03-96 Time In: 13:48:53 Time Out: 13:48:53  
Ticket # : A57371 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000205 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Sampson County Disposal, Inc.

ONSLOW  
Manifest # : 883090 PO #: Transporter: GUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 35.62 Tare Wt: 11.87 Net Wt: 23.75 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.75 TN	18.00000	427.50
Sub Total.....	\$			427.50
Total.....	\$			427.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Jeff Pettit

REORDER ONLY THROUGH BFI/ARCO CONTRACT

260-116LF

f. Name and Address  
of Responsible Agency: \_\_\_\_\_



# 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. 883090

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	7	5	0	6
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT  
 d. Phone No.: (910)993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7610 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
040396 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Laurin Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No. 9248851

BROWNING-FERRIS INDUSTRIES

Saxson County Disposal, Inc.

Ticket # : 04-03-96      Time In: 13:42:18      Time Out: 13:42:18  
 AS Job # :              CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000306                              Lic Plate:

Manifest # : 083089      PO #:              Transporter: CUT  
 Source Cd :              Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Consent :    Operator: EVELYN MCLAURIN  
 Capacity :      20.00 yd Scale In # : 1              Scale Out #: Stored  
 Gross Wt :      37.83      Tare Wt:      15.65      Net Wt: 22.18 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.18 TN	18.00000	399.24
Sub Total..... \$				399.24
Total..... \$				399.24

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: R.W. Lapierre 260-116LF (

REORDER ONLY THROUGH BFI/JARCO CONTRACT



No. 9248853

BROWNING-FERRIS INDUSTRIES

Saxson County Disposal, Inc.

Date : 04-03-96      Time In: 13:48:53      Time Out: 13:48:53  
 Ticket # : A57371      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000205                              Lic Plate:

Manifest # : 083090      PO #:              Transporter: CUT  
 Source Cd :              Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Consent :    Operator: EVELYN MCLAURIN  
 Capacity :      20.00 yd Scale In # : 1              Scale Out #: Stored  
 Gross Wt :      35.92      Tare Wt:      11.87      Net Wt: 23.75 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.75 TN	18.00000	427.50
Sub Total..... \$				427.50
Total..... \$				427.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Jeff Pettit 260-116LF (

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883087

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

54480
27240

 Units 

8
---

 No. 

1
---

 TYPE 

T
---

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.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910)993-2400 e. Truck No.: MG2  
 f. Vehicle License No./State: LE-2569 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040396

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator \* completes e.)

a. Operator's \* Name: \_\_\_\_\_ b. Operator's \* Phone No.: \_\_\_\_\_  
 c. Operator's \* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's \* Name & Title: \_\_\_\_\_ Operator's \* Signature \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248834

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date: 04-03-96 Time In: 12:50:01 Time Out: 12:50:01  
Ticket #: A57353 CMS #: 0004721 LMS #: 0004721  
Customer: O.H.M. REMEDIATION  
Vehicle #: MG2 Lic Plate:

ONSLOW  
Manifest #: 883087 PO #: Transporter: OUT  
Source Cd: Generator: US US MARINE CORP CAMP LEJEUNE NC  
Comment: Operator: SHIRLEY ROBINSON  
Capacity: 40.00 yd Scale In #: 1 Scale Out #: Stored  
Gross Wt: 42.76 Tare Wt: 15.52 Net Wt: 27.24 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	27.24 TN	18.00000	490.32
Sub Total..... \$				490.32
Total..... \$				490.32

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *[Signature]*

260-116LF (3)

REORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248844

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date: 04-03-96 Time In: 13:17:48 Time Out: 13:17:48  
Ticket #: A57361 CMS #: 0004721 LMS #: 0004721  
Customer: O.H.M. REMEDIATION  
Vehicle #: 000029 Lic Plate:

ONSLOW  
Manifest #: 883088 PO #: Transporter: OUT  
Source Cd: Generator: US US MARINE CORP CAMP LEJEUNE NC  
Comment: Operator: EVELYN MCLAURIN  
Capacity: 30.00 yd Scale In #: 1 Scale Out #: Stored  
Gross Wt: 41.49 Tare Wt: 15.97 Net Wt: 25.52 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.52 TN	18.00000	459.36
Sub Total..... \$				459.36
Total..... \$				459.36

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *[Signature]*

260-116LF (3)

REORDER ONLY THROUGH BFI/ARCO CONTRACT

of Responsible Agency: \_\_\_\_\_



# 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. 883088

## Section I.

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	0	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name      [Signature] Signature      040396 Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904  
 Acknowledgement of Receipt of Materials.  
 g. Charles Collins Driver Signature      040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn McLaurin Name of Authorized Agent      [Signature] Signature      040396 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248834

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 04-03-96 Time In: 12:50:01 Time Out: 12:50:01  
Ticket # : A57353 CNS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : M02 Lic Plate:  
ONSLOW

Manifest # : 880087 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Consent : Operator: SHIRLEY ROBINSON  
Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.76 Tare Wt: 15.52 Net Wt: 27.24 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	27.24 TN	18.00000	490.32
Sub Total..... \$				490.32
Total..... \$				490.32

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

280-116LF1

RECORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248844

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 04-03-96 Time In: 13:17:48 Time Out: 13:17:48  
Ticket # : A57361 CNS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000029 Lic Plate:  
ONSLOW

Manifest # : 883068 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Consent : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 41.49 Tare Wt: 15.97 Net Wt: 25.52 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.52 TN	18.00000	459.36
Sub Total..... \$				459.36
Total..... \$				459.36

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste

SIGNATURE

RECORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 883084

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 54260 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
TSMorris Signature  
040396 Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Les Johnson  
 d. Phone No.: (910)993-2400 e. Truck No.: 83  
 f. Vehicle License No./State: LF 2916 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040396

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248828

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

04-03-96 Time In: 12:14:35 Time Out: 12:14:35  
Ticket # : A57345 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000083 Lic Plate:

ONSLOW  
Manifest # : 883084 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 43.14 Tare Wt: 16.01 Net Wt: 27.13 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	27.13 TN	18.00000	488.34
Sub Total..... \$				488.34
Total..... \$				488.34

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF (2)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248833

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

04-03-96 Time In: 12:47:16 Time Out: 12:47:16  
Ticket # : A57352 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000130 Lic Plate:

ONSLOW  
Manifest # : 883086 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 43.02 Tare Wt: 16.15 Net Wt: 26.87 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.87 TN	18.00000	483.66
Sub Total..... \$				483.66
Total..... \$				483.66

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF (2)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

of Responsible Agency



# 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. 883086

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	7	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Signature 040396 Shipment Date  
 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: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Johnny Lane  
 d. Phone No.: (910)993-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LB-1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040396

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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 040396 Receipt Date  
 Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date \_\_\_\_\_

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248828

Date : 04-03-96 Time In: 12:14:35 Time Out: 12:14:35  
Ticket # : A57345 CMS # : 0004721 LMS # : 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 002883 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Sawson County Disposal, Inc.

Manifest # : 893884 PO # : Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Consent : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In # : 1 Scale Out # : Stored  
Gross Wt : 43.14 Tare Wt: 15.81 Net Wt: 27.13 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	27.13 TN	18.00000	488.34
Sub Total..... \$				488.34
Total..... \$				488.34

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

280-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT



No: 9248833

Date : 04-03-96 Time In: 12:47:16 Time Out: 12:47:16  
Ticket # : A57382 CMS # : 0004721 LMS # : 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000138 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
Sawson County Disposal, Inc.

Manifest # : 882886 PO # : Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Consent : Operator: SHIRLEY ROBINSON  
Capacity : 30.00 yd Scale In # : 1 Scale Out # : Stored  
Gross Wt : 43.02 Tare Wt: 16.15 Net Wt: 26.87 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.87 TN	18.00000	483.66
Sub Total..... \$				483.66
Total..... \$				483.66

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 883083

## Section I.

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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: 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 52280 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER GAIDE  
 d. Phone No.: (910)993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC 6892 NC  
 Acknowledgement of Receipt of Materials  
 g. [Signature] Driver Signature 040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Name of Authorized Agent [Signature] Signature 040396 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable.  Non-friable.  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248811

Date : 04-03-96 Time In: 10:45:04 Time Out: 10:45:04  
Ticket # : A57328 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000304 Lic Plate:

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

DNSLOW  
Manifest # : 883083 PD #: Transporter: OJT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.03 Tare Wt: 15.89 Net Wt: 26.14 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.14 TN	18.00000	470.52
Sub Total..... \$				470.52
Total..... \$				470.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248827

Date : 04-03-96 Time In: 12:12:41 Time Out: 12:12:41  
Ticket # : A57344 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000084 Lic Plate:

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

DNSLOW  
Manifest # : 883085 PD #: Transporter: OJT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.87 Tare Wt: 15.77 Net Wt: 27.10 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.10 TN	18.00000	487.80
Sub Total..... \$				487.80
Total..... \$				487.80

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address  
of Responsible Agency: \_\_\_\_\_



# 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. 883085

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	2	0	0
---	---	---	---	---

 Units 

1
---

 No. 

P
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature]

0	4	0	3	9	6
---	---	---	---	---	---

  
 Generator Authorized Agent Name Signature Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Robert L. Guthrie  
 d. Phone No.: (910) 993-2400 e. Truck No.: 84  
 f. Vehicle License No./State: LF2917 NC  
 Acknowledgement of Receipt of Materials.  
 g. Robert Guthrie

0	4	0	3	9	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 

--	--	--	--	--	--

  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No. (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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]

0	4	0	3	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248811

Date : 01-03-96 Time In: 10:45:04 Time Out: 10:45:24  
Ticket # : A57328 CMS # : 0004721 LMS #: 0004721  
Customer : C.H.M. REMEDIATION  
Vehicle # : 000204 Lic Plate:

BROWNING-FERRIS INDUSTRIES  
Simpson County Disposal, Inc.

Manifest # : 883083 PO #: Transporter: OJT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN McLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.03 Tare Wt: 15.89 Net Wt: 26.14 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.14 TN	18.00000	470.52

Sub Total..... \$ 470.52

Total..... \$ 470.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

250-116.F.1

REORDER ONLY THROUGH BFWARCO CONTRACT



No: 9248827

Date : 04-03-96 Time In: 12:12:41 Time Out: 12:12:41  
Ticket # : A57344 CMS # : 0004721 LMS #: 0004721  
Customer : C.H.M. REMEDIATION  
Vehicle # : 000084 Lic Plate:

BROWNING-FERRIS INDUSTRIES  
Simpson County Disposal, Inc.

Manifest # : 883085 PO #: Transporter: OJT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.87 Tare Wt: 15.77 Net Wt: 27.10 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.10 TN	18.00000	487.80

Sub Total..... \$ 487.80

Total..... \$ 487.80

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFWARCO CONTRACT



# 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. 883082

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 48640 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

TS Morris Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Harry W. Saled  
 d. Phone No.: (910)993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF29A NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn M.S. Laurin Name of Authorized Agent  
[Signature] Signature 040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248807

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 10:20:57 Time Out: 10:20:57  
 Ticket # : A57323 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

ONSLOW  
 Manifest # : 883082 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 36.54 Tare Wt: 12.22 Net Wt: 24.32 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	24.32 TN	18.00000	437.76
Sub Total.....	\$			437.76
Total.....	\$			437.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248808

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 10:22:59 Time Out: 10:22:59  
 Ticket # : A57324 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

ONSLOW  
 Manifest # : 883072 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 45.88 Tare Wt: 16.23 Net Wt: 29.65 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	29.65 TN	18.00000	533.70
Sub Total.....	\$			533.70
Total.....	\$			533.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address of Responsible Agency:

Date



# 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. 883072

## Section I.

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 

5	9	3	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Dave Bennett  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF 2905 NC

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_

g. [Signature] Driver Signature  
040296 Shipment Date

n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Lavin Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



3-06 WED 19:24

BFI

FAX NO. 0105254150

P. 10



No: 9248807

Date : 04-03-96 Time In: 10:20:57 Time Out: 10:20:57  
 Ticket # : A57323 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:  
 GASLCH

**BROWNING-FERRIS INDUSTRIES**  
 Saapson County Disposal, Inc.

Manifest # : 883002 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 36.54 Tare Wt: 12.22 Net Wt: 24.32 tn  
 73080 24440

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	24.32 TN	18.00000	437.76
Sub Total..... \$				437.76
Total..... \$				437.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Jean A. [Signature]

© 200-116L.F.

REORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248808

Date : 04-03-96 Time In: 10:22:59 Time Out: 10:22:59  
 Ticket # : A57324 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:  
 GASLCH

**BROWNING-FERRIS INDUSTRIES**  
 Saapson County Disposal, Inc.

Manifest # : 883072 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 43.63 Tare Wt: 16.23 Net Wt: 29.65 tn  
 91760 32460

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	29.65 TN	18.00000	533.70
Sub Total..... \$				533.70
Total..... \$				533.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: [Signature] #21

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 883080

## Section I.

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0
---	---	---	---	---	---	---	---	---	---	---

 9 

2	3	7	8	0	8
---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	5	0	0
---	---	---	---	---

 Units P No. 

1
---

 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W. Lapierre  
 d. Phone No.: (910)993-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC-6894 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn M. Lavin Name of Authorized Agent  
[Signature] Signature 040396 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248799

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 09:55:07 Time Out: 09:55:07  
 Ticket # : A57315 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000306 Lic Plate:

ONSLOW  
 Manifest # : 883080 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 38.40 Tare Wt: 15.65 Net Wt: 22.75 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.75 TN	18.00000	409.50
Sub Total..... \$				409.50
Total..... \$				409.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *A W Lapierre* 260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248806

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 10:19:11 Time Out: 10:19:11  
 Ticket # : A57322 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000205 Lic Plate:

ONSLOW  
 Manifest # : 883081 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 34.64 Tare Wt: 11.87 Net Wt: 22.77 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.77 TN	18.00000	409.86
Sub Total..... \$				409.86
Total..... \$				409.86

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Jeff Pettit* 260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

1. Name and Address  
 of Responsible Agency: \_\_\_\_\_



# 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. 883081

## Section I

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	5	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

T S MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT PRINT/TYPE  
 d. Phone No.: (910)993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 761C  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040396 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: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn McLaughlin Name of Authorized Agent [Signature] Signature 040396 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

WED 18:25 BFI

FAX NO. 9105254150

P. 11



No: 9248799

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 04-03-96 Time In: 09:55:07 Time Out: 09:55:07  
Ticket # : A57315 CMS # : 0004721 LMS #: 0004721  
Customer : G.H.M. REMEDIATION  
Vehicle # : 000306 Lic Plate:

ONSLOW  
Manifest # : 863802 PO #: Transporter: GUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 38.48 Tare Wt: 15.65 Net Wt: 22.75 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.75 TN	18.00000	409.50
Sub Total..... \$				409.50
Total..... \$				409.50

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

*A W Lapierre*

260-118LF

REORDER ONLY THROUGH BFI/VARCO CONTRACT



No: 9248806

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 04-03-96 Time In: 10:19:11 Time Out: 10:19:11  
Ticket # : A57322 CMS # : 0004721 LMS #: 0004721  
Customer : G.H.M. REMEDIATION  
Vehicle # : 000205 Lic Plate:

ONSLOW  
Manifest # : 883081 PO #: Transporter: GUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 34.64 Tare Wt: 11.87 Net Wt: 22.77 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.77 TN	18.00000	409.86
Sub Total..... \$				409.86
Total..... \$				409.86

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

*Jeff Pettit*

260-118LF

REORDER ONLY THROUGH BFI/VARCO CONTRACT



# 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. 883078

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	3	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: 1M62  
 f. Vehicle License No./State: LE 2569 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Mc Laurin Name of Authorized Agent [Signature] Signature 040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

# ASBESTOS MANIFEST



No: 9248789

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 08:58:52 Time Out: 08:58:52  
 Ticket # : A57305 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : M62 Lic Plate:

ONSLOW  
 Manifest # : 883078 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.69 Tare Wt: 15.52 Net Wt: 26.17 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	26.17 TN	18.00000	471.06
Sub Total..... \$				471.06
Total..... \$				471.06

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: \_\_\_\_\_

260-116LF (3)



No: 9248796

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 09:48:53 Time Out: 09:48:53  
 Ticket # : A57312 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

ONSLOW  
 Manifest # : 883079 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 44.23 Tare Wt: 15.97 Net Wt: 28.31 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	28.31 TN	18.00000	509.58
Sub Total..... \$				509.58
Total..... \$				509.58

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: \_\_\_\_\_

260-116LF (3)

of Responsible Agency: \_\_\_\_\_

% triable

% nontriable



# 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. 883079

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	6	6	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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 266 and is no longer a hazardous waste as defined by 40 CFR Part 261.

T.S. MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF2904 NC  
 Acknowledgement of Receipt of Materials.  
 g. Charles Collins Driver Signature 040396 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Mc Laurin Name of Authorized Agent [Signature] Signature 040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature 

--	--	--	--	--

 Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248789

: 04-03-96 Time In: 06:58:52 Time Out: 08:58:52  
 Ticket # : A57305 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : NE2 Lic Plate:

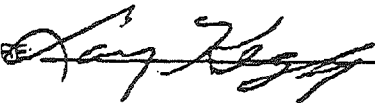
**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

Manifest # : 883878 PG #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.69 Tare Wt: 15.52 Net Wt: 26.17 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	26.17 TN	18.00000	471.06
Sub Total..... \$				471.06
Total..... \$				471.06

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE  © 260-118LF

REORDER ONLY THROUGH BFWJARCO CONTRACT



No: 9248796

Date : 04-03-96 Time In: 09:48:53 Time Out: 09:48:53  
 Ticket # : A57312 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

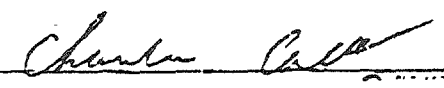
**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

Manifest # : 883079 PG #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 38.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 44.28 Tare Wt: 15.97 Net Wt: 28.31 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	38.00	28.31 TN	18.00000	509.58
Sub Total..... \$				509.58
Total..... \$				509.58

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE 

ORDER ONLY THROUGH BFWJARCO CONTRACT



# 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. 883075

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	5	0	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Robert L Guthrie  
 d. Phone No.: (910) 993-2400 e. Truck No.: 74  
 f. Vehicle License No./State: LF 2917 NC  
 Acknowledgement of Receipt of Materials:  
Robert Guthrie Driver Signature  
040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No. (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

i. Evelyn Mc. Laurin Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, or controls the vehicle used for transportation.



No: 9248786

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 08:51:57 Time Out: 08:51:57  
Ticket # : A57302 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000064 Lic Plate:

ONSLOW  
Manifest # : 883075 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 43.28 Tare Wt: 15.77 Net Wt: 27.51 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.51 TN	18.00000	495.18
Sub Total..... \$				495.18
Total..... \$				495.18

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Robert Guthrie*

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248788

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 08:56:34 Time Out: 08:56:34  
Ticket # : A57304 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000130 Lic Plate:

ONSLOW  
Manifest # : 883077 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 43.79 Tare Wt: 16.15 Net Wt: 27.64 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.64 TN	18.00000	497.52
Sub Total..... \$				497.52
Total..... \$				497.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *[Signature]*

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

Operator's Signature

Date



# 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. 883077

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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: 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 55280 Units: P No.: 1 TYPE: T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Johnnie Lee  
 d. Phone No.: (910) 993-2400 e. Truck No.: C-130  
 f. Vehicle License No./State: LB1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
040396 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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.

i. Evelyn Mc Laurin Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility to which the waste is being transported.



No: 9248786

Date : 04-03-96 Time In: 06:51:57 Time Out: 06:51:57  
 Ticket # : A57302 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 060004 Lic Plate:  
 ONSLOW  
 Manifest # : 863075 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 43.28 Tare Wt: 15.77 Net Wt: 27.51 tn

**BROWNING-FERRIS INDUSTRIES**  
 Sarpson County Disposal, Inc.

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.51 TN	18.00000	495.18
Sub Total..... \$				495.18
Total..... \$				495.18

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Robert Guthrie*

REORDER ONLY THROUGH BFI/ARCO CONTRACT

260-118LF



No: 9248788

Date : 04-03-96 Time In: 06:56:34 Time Out: 08:56:34  
 Ticket # : A57304 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:  
 ONSLOW  
 Manifest # : 863077 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Consent : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 43.79 Tare Wt: 16.15 Net Wt: 27.64 tn

**BROWNING-FERRIS INDUSTRIES**  
 Sarpson County Disposal, Inc.

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.64 TN	18.00000	497.52
Sub Total..... \$				497.52
Total..... \$				497.52

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Bob L*

REORDER ONLY THROUGH BFI/ARCO CONTRACT

260-118LF

f. Name and Address

of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 883074

## Section I.

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	5	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
 Generator Authorized Agent Name Signature Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: TRANSPORTER I  
Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER GAIDE  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC 6892 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	0	2	9	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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]

0	4	0	3	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print/Type  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

# BROWNING-FERRIS INDUSTRIES & ASBESTOS MANIFEST

No: 9248768

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

04-03-96 Time In: 07:16:47 Time Out: 07:16:47  
 Ticket # : A57284 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000304 Lic Plate:

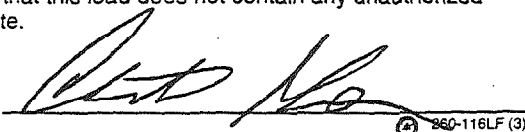
ONSLOW  
 Manifest # : 883074 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.16 Tare Wt: 15.89 Net Wt: 26.27 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.27 TN	18.00000	472.86
Sub Total..... \$				472.86
Total..... \$				472.86

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_



260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248785

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

04-03-96 Time In: 08:49:58 Time Out: 08:49:58  
 Ticket # : A57301 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000083 Lic Plate:


ONSLOW  
 Manifest # : 883076 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.14 Tare Wt: 16.01 Net Wt: 26.13 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.13 TN	18.00000	470.34
Sub Total..... \$				470.34
Total..... \$				470.34

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_



260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT  
 of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both

0% friable

0% nonfriable



# 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. 883076

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	6	0
---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS Morley Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Les Johnson  
 d. Phone No.: (910)993-2400 e. Truck No.: 86  
 f. Vehicle License No./State: LF 2916 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040396

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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.  
 i. Evelyn M.S. Laurin Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



WED 18:27 BFI

FAX NO. 9105254150

P. 14



No: 9248768

Date : 04-03-96 Time In: 07:16:47 Time Out: 07:16:47  
 Ticket # : A57284 CMS # : 0004721 LMS #: 0004721  
 Customer : O. H. M. REMEDIATION  
 Vehicle # : 000334 Lic Plates:  
 ONSLCH  
 Manifest # : 003074 PO #: Transporters: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Consent : Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.15 Tare Wt: 15.89 Net Wt: 26.27 tn

**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.27 TN	18.00000	472.86
Sub Total..... \$				472.86
Total..... \$				472.86

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

ORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248785

Date : 04-03-96 Time In: 08:49:58 Time Out: 08:49:58  
 Ticket # : A57301 CMS # : 0004721 LMS #: 0004721  
 Customer : O. H. M. REMEDIATION  
 Vehicle # : 000383 Lic Plates:  
 ONSLCH  
 Manifest # : 003076 PO #: Transporters: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Consent : Operator: EVELYN McLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.14 Tare Wt: 16.01 Net Wt: 26.13 tn

**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.13 TN	18.00000	470.34
Sub Total..... \$				470.34
Total..... \$				470.34

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

ORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 883073

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 46160 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

JSMorris Generator Authorized Agent Name      JSMorris Signature      040296 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF7016 NC  
 Acknowledgement of Receipt of Materials.  
 g. Jeff Pettit Driver Signature      040296 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Shirley Robinson Name of Authorized Agent      [Signature] Signature      040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248765

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 06:58:53 Time Out: 06:58:53  
Ticket # : A57281 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000205 Lic Plate:

DNSLOW

Manifest # : 883073 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 34.95 Tare Wt: 11.87 Net Wt: 23.08 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.08 TN	18.00000	415.44
Sub Total.....	\$			415.44
Total.....	\$			415.44

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Jeff Pettit*

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248767

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-03-96 Time In: 07:11:03 Time Out: 07:11:03  
Ticket # : A57283 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000004 Lic Plate:

DNSLOW

Manifest # : 883073 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 34.54 Tare Wt: 12.22 Net Wt: 22.32 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.32 TN	18.00000	401.76
Sub Total.....	\$			401.76
Total.....	\$			401.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Shirley Robinson*

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

of Responsible Agency \_\_\_\_\_



# 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. 883070

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 44640 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040296 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Larry W. Santee Jr  
 d. Phone No.: (910) 993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF 2919  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
040296 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040396 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

BFI

FAX NO. 9105254150

P. 15



No: 9248765

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

: 04-03-96 Time In: 06:58:52 Time Out: 06:58:53  
 Ticket # : AS7281 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 002205 Lic Plates:  
 DMSLOW  
 Manifest # : 883073 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 34.95 Tare Wt: 11.87 Net Wt: 23.08 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.08 TN	18.00000	415.44
Sub Total..... \$				415.44
Total..... \$				415.44

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Jeff Pettit

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248767

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 04-03-96 Time In: 07:11:03 Time Out: 07:11:03  
 Ticket # : AS7283 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 002204 Lic Plates:  
 DMSLOW  
 Manifest # : 883078 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 34.54 Tare Wt: 12.22 Net Wt: 22.32 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.32 TN	18.00000	401.76
Sub Total..... \$				401.76
Total..... \$				401.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Jeff Pettit

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

of Responsible Agency: \_\_\_\_\_

Employer  Non-Employer  Both



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. 883069

**Section I. GENERATOR** (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	3	5	2	0
---	---	---	---	---

 Units 

1
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  

0	4	0	2	9	6
---	---	---	---	---	---

 Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
Y <sup>3</sup>	- CUBIC METERS
O	- CUBIC YARDS
O	- OTHER

**Section II TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W Lapierre  
 d. Phone No.: (910)993-2400 e. Truck No.: 306  
 f. Vehicle License No./State: LC 6894 NC  
 Acknowledgement of Receipt of Materials.  
Richard W Lapierre Driver Signature  

0	4	0	2	9	6
---	---	---	---	---	---

 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. Driver Signature \_\_\_\_\_  
 Shipment Date \_\_\_\_\_

**Section III DESTINATION** (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent  
[Signature] Signature  

0	4	0	3	9	6
---	---	---	---	---	---

 Receipt Date

**Section IV ASBESTOS** (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both

# HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST



No: 9248758

Date : 04-03-96 Time In: 06:27:09 Time Out: 06:27:09  
 Ticket # : A57274 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000306 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

ONSLOW  
 Manifest # : 883069 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELUNE NC  
 Comment : Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 37.41 Tare Wt: 15.65 Net Wt: 21.76 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.76 TN	18.00000	391.68
Sub Total..... \$				391.68
Total..... \$				391.68

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *R. W. Laperre*

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



No: 9248759

Date : 04-03-96 Time In: 06:30:18 Time Out: 06:30:18  
 Ticket # : A57275 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

ONSLOW  
 Manifest # : 883071 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELUNE NC  
 Comment : Operator: SHIRLEY ROBINSON  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.26 Tare Wt: 15.97 Net Wt: 26.29 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.29 TN	18.00000	473.22
Sub Total..... \$				473.22
Total..... \$				473.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Charles*

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company that is responsible for the use of the facility being demolished or dismantled, or the demolition or reconstruction operation, or both.



# 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. 883071

## Section I.

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 52580 Units P No. 1 TYPE T

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name      [Signature] Signature      040296 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904 NC  
 Acknowledgement of Receipt of Materials.  
 g. Charles Collins Driver Signature      040296 Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent      [Signature] Signature      040396 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's\* Signature      \_\_\_\_\_ Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9248758

Date : 04-03-96 Time In: 06:27:09 Time Out: 06:27:09  
 Ticket # : A57274 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000326 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

ONSLOW  
 Manifest # : 863069 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Consent : Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 37.41 Tare Wt: 13.65 Net Wt: 21.76 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.76 TN	18.00000	391.68
Sub Total.....				391.68
Total.....				391.68

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: R. W. Saperre 260-112.F1

REORDER ONLY THROUGH BFI/ARCO CONTRACT



No: 9248759

Date : 04-03-96 Time In: 06:30:18 Time Out: 06:30:18  
 Ticket # : A57275 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000029 Lic Plate:

**BROWNING-FERRIS INDUSTRIES**  
 Sampson County Disposal, Inc.

ONSLOW  
 Manifest # : 863071 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Consent : Operator: SHIRLEY ROBINSON  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.26 Tare Wt: 15.97 Net Wt: 26.29 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.29 TN	18.00000	473.22
Sub Total.....				473.22
Total.....				473.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: [Signature]



# 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. 927321

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 

5	1	7	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TSMorris Generator Authorized Agent Name  
TSMorris Signature  
090496 Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JOE CAMERON  
PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 80  
 f. Vehicle License No./State: LF 2897  
 Acknowledgement of Receipt of Materials.  
 g. Joe Cameron Driver Signature  
090496 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn McLaurin Name of Authorized Agent  
Evelyn McLaurin Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





# 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. 927319

## Section I GENERATOR (Generator completes all of Section I) -

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

3	7	3	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature]

0	4	0	4	9	6
---	---	---	---	---	---

  
 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: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF2919  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	0	4	9	6
---	---	---	---	---	---

  
 Driver Signature Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 

--	--	--	--	--	--

  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn M. Laurin [Signature]

--	--	--	--	--	--

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  
 e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--	--

  
 Print Type Operator's Signature Date  
 f. Name and Address  
 of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248973

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 13:56:42 Time Out: 13:56:42  
 Ticket # : 957484 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

ONSLOW  
 Manifest # : 927319 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 30.90 Tare Wt: 12.22 Net Wt: 18.68 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	18.68 TN	18.00000	336.24
Sub Total.....	\$			336.24
Total.....	\$			336.24

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

*[Handwritten Signature]*

260-116LF (3)

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 927320

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	3	2	6	0
---	---	---	---	---

 Units P No. 

1
---

 TYPE 

7
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Signature [Signature] Shipment Date 

0	4	0	4	9	6
---	---	---	---	---	---

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

e. Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT  
PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7610  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 

0	4	0	4	9	6
---	---	---	---	---	---

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date 

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## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Laurin Signature [Signature] Receipt Date 

0	4	0	4	9	6
---	---	---	---	---	---

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Date 

--	--	--	--	--	--









# 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. 927320

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	3	2	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS Signature TS Morris Shipment Date 

0	4	0	4	9	6
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UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT  
PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7610  
 Acknowledgement of Receipt of Materials.  
 g. Jeff Pettit Shipment Date 

0	4	0	4	9	6
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TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date 

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### Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn Mc Laurin Signature Evelyn Mc Laurin Receipt Date 

0	4	0	4	9	6
---	---	---	---	---	---

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

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Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248972

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 13:54:53 Time Out: 13:54:53  
 Ticket # : A57483 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000205 Lic Plate:

DNSLOW  
 Manifest # : 927320 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.50 Tare Wt: 11.87 Net Wt: 21.63 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.63 TN	18.00000	389.34
Sub Total..... \$				389.34
Total..... \$				389.34

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Jeff Pettit

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 927318

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	0	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS Signature [Signature] Shipment Date 

0	4	0	9	9	6
---	---	---	---	---	---

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER GAIDE  
PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LG 6892 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 

0	4	0	4	9	6
---	---	---	---	---	---

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. \_\_\_\_\_ Shipment Date 

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## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Mc Laurin Name of Authorized Agent [Signature] Signature 

0	4	0	4	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

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 Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248966

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 13:39:58 Time Out: 13:39:58  
 Ticket # : A57479 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000304 Lic Plate:  
 UNSLOW

Manifest # : 927318 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.40 Tare Wt: 15.89 Net Wt: 25.51 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.51 TN	18.00000	459.18
Sub Total..... \$				459.18
Total..... \$				459.18

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 927316

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	7	8	0
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 Units 

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 No. 

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 TYPE 

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- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040496 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Carson  
PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF 2904 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040496  
Driver Signature Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TYPE  
 k. Phone No.: \_\_\_\_\_ I. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 

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Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Sandi Brown [Signature] 040496  
Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

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Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248963

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-04-96      Time In: 13:18:37      Time Out: 13:18:37  
 Ticket # : A57475      CMS # : 0004721      LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000029      Lic Plate:

ONSLOW  
 Manifest # : 927316      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Consent :      Operator: SANDI BROWN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 42.86      Tare Wt: 15.97      Net Wt: 26.89 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.89 TN	18.00000	484.02
	Sub Total..... \$			484.02
	Total..... \$			484.02

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Charles C...*

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 927314

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	8	0	0
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 Units 

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 No. 

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 TYPE 

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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris [Signature] 040496  
 Generator Authorized Agent Name Signature Shipment Date

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27284</u>	i. Address: _____
c. Driver Name/Title: <u>[Signature]</u>	j. Driver Name/Title: _____
d. Phone No.: <u>(910) 993-2400</u> e. Truck No.: <u>IMG2</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>LE2569 NC</u>	m. Vehicle License No./State: _____
g. <u>[Signature]</u> <u>040496</u>	n. _____
Driver Signature Shipment Date	Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Sandi Brown [Signature] 040496  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248961

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-04-96      Time In: 13:14:05      Time Out: 13:14:05  
 Ticket # : A57473      CNS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : MG2      Lic Plate:

ONSLOW  
 Manifest # : 927314      PD # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: SANDI BROWN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.42      Tare Wt: 15.52      Net Wt: 24.90 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.90 TN	18.00000	448.20
Sub Total..... \$				448.20
Total..... \$				448.20

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT





# 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. 927312

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity Units No. TYPE  

4	7	2	0	0				
---	---	---	---	---	--	--	--	--

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.

TSMorris Signature [Signature] Shipment Date 040496  
 Generator Authorized Agent Name Signature

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Johanny Noel  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LB 1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040496  
 Driver Signature

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. 

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 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. S. Brown Sandi Brown 040496  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: Print Type Operator's Signature Date  
 f. Name and Address of Responsible Agency:  
 g.  Friable:  Non-friable:  Both % friable % nonfriable



No: 9248959

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 13:04:59 Time Out: 13:04:59  
Ticket # : A57470 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000130 Lic Plate:

ONSLOW  
Manifest # : 927312 PO #: Transporter: DUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Comment : Operator: SANDI BROWN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 39.75 Tare Wt: 16.15 Net Wt: 23.60 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.60 TN	18.00000	424.80
Sub Total..... \$				424.80
Total..... \$				424.80

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF (3)

1. Name and Address  
of Responsible Agency: \_\_\_\_\_

2.  Fragile  Non-fragile  Both



# 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. 927313

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity Units No. TYPE  
50880

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.

TSMorris [Signature] 090496  
 Generator Authorized Agent Name Signature Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Robert L Guthrie  
PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 84  
 f. Vehicle License No./State: LF2917  
 Acknowledgement of Receipt of Materials.  
 g. Robert Guthrie 040496  
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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Sandi Brown Sandi Brown 040496  
Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title:        
Print/Type Operator's Signature Date  
 f. Name and Address  
 of Responsible Agency:  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

**ASBESTOS MANIFEST**

Sapson County Disposal, Inc.

Date : 04-04-96 Time In: 12:52:56 Time Out: 12:52:56  
Ticket # : A57466 CMS # : 0004721 LMS # : 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000004 Lic Plate:

ONSLOW  
Manifest # : 927313 PO # : Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Consent : Operator: SANDI BROWN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 41.21 Tare Wt: 15.77 Net Wt: 25.44 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.44 TN	18.00000	457.92
Sub Total.....	\$			457.92
Total.....	\$			457.92

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Robert [Signature]*

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

- c. D
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- g. *[Signature]*  
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- f. *[Signature]*  
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- Operato

Name and Address of P

Print Type

environment 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. 927315

## Section I

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 51580 Units 

--

 No. 

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 TYPE 

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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040496 Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: LEE JOHNSON  
 d. Phone No.: (910) 993-2400 e. Truck No.: 83  
 f. Vehicle License No./State: LF 2916 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040496

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date 

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## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. S. Brown Name of Authorized Agent  
[Signature] Signature  
040496 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date 

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f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248954

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 12:49:59 Time Out: 12:49:59  
 Ticket # : A57465 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000083 Lic Plate:

ONSLOW  
 Manifest # : 927315 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: SANDI BROWN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.00 Tare Wt: 16.01 Net Wt: 25.79 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.79 TN	18.00000	464.22
Sub Total..... \$				464.22
Total..... \$				464.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF (

REORDER ONLY THROUGH BFI/JARCO CONTRACT

Se

a. A

c. Dr

d. Ph

f. Vel

Act

g. Driver

Sectic

a. Site I

b. Physi

e. Discre

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Name of A

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Operator:

Operator

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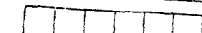
Operator's

ame and Address

Responsible Agency:

... by proper shipping name and are classified,  
... applicable international and government regulations.

Operator's Signature





# 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. 927315

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
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 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 51580 Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature] 090496  
 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: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: LES JOHNSON  
 d. Phone No.: (910) 993-2400 e. Truck No.: 83  
 f. Vehicle License No./State: LF 2916 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 090496  
 Driver Signature Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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.

S. Brown [Signature] 090496  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248954

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date: 04-04-96 Time In: 12:49:59 Time Out: 12:49:59  
 Lot #: A57465 CMS #: 0004721 LMS #: 0004721  
 Owner: O.H.H. REMEDIATION  
 Vehicle #: 000083 Lic Plate:

ASLCM  
 Manifest #: 927315 PD #: Transporter: OUT  
 Source Cd: Generator: US US MARINE CORP CAMP LEJUNE NC  
 Comment: Operator: SANDI BROWN  
 Capacity: 20.00 yd Scale In #: 1 Scale Out #: Stored  
 Gross Wt: 41.30 Tare Wt: 16.01 Net Wt: 25.79 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DRESE	20.00	25.79 TN	18.00000	464.22
Sub Total..... \$				464.22
Total..... \$				464.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

ORDER ONLY THROUGH BFI/WARCO CONTRACT

Name and Address of Responsible Agency: \_\_\_\_\_

g.  Frable:  Non-frable:  Both





# 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. 927311

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity Units No. TYPE  

5	0	0	2	0
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS TSM 04/04/96  
 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: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JOE CAMERON  
PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 80  
 f. Vehicle License No./State: LF 2897 NC  
 Acknowledgement of Receipt of Materials.  
 g. Joe Cameron 04/04/96  
Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Sandi Brown Sandi Brown 04/04/96  
Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--

  
Print Type Operator's Signature Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248953

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 12:43:29 Time Out: 12:43:29  
Ticket # : A57464 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000080 Lic Plate:

Manifest # : 927311 PO #: Transporter: QUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SANDI BROWN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 40.85 Tare Wt: 15.84 Net Wt: 25.01 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.01 TN	18.00000	450.18
Sub Total..... \$				450.18
Total..... \$				450.18

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/ARCO CONTRACT

SIGNATURE

260-116LF (C)

f. Name and Address  
of Responsible Agency:



# 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. 927305

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 31940 Units P No. 1 TYPE T  
 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER  
 UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS Morris Generator Authorized Agent Name  
[Signature] Signature  
040496 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Charles Collins  
 PRINT/TYPE  
 d. Phone No.: (910)993-2400 e. Truck No.: 29  
 f. Vehicle License No./State: LF2904 NC  
 Acknowledgement of Receipt of Materials.  
 g. Charles Collins 040496  
 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. 

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 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Laurin Evelyn M. Laurin 040496  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: 

--	--	--	--	--

  
 Print/Type Operator's Signature Date  
 f. Name and Address  
 of Responsible Agency:  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

No: 5240310

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-04-96      Time In: 09:00:01      Time Out: 09:00:01  
 Ticket # : A57421      CMS # : 0004721      LMS # : 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000083      Lic Plate:

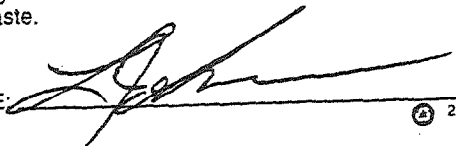
INSLDW  
 Manifest # : 927205      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 42.54      Tare Wt: 16.01      Net Wt: 26.53 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.53 TN	18.00000	477.54
Sub Total..... \$				477.54
Total..... \$				477.54

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE



260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

Name and Address of Responsible Agency:

Operator's Signature

Date



# 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. 927306

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 47940 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040496 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JOE CAMERON  
PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 80  
 f. Vehicle License No./State: LF 2897  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
040496 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Mc Laurin Name of Authorized Agent  
[Signature] Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address  
 of Responsible Agency

FAX NO. 9105254150

P. 13



No: 9248908

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

04-04-96 Time In: 08:32:59 Time Out: 08:52:59  
PS7419 CMS #: 0084721 LMS #: 0084721  
D.H.M. REMEDIATION  
008030 Lic Plate:

Est #: 927306 PO #: Transporter: OUT  
Cd: Generator: US US MARINE CORP CAMP LEJELNE NC  
Operator: EVELYN McLAURIN  
30.00 yd Scale In #: 1 Scale Out #: Stored  
39.81 Tare Wt: 15.84 Net Wt: 23.97 tn  
79620 31680

	Actual	Bill Qty	\$/Unit	Extended
SE	30.00	23.97 TN	18.00000	431.46
Sub Total..... \$				431.46
Total..... \$				431.46

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Joe Cameron 280-116LF (3)

ONLY THROUGH BFI/ARCO CONTRACT

Sectic

Driver N  
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Agency:

...described above by proper shipping name and are classified  
...according to applicable international and government 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. 927203

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	5	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	0	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040496 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Johnny Hous  
 d. Phone No.: (910) 993-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LB1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040496 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn Mc Laurin Name of Authorized Agent  
[Signature] Signature 040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248911

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Time In: 09:05:21 Time Out: 09:05:21  
Ticket #: A57422 CMS #: 0004721 LMS #: 0004721

Customer : O.H.M. REMEDIATION

Vehicle #: 000130

Lic Plate:

DNSLOW

Manifest #: 927203

PO #:

Transporter: OUT

Source Cd :

Generator : US

US MARINE CORP CAMP LEJEUNE NC

Comment :

Operator: EVELYN MCLAURIN

Capacity : 30.00 yd Scale In #: 1

Scale Out #: Stored

Gross Wt : 43.10 Tare Wt: 16.15

Net Wt: 27.03 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.03 TN	18.00000	486.54
	Sub Total..... \$			486.54
	Total..... \$			486.54

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

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- c.
- d. 1
- f. 1
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Operator Name & Title: \_\_\_\_\_  
 Name and Address \_\_\_\_\_  
 of Responsible Agency \_\_\_\_\_  
 \_\_\_\_\_ by proper shipping name and are classified according to applicable international and government 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. 927204

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	5	9	5	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste Soil, Diesel Fuel k. Quantity 

5	4	2	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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.

TS Morris Generator Authorized Agent Name  
JJ Mann Signature  
040496 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27284</u>	i. Address: _____
c. Driver Name/Title: <u>Sam Kealy</u>	j. Driver Name/Title: _____
d. Phone No.: <u>(910) 993-2400</u> e. Truck No.: <u>M62</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>LE 2569</u> <u>NC</u>	m. Vehicle License No./State: _____
g. <u>Sam Kealy</u> Driver Signature <u>040496</u> Shipment Date	n. _____ Driver Signature _____ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn McLaurin Name of Authorized Agent Evelyn McLaurin Signature 040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation activity.



No: 9248912

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 09:07:39 Time Out: 09:07:39  
 Ticket # : A57423 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : M62 Lic Plate:

ONSLOW  
 Manifest # : 927204 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.63 Tare Wt: 15.52 Net Wt: 27.11 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	27.11 TN	18.00000	487.98
	Sub Total..... \$			487.98
	Total..... \$			487.98

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

280-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address  
of Responsible Agency:

Operator's Signature

Date

Friable  Non-friable  Both



# 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. 927206

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	8	3	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040496 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27284</u>	i. Address: _____
c. Driver Name/Title: <u>Robert L Guthrie</u> <small>PRINT TYPE</small>	j. Driver Name/Title: _____ <small>PRINT TYPE</small>
d. Phone No.: <u>(910) 993-2400</u> e. Truck No.: <u>84</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>LF2917</u>	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>Robert Guthrie</u> <u>040496</u> <small>Driver Signature Shipment Date</small>	n. Acknowledgement of Receipt of Materials: _____ <small>Driver Signature Shipment Date</small>

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn M. Laurin Name of Authorized Agent  
[Signature] Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
Print Type Operator's Signature

f. Name and Address of Responsible Agency: \_\_\_\_\_  
Date

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248908

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-04-96      Time In: 08:52:59      Time Out: 08:52:59  
 Ticket # : A57419      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000080      Lic Plate:  
 DNSLOW  
 Manifest # : 927306      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.81      Tare Wt: 15.84      Net Wt: 23.97 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.97 TN	18.00000	431.46
Sub Total..... \$				431.46
Total..... \$				431.46

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/ARCO CONTRACT

SIGNATURE: Joe Cameron

260-116LF (3)

f. Name and Address of Responsible Agency:

Frangible  Non-frangible  Both

% Frangible

% Non-Frangible



# 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. 927205

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	0	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040496 Shipment Date

**TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

**UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____
b. Address: <u>1024 East Mountain Street Kernersville, NC 27284</u>	i. Address: _____
c. Driver Name/Title: <u>his JOHNSON</u>	j. Driver Name/Title: _____
d. Phone No.: <u>(910) 993-2400</u> e. Truck No.: <u>83</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>LF2916 NC</u>	m. Vehicle License No./State: _____
g. <u>[Signature]</u> Driver Signature <u>040496</u> Shipment Date	n. _____ Driver Signature _____ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy.  
Roseboro, NC 28382 d. Mailing Address PO Box 2096  
Roseboro, NC 28382  
 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. Evelyn M. Laurin Name of Authorized Agent  
[Signature] Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished, dismantled, or demolished.

BFI

FAX NO. 9105254150

P. 14



BROWNING-FERRIS INDUSTRIES

Sapson County Disposal, Inc.

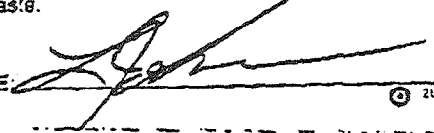
: 24-24-96 Time In: 09:20:01 Time Out: 09:20:01  
 ret # : 857421 CMS # : 0224721 LYS # : 0024721  
 tower : O.H.M. REMEDIATION  
 icle # : 200983 Lic Plate:

ILOW  
 ifest # : 927235 PO # : Transporter: OUT  
 rce Cd : Generator : US US MARINE CORP CAMP LEJURE NC  
 sent : Operator: EVELYN MCLAURIN  
 acity : 20.00 yd Scale In # : 1 Scale Out # : Stored  
 ss Wt : 42.54 Tare Wt: 16.01 Net Wt: 26.53 tn  
 85080 32020

DESCR	Actual	Bill Qty	W/Unit	Extended
OIL DIESE	20.00	26.53 TN	18.80000	477.54
Sub Total..... \$				477.54
Total..... \$				477.54

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

200-118LF-13

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address of Responsible Agency:

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 927307

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S FMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	1	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS [Signature] 040496  
 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: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: DAVID BONNETT  
PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF 2965  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040496  
Driver Signature Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
Driver Signature Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Evelyn McLaurin [Signature] 040496  
Name of Authorized Agent Signature Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--	--

  
Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248916

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 09:17:32 Time Out: 09:17:32  
 Ticket # : A57427 CMS # : 0004721 LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

Manifest # : 927307 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 43.32 Tare Wt: 16.23 Net Wt: 27.09 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.09 TN	18.00000	487.62
Sub Total..... \$				487.62
Total..... \$				487.62

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/JARCO CONTRACT

SIGNATURE: [Signature] #31

260-116LF





# 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. 927308

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	2	1	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1	1
---	---

 TYPE 

T
---

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.

TS Morris Generator Authorized Agent Name  
[Signature] Signature  
040496 Shipment Date

TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27284</u>	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: <u>JEFF PETTIT</u>	e. Truck No.: <u>205</u>	n. Driver Signature: _____	Shipment Date: _____
d. Phone No.: <u>(910) 993-2400</u>	f. Vehicle License No./State: <u>L7 7610</u>	Acknowledgement of Receipt of Materials.	
g. Driver Signature: <u>[Signature]</u>		Shipment Date: _____	

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn McLaurin Name of Authorized Agent  
[Signature] Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print/Type

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or repaired, or the destination site.



No: 9248927

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 10:11:05 Time Out: 10:11:05  
 Ticket # : A57438 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000205 Lic Plate:

Manifest # : 927308 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 32.95 Tare Wt: 11.87 Net Wt: 21.08 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.08 TN	18.00000	379.44
	Sub Total..... \$			379.44
	Total..... \$			379.44

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both % friable % nonfriable



# 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. 927309

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	3	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
TSMorris Signature  
040496 Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER GAIDE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC 6892  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 040496

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn McLaurin Name of Authorized Agent  
Evelyn McLaurin Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248929

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date: 04-04-96 Time In: 10:21:15 Time Out: 10:21:15  
Ticket #: A57440 CMS #: 0004721 LMS #: 0004721

Customer : O.H.M. REMEDIATION  
Vehicle #: 000304 Lic Plate:

ONSLOW  
Manifest #: 927309 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In #: 1 Scale Out #: Stored  
Gross Wt : 38.54 Tare Wt: 15.89 Net Wt: 22.65 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.65 TN	18.00000	407.70
Sub Total..... \$				407.70
Total..... \$				407.70

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

1. Name and Address

of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both

% friable

% nonfriable



# 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. 927310

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	1	1	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TSMorris Generator Authorized Agent Name  
TSMorris Signature  
040496 Shipment Date

TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: Harry L. Soule  
 d. Phone No.: (910) 993-2400 e. Truck No.: 04  
 f. Vehicle License No./State: 472919  
 Acknowledgement of Receipt of Materials.  
[Signature] Shipment Date 040496

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date 

--	--	--	--	--

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evelyn M. Laurin Name of Authorized Agent  
Evelyn M. Laurin Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Pmt/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date 

--	--	--	--	--

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248931

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 10:24:49 Time Out: 10:24:49  
 Ticket # : A57442 CMS # : 0004721 LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000004 Lic Plate:

ONSLOW  
 Manifest # : 927310 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 32.78 Tare Wt: 12.22 Net Wt: 20.56 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.56 TN	18.00000	370.08
Sub Total.....	\$			370.08
Total.....	\$			370.08

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF (3)

REORDER ONLY THROUGH BFI/JARCO CONTRACT

a

b

c

d

f

10/1/96

a

b.1

e. [

l

f. ~~Sec~~

Sec

a. Op

c. Op

f

OPER packer

e. Op

f. Name and Address of Responsible Agency:

Operator's Signature

--	--	--	--	--	--

Date

d.  Friable  Non-Friable



# 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. 883099

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 46640 Units 1 No. 1 TYPE 1

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Harry W. Sells Jr  
 d. Phone No.: (910)993-2400 e. Truck No.: 4  
 f. Vehicle License No./State: LF2919 NC  
 Acknowledgement of Receipt of Materials:  
[Signature] Driver Signature  
040396 Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9248896

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Ticket # : 04-04-96      Time In: 07:09:26      Time Out: 07:09:26  
 Customer : AE7407      CMS # : 0004721      LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000004      Lic Plate:  
 QNSLOW  
 Manifest # : 883099      PO # :      Transporter: GUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 35.54      Tare Wt: 12.22      Net Wt: 23.32 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.32 TN	18.00000	419.76
Sub Total..... \$				419.76
Total..... \$				419.76

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address of Responsible Agency:

g.  Friable  Non friable  Dust





# 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. 927201

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 50760 Units 0 No. 1 TYPE T

\* 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.

TSMORRIS Generator Authorized Agent Name [Signature] Signature 040396 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: CHRISTOPHER BAIDE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 304  
 f. Vehicle License No./State: LC 6892  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040396 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9248895

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-24-96 Time In: 07:01:29 Time Out: 07:01:29  
 : 057406 CMS #: 0004721 LMS #: 0004721  
 : U.H.M. REMEDIATION  
 : 000304 Lic Plate:

Manifest #: 927201 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In #: 1 Scale Out #: Stored  
 Gross Wt : 41.27 Tare Wt: 15.89 Net Wt: 25.38 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.38 TN	18.20000	456.84
Sub Total..... \$				456.84
Total..... \$				456.84

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF (3)

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both % friable % nonfriable



# 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. 927201

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 50760 Units 0 No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

\* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
TSMorris Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Hilco Transport, Inc.</u>		h. Name: _____	
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27284</u>		i. Address: _____	
c. Driver Name/Title: <u>CHRISTOPHER GAIDE</u>		j. Driver Name/Title: _____	
d. Phone No.: <u>(910) 993-2400</u> PRINT/TYPE	e. Truck No.: <u>304</u>	k. Phone No.: _____ PRINT/TYPE	l. Truck No.: _____
f. Vehicle License No./State: <u>LC 6892</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials. <u>[Signature]</u>		Acknowledgement of Receipt of Materials. _____	
g. <u>[Signature]</u> Shipment Date: <u>040396</u>		n. _____ Shipment Date: _____	

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: P0 Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Stanley Robinson Name of Authorized Agent  
[Signature] Signature  
040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9248895

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 07:01:29 Time Out: 07:01:29  
 Ticket # : AS7406 CMS # : 0004721 LMS #: 0004721  
 Customer : C.M.M. REMEDIATION  
 Vehicle # : 000304 Lic Plate:  
 ONSLOW  
 Manifest # : 927201 PO #: Transporter: QUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Consent : Operator: SHIRLEY ROBINSON  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.27 Tare Wt: 15.89 Net Wt: 25.38 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.38 TN	18.00000	456.84
Sub Total..... \$				456.84
Total..... \$				456.84

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/WARCO CONTRACT

260-116LF (3)

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

ed.



# 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. 883098

## Section I. GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	8	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040396 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: JEFF PETTIT  
PRINT/TITLE  
 d. Phone No.: (910)993-2400 e. Truck No.: 205  
 f. Vehicle License No./State: LF 7610 NC  
 Acknowledgement of Receipt of Materials.  
 g. Jeff Pettit Driver Signature 040396 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910)525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. Shirley Robinson Name of Authorized Agent [Signature] Signature 040496 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.



No: 9248890

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-04-96 Time In: 06:41:35 Time Out: 06:41:35  
Ticket # : A57401 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000205 Lic Plate:

ONSLOW  
Manifest # : 883098 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SHIRLEY ROBINSON  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 37.80 Tare Wt: 11.87 Net Wt: 25.93 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.93 TN	18.00000	466.74
Sub Total..... \$				466.74
Total..... \$				466.74

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Jeff Roth*

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 927322

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S E.D/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004

e. Phone No.: (910) 451-5876 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 

NC	1	2	1	5	9	5	1	1	0	9	2	3	7	3	0	8
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM	DP	B	BA	T	O
----	----	---	----	---	---

 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	9	9	8
---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040998 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Wilco Transport, Inc.</u>	h. Name: _____
b. Address: <u>1124 East Mountain Street</u> <u>Greensboro, NC 27407</u>	i. Address: _____
c. Driver Name/Title: <u>Ed BRILEE</u> <small>PRINT/TITLE</small>	j. Driver Name/Title: _____ <small>PRINT/TITLE</small>
d. Phone No.: <u>(910) 833-9100</u> e. Truck No.: <u>5</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>LF2937</u> <u>NC</u> Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials.
g. <u>[Signature]</u> Driver Signature <u>040998</u> Shipment Date	n. _____ Driver Signature _____ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7431 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040998 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ 

--	--	--	--	--

Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_



No: 9249182

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 09:25:05 Time Out: 09:25:05  
Ticket # : A57681 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000056 Lic Plate:

Manifest # : 927322 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 46.32 Tare Wt: 16.33 Net Wt: 29.99 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	29.99 TN	18.00000	539.82
Sub Total..... \$				539.82
Total..... \$				539.82

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

- c
- c
- f.
- g
- S
- a.
- b.
- e.
- f.
- i
- Se
- a. C
- c. C
- S
- UPE
- pack
- e. O

f. Name and Address of Responsible Agency:

Print/Type

Operator's Signature

--	--	--	--	--

Date





# 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. 927323

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAF  
 c. Address (City, St, ZIP/John Riggs): Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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	C	1	2	1	5	9	5	1	1	0	9	2	3	7	9	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 53940 Units: B No.: 1 TYPE: 7

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
12-29-99 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hiles Transport, Inc.  
 b. Address: 4021 East Mountain Street  
Kannapolis, NC 27284  
 c. Driver Name/Title: H. J. Slopeck  
 PRINT/TYPE  
 d. Phone No.: (910) 998-2400 e. Truck No.: 81  
 f. Vehicle License No./State: 1F 2799 U  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040-99 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-1132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28382 Roseboro, NC 28382

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. EVELYN McLAIRIN Name of Authorized Agent [Signature] Signature 04-29-99 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249183

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 09:29:53 Time Out: 09:29:53  
 Ticket # : A57682 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000081 Lic Plate:  
 QNSLOW

Manifest # : 927323 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.76 Tare Wt: 15.79 Net Wt: 26.97 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.97 TN	18.00000	485.46
Sub Total..... \$				485.46
Total..... \$				485.46

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: \_\_\_\_\_

*K.C. Muske*

260-116LF (3)

f. Name and Address of Responsible Agency: \_\_\_\_\_

Friable  Non friable  Both % friable \_\_\_\_\_ % nonfriable \_\_\_\_\_



# 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. 927324

### Section I GENERATOR (Generator completes all of Section I)

Generator Name: Generalizing General b. Generating Location: SAME  
 c. Address (Attn: AG/S E/O/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

11	C
----	---

1	2	1
---	---	---

6	9	6	1	1	0	9
---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	7	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
090995 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Ken - [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 94  
 f. Vehicle License No./State: LF 2985  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 090995  
 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. \_\_\_\_\_ 

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 Driver Signature Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7134 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

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] 090996  
 Name of Authorized Agent Signature Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 Operator's\* Address: \_\_\_\_\_  
 Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print/Type  
 f. Name and Address \_\_\_\_\_



No: 9249184

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96      Time In: 09:33:19      Time Out: 09:33:19  
 Ticket # : A57683      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Scale # : 000094      Lic Plate:

ONSLOW  
 Manifest # : 927324      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 34.26      Tare Wt: 11.89      Net Wt: 22.37 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.37 TN	18.00000	402.66
Sub Total.....	\$			402.66
Total.....	\$			402.66

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF



# 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. 927325

### Section I GENERATOR (Generator completes all of Section I)

Generator Name: Commercial General b. Generating Location: SALE  
 Address: (Letter: 1000 117/John Pige) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-8276 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	2	7	5	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040996 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Yanceyville, NC 27294  
 c. Driver Name/Title: Bill Helms PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 2  
 f. Vehicle License No./State: 1E2722  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040996 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_ PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature 

--	--	--	--	--

 Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7424 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28362 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 040996 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_



No: 9249185

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 09:37:30 Time Out: 09:37:30  
 Ticket # : A57685 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Trailer # : 000020 Lic Plate:

Manifest # : 927325 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.63 Tare Wt: 12.27 Net Wt: 21.36 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.36 TN	18.00000	384.48
	Sub Total..... \$			384.48
	Total..... \$			384.48

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Burl Holbeck

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF



# 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. 927326

## Section I GENERATOR (Generator completes all of Section I)

Generator Name: Commanco General b. Generating Location: SAFE  
 Address (Attn: PO/S 210/John Pigg) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5870 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 

U	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	3	7	4	0
---	---	---	---	---

 Units 

P
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 No. 

--	--

 TYPE 

--	--

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name      TSMorris Signature      

0	4	0	9	9	6
---	---	---	---	---	---

 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Pilco Transport, Inc.  
 Address: 1024 East Mountain Street  
Kannonsville, NC 27284  
 c. Driver Name/Title: John Pigg  
 d. Phone No.: (910) 993-2400 e. Truck No.: 90  
 f. Vehicle License No./State: LF 2491  
 Acknowledgement of Receipt of Materials:  
 g. [Signature]

0	4	0	9	9	6
---	---	---	---	---	---

 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. \_\_\_\_\_ 

--	--	--	--	--	--

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Evlyn M. Linn Name of Authorized Agent      [Signature] Signature      

0	4	0	9	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's Signature      

--	--	--	--	--	--

 Date  
 f. Name and Address: \_\_\_\_\_



No: 9249194

Date : 04-09-96 Time In: 09:40:14 Time Out: 09:56:26  
Ticket # : A57686 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Job # : 000090 Lic Plate:

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

ONSLOW  
Manifest # : 927326 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: 1  
Gross Wt : 33.85 Tare Wt: 11.98 Net Wt: 21.87 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.87 TN	18.00000	393.66
Sub Total..... \$				393.66
Total..... \$				393.66

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT





# 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. 927327

## Section I GENERATOR (Generator completes all of Section I)

Generator Name: Commercial General b. Generating Location: STATE  
 Address: (Address: 1075 E. Wilson Blvd) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 431-5370 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 

NC	1	2	1	6	9	5	1	1	0	9	2	3	7	8	0	5
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

50840
-------

 Units 

D
---

 No. 

1
---

 TYPE 

7
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040999 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1000 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 992-2100 e. Truck No.: 303  
 f. Vehicle License No./State: LC 6591  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	0	9	9	9
---	---	---	---	---	---

  
 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. \_\_\_\_\_ 

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 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7034 Roseboro Hwy. d. Mailing Address PO Box 2005  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent [Signature] Signature 040999 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_



No: 9249189

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96      Time In: 09:47:37      Time Out: 09:47:37  
 Ticket # : A57689      CMS # : 0004721      LMS #: 0004721  
 Project : O.H.M. REMEDIATION  
 Article # : 000303      Lic Plate:

ONSLOW  
 Manifest # : 927327      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.51      Tare Wt: 15.09      Net Wt: 25.42 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	25.42 TN	18.00000	457.56
	Sub Total..... \$			457.56
	Total..... \$			457.56

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 927328

### Section I

### GENERATOR (Generator completes all of Section I)

Generator Name: TS Morris b. Generating Location: HOME  
 c. Address: Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5378 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 

NC	1	2	1	6	0	6	1	1	0	9	2	8	7	8	0	8
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_ TYPE \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 50 Units 160 P No. 1 TYPE T  
 TYPE Legend: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS Legend: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
14 17 16 Shipment Date

### Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: Wilee Transport, Inc.  
 Address: 1021 East Mountain Street  
Kennettville, MO 64601  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (417) 993-2400 e. Truck No.: 12232  
 f. Vehicle License No./State: LE 257 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
14 17 16 Shipment Date

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

### Section III

### DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7334 Roseboro Hwy. d. Mailing Address: PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent  
[Signature] Signature  
14 17 16 Receipt Date

### Section IV

### ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_



No: 9249203

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

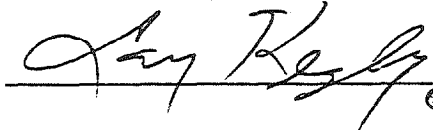
: 04-09-96      Time In: 10:33:41      Time Out: 10:33:41  
 Ticket # : A57702      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Trailer # : M62      Lic Plate:

DOWLOAD  
 Manifest # : 927328      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.60      Tare Wt: 15.52      Net Wt: 25.08 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	25.08 TN	18.00000	451.44
	Sub Total..... \$			451.44
	Total..... \$			451.44

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Evelyn McLaurin*  260-116LF (3)

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 927329

Section I

## GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SALE  
 c. Address (Attn: AC/S EIB/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	8	2	0
---	---	---	---

 Units 

F
---

 No. 

1
---

 TYPE 

7
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040996 Shipment Date

## Section II

## TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Main Street  
Kannapolis, NC 27288  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (310) 888-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF 2705 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040996 Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III

## DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 685-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2025  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent  
[Signature] Signature  
040996 Receipt Date

## Section IV

## ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Generator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Generator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_  
 Print/Type \_\_\_\_\_ Date \_\_\_\_\_



No: 9249204

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 10:35:46 Time Out: 10:35:46  
 Ticket # : A57703 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Trailer # : 000031 Lic Plate:

ONSLOW  
 Manifest # : 927329 PO #: Transporter: QUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.39 Tare Wt: 16.23 Net Wt: 24.16 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.16 TN	18.00000	434.88
	Sub Total..... \$			434.88
	Total..... \$			434.88

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 927330

## Section I

### GENERATOR (Generator completes all of Section I)

Generator Name: Coastal General b. Generating Location: SALE  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 59040 Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040995 Shipment Date

## Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kannapolis, NC 27283  
 c. Driver Name/Title: John [Signature]  
 d. Phone No.: (910) 903-2400 e. Truck No.: 1-130  
 f. Vehicle License No./State: LR 1801  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040996 Shipment Date

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ 040996 Shipment Date

## Section III

### DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040996 Receipt Date

## Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address \_\_\_\_\_



No: 9249210

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-09-96      Time In: 11:02:25      Time Out: 11:02:25  
 Ticket # : A57709      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Trailer # : 000130      Lic Plate:

**GASLOW**  
 Manifest # : 927320      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: SANDI BROWN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 45.67      Tare Wt: 16.15      Net Wt: 29.52 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	29.52 TN	18.00000	531.36
Sub Total..... \$				531.36
Total..... \$				531.36

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *JB*

REORDER ONLY THROUGH BFI/UARCO CONTRACT





# 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. 927332

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Sampson General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	5	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	3	7	8	0	8
---	---	---	---	---	---

 Units 

7
---

 No. 

1
---

 TYPE 

7
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
090976 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Wendensville, NC 27204  
 c. Driver Name/Title: K.C. Mankie  
PRINT/TYPE  
 d. Phone No. (910) 993-2400 e. Truck No.: 51  
 f. Vehicle License No./State: LF2899  
 Acknowledgement of Receipt of Materials.  
 g. K.C. Mankie

0	9	0	9	9	6
---	---	---	---	---	---

  
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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2000  
Roseboro, NC 28382 Roseboro, NC 28382

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]

0	9	0	9	9	6
---	---	---	---	---	---

  
Name of Authorized Agent Signature Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--	--

  
Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249236

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96      Time In: 13:29:24      Time Out: 13:29:24  
 Ticket # : A57736      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000081      Lic Plate:

ONSLOW  
 Manifest # : 927332      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 48.68      Tare Wt: 15.79      Net Wt: 24.89 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.89 TN	18.00000	448.02
Sub Total..... \$				448.02
Total..... \$				448.02

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF

Print/Type

f. Name and Address

of Responsible Agency: \_\_\_\_\_



# 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. 927331

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commander General b. Generating Location: SANE  
 c. Address (Info: AD/S EMP/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5978 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 

H	C	1	2	1	5	3	5	1	1	0	0	2	3	7	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM	DP	B	BA	T	O
----	----	---	----	---	---

 TYPE  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	7	4	5	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
090770 Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Wilson Transport, Inc.  
 b. Address: 1001 S. ...  
 c. Driver Name/Title: F. B. ...  
 d. Phone No.: ... e. Truck No.: ...  
 f. Vehicle License No./State: LF 3739  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 

0	9	0	7	7	0
---	---	---	---	---	---

 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature 

--	--	--	--	--	--

 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7101 Roseboro Hwy d. Mailing Address: PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 

0	9	0	7	7	0
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_



No: 9249235

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 13:26:37 Time Out: 13:26:37  
 Ticket # : A57735 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000056 Lic Plate:  
 DNSLOW  
 Manifest # : 927331 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCCLAIRIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.04 Tare Wt: 16.33 Net Wt: 23.71 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.71 TN	18.00000	426.78
Sub Total.....	\$			426.78
Total.....	\$			426.78

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 927334

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Sampson General b. Generating Location: same  
 c. Address (Data: 20/S FMD/John Biggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	5	9	6	1	1	0	9	2	3	7	3	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	4	4	0
---	---	---	---	---

 Units 

F
---

 No. 

1
---

 TYPE 

T
---

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.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
070992 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1221 East Mountain Street  
Kingsport, TN 37602  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 997-2400 e. Truck No.: 25  
 f. Vehicle License No./State: 1C2941 U  
 Acknowledgement of Receipt of Materials:  
[Signature]  
 g. Driver Signature 

0	7	0	9	9	2
---	---	---	---	---	---

 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. \_\_\_\_\_  
 Driver Signature 

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 Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7134 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
070992 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type Operator's Signature 

--	--	--	--	--	--

 Date

f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both % friable \_\_\_\_\_ % nonfriable



No: 9249234

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Ticket # : 04-09-96      Time In: 13:22:53      Time Out: 13:22:53  
 : A57734      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303      Lic Plate:

QNSLOW  
 Manifest # : 927334      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 37.83      Tare Wt: 15.09      Net Wt: 22.74 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.74 TN	18.00000	409.32
Sub Total..... \$				409.32
Total..... \$				409.32

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF (3)

REORDER ONLY THROUGH BFI/JARCO CONTRACT



# 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. 927335

### Section I

### GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address (Attn: AC/N EOB/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5373 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 

NC	1	2	1	6	9	6	1	1	0	9	2	3	7	3	0	3
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	1	4	5
---	---	---	---	---

 Units 

A
---

 No. 

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 TYPE 

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- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

JSMORRIS Generator Authorized Agent Name      [Signature] Signature      070993 Shipment Date

### Section II

### TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1034 East Mountain Street  
Kannonsville, NC 27204  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 PRINT/TYPE e. Truck No.: 2  
 f. Vehicle License No./State: LF 3437  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. [Signature] Driver Signature      070993 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ PRINT/TYPE 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent      [Signature] Signature      070993 Receipt Date

### Section IV

### ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's Signature      \_\_\_\_\_ Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249247

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 14:10:29 Time Out: 14:10:29  
 Ticket # : A57746 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000020 Lic Plate:  
 QNSLOW  
 Manifest # : 927335 PO #: Transporter: GUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 34.34 Tare Wt: 12.27 Net Wt: 22.07 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.07 TN	18.00000	397.26
Sub Total..... \$				397.26
Total..... \$				397.26

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT





# 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. 927336

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Companion General b. Generating Location: SAFE  
 c. Address (Attn: AC/S EMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	5	1	1	0	9	2	3	7	8	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	4	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
040991 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hilco Transport, Inc.  
 b. Address: 1004 East Mountain Street  
Kannapolis, NC 27204  
 c. Driver Name/Title: Greg Putman  
 PRINT/TITLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 90  
 f. Vehicle License No./State: DF 3921  
 Acknowledgement of Receipt of Materials  
[Signature]  
 Driver Signature  
040991  
 Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 \_\_\_\_\_  
 Driver Signature  
 \_\_\_\_\_  
 Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2085  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040991 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249248

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

: 04-09-96      Time In: 14:12:45      Time Out: 14:12:45  
 Ticket # : A57747      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000050      Lic Plate:

ONSLOW

Manifest # : 927336      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 34.70      Tare Wt: 11.98      Net Wt: 22.72 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.72 TN	18.00000	408.96
Sub Total.....	\$			408.96
Total.....	\$			408.96

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF



# 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. 927333

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Demolishing General b. Generating Location: STATE  
 c. Address (Attn: Mr/S. Furr/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 f. Phone No.:

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.:

i. BFI WASTE CODE 

1	0	1	2	1	5	5	5	1	1	0	9	2	3	7	2	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	1	3	6	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

SMORRIS Generator Authorized Agent Name  
SM Signature  
040995 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1021 Sage Mountain Street  
Wendoverville, NC 27281  
 c. Driver Name/Title: Ernest Venable (Driver)  
PRINT/TYPE  
 d. Phone No.: (910) 693-2400 e. Truck No.: 94  
 f. Vehicle License No./State: 1F373 NC  
 Acknowledgement of Receipt of Materials.  
 g. Ernest Venable Driver Signature 040995 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2086  
Roseboro, NC 28382 Roseboro, NC 28382

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. Ernest Venable Name of Authorized Agent Ernest Venable Signature 040995 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249249

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 14:14:50 Time Out: 14:14:50  
 Ticket # : A57748 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000094 Lic Plate:

ONSLOW  
 Manifest # : 927333 PO # : Transporter: GUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 32.57 Tare Wt: 11.89 Net Wt: 20.68 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.68 TN	18.00000	372.24
Sub Total.....	\$			372.24
Total.....	\$			372.24

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *Evelyn McLaurin*

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address of Responsible Agency:

Print type

Operator's Signature



# 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. 927337

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commander General b. Generating Location: SAFE  
 c. Address (Attn: AC/S EMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

NC	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	7	9	5	0
---	---	---	---	---

 Units 

F
---

 No. 

1
---

 TYPE 

1
---

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name      [Signature] Signature      040994 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kannerville, NC 27261  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF 2925  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature      040994 Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28302

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent      [Signature] Signature      040994 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type      \_\_\_\_\_ Operator's Signature      \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable     Non-friable     Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249266

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 15:22:29 Time Out: 15:22:29  
 Ticket # : A57765 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:  
 QNSLOW  
 Manifest # : 927337 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.19 Tare Wt: 16.23 Net Wt: 23.96 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.96 TN	18.00000	431.28
Sub Total..... \$				431.28
Total..... \$				431.28

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: [Signature] #31

260-116LF

f. Name and Address

of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 927339

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Comanding General b. Generating Location: same  
 c. Address (Attn: SG/S EHD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5875 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 

NC	1	2	1	5	9	5	1	1	0	9	2	3	7	8	0	8
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers TYPE  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity Units No. TYPE  

4	9	7	5	0
---	---	---	---	---

P
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1
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T
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 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature]

0	9	0	9	9	5
---	---	---	---	---	---

  
 Generator Authorized Agent Name Signature Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc  
 b. Address: 1021 East Mountain Street  
Kannapolis, NC 27282  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LP 1801  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	9	0	9	9	5
---	---	---	---	---	---

  
 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: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2005  
Roseboro, NC 28382 Roseboro, NC 28382

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]

0	9	0	9	9	5
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 PRINT/TYPE  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249267

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 15:26:06 Time Out: 15:26:06  
Ticket # : A57766 CMS # : 0004721 LMS # : 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000130 Lic Plate:

DNSLOW  
Manifest # : 927339 PO # : Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 40.51 Tare Wt: 16.15 Net Wt: 24.36 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.36 TN	18.00000	438.48
Sub Total.....			\$	438.48
Total.....			\$	438.48

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

- a
- b
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- d
- f
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- e. Di
- It
- f. Nan

Sect

a. Ope

Ope

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OPERA  
packed,

e. Operator's Name & Title:

f. Name and Address  
of Responsible Agency:

Print/Type

... applicable international and government regulations.

Operator's Signature

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# 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. 927338

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Companien General b. Generating Location: SALE  
 c. Address (Attn: AC/S EHD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 49060 Units 7 No. 1 TYPE T

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.

TSMORRIS Signature [Signature] Shipment Date 090996

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II						
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____						
b. Address: <u>1024 East Mountain Street</u> <u>Kannapolis, NC 27284</u>	i. Address: _____						
c. Driver Name/Title: <u>[Signature]</u>	j. Driver Name/Title: _____						
d. Phone No.: <u>(910) 993-2400</u> e. Truck No.: <u>M92</u>	k. Phone No.: _____ l. Truck No.: _____						
f. Vehicle License No./State: <u>LE 2549</u>	m. Vehicle License No./State: _____						
g. <u>[Signature]</u> Shipment Date <u>090996</u>	n. _____ Shipment Date <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 040996 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249268

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-09-96 Time In: 15:29:10 Time Out: 15:29:10  
Ticket # : A57767 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : #G2 Lic Plate:

ONSLOW  
Manifest # : 927338 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 39.55 Tare Wt: 15.52 Net Wt: 24.03 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	24.03 TN	18.00000	432.54
Sub Total..... \$				432.54
Total..... \$				432.54

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

e. Operator's Name & Title: \_\_\_\_\_ Pnnr/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address \_\_\_\_\_

of Responsible Agency: \_\_\_\_\_



# 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. 927340

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Compounding General b. Generating Location: SAFE  
 c. Address (Attn: AC/S ENG/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5873 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 

N	C	1	2	1	6	0	6	1	1	0	9	2	8	7	6	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste Soil, Diesel Fuel k. Quantity 49320 Units P No. 1 TYPE T

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040796 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1001 East Mountain Street  
Kernersville, NC 27281  
 c. Driver Name/Title: F. COLE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 500  
 f. Vehicle License No./State: LT 2937 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 040996 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 743A Roseboro Hwy. d. Mailing Address PO Box 2005  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent [Signature] Signature 041096 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Pmt/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249281

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-10-96      Time In: 07:03:59      Time Out: 07:03:59  
 Ticket # : A57777      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000056      Lic Plate:

QNSLDW  
 Manifest # : 927340      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELINE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 41.24      Tare Wt: 16.33      Net Wt: 24.91 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.91 TN	18.00000	448.38
	Sub Total..... \$			448.38
	Total..... \$			448.38

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF (C)

REORDER ONLY THROUGH BFI/JARCO CONTRACT

f. Name and Address of Responsible Agency:

Pnnt/Type

Operator's Signature

Date

g.  Friable:  Non friable:



# 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. 927341

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAVE  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

2	3	7	8	0	8
---	---	---	---	---	---

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, Diesel Fuel k. Quantity 

4	9	3	4	0
---	---	---	---	---

 Units 

7
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 No. 

1
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 TYPE 

T
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040993 Shipment Date

### Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1006 East Mountain Street  
Kannonsville, NC 27284  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 81  
 f. Vehicle License No./State: LF 2779  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 

0	4	0	9	9	3
---	---	---	---	---	---

**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. \_\_\_\_\_ Shipment Date 

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### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 526-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
041096 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friction  Non friction  Both  % friction  % nonfriction



No: 9249282

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-10-96      Time In: 07:08:36      Time Out: 07:08:36  
 Ticket # : AS7778      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000061      Lic Plate:  
 ONSLOW  
 Manifest # : 927341      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.46      Tare Wt: 15.79      Net Wt: 24.67 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.67 TN	18.00000	444.06
Sub Total..... \$				444.06
Total..... \$				444.06

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: K.C. Mauls

260-116LF (3)

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address

of Responsible Agency: \_\_\_\_\_

Pnnt/Type

Operator's Signature

Date

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 927345

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Demolition General b. Generating Location: 3017  
 c. Address (Owner: 40/S FMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 2450 Units P No. 1 TYPE T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
040796 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Wilco Transport, Inc.  
 b. Address: 1001 East Mountain Street  
Kannapolis, NC 27283  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: 202  
 f. Vehicle License No./State: [Signature] NC  
 Acknowledgement of Receipt of Materials:  
[Signature]  
 g. [Signature] Shipment Date 040796

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-1132  
 b. Physical Address: 7424 Roseboro Hwy d. Mailing Address PO Box 2066  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
040796 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Pnn/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249288

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-10-96      Time In: 07:21:00      Time Out: 07:21:00  
 Ticket # : A57784      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303      Lic Plate:

ONGLOW  
 Manifest # : 927345      PO #:      Transporter: QUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.85      Tare Wt: 15.09      Net Wt: 24.76 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	24.76 TN	18.00000	445.68
Sub Total..... \$				445.68
Total..... \$				445.68

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f  
-  
-  
a  
c  
d  
O  
p  
e.

f. Name and Address \_\_\_\_\_  
of Responsible Agency: \_\_\_\_\_

Print/Type

Operator's Signature

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Date





# 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. 927345

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMB/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5870 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity Units No. TYPE  

4	5	2	6	0
---	---	---	---	---

P
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1
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T
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

JSMORRIS Generator Authorized Agent Name  
JSMorris Signature  
041095 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1021 East Mountain Street  
Kannonsville, NC 27201  
 c. Driver Name/Title: \_\_\_\_\_  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF 2905 NC  
 Acknowledgement of Receipt of Materials.  
 g. \_\_\_\_\_  
 Driver Signature Shipment Date 041095

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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2005  
Roseboro, NC 28302 Roseboro, NC 28302

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. Ernie McLawry Name of Authorized Agent  
Ernie McLawry Signature  
041095 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type Operator's Signature Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249293

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

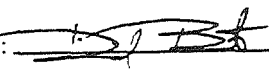
Date : 04-10-96      Time In: 07:31:30      Time Out: 07:31:30  
 Ticket # : A57789      CMS # : 0004721      LMS #: 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000031      Lic Plate:

ONSLOW  
 Manifest # : 927346      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 38.86      Tare Wt: 16.23      Net Wt: 22.63 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	22.63 TN	18.00000	407.34
Sub Total..... \$				407.34
Total..... \$				407.34

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

g. Operator's Name & Title

Print/Type

f. Name and Address

of Responsible Agency:

Operator's Signature

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Date



# 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. 927344

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Compassion General b. Generating Location: SAME  
 c. Address (Attn: W/O/S EDD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-2004  
 e. Phone No.: (910) 451-5876 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 

8	0	1	2	1	6	9	6	1	1	0	9	2	3	7	9	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	6 MIL. PLASTIC BAG or WRAP
T	TRUCK
O	OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	1	9	0	0
---	---	---	---	---

 Units 

7
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 No. 

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 TYPE 

7
---

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.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
040096 Shipment Date

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: <u>1021 East Mountain Street</u> <u>Kannonsville, NC 27004</u>	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: <u>Eric - Virginia DeWitt</u> <small>PRINT/TYPE</small>	e. Truck No.: <u>94</u>	n. <u>[Signature]</u> Driver Signature	<u>[Signature]</u> Driver Signature
d. Phone No.: <u>(910) 692-2100</u>	f. Vehicle License No./State: <u>LF 2925 N</u>	<u>040096</u> Shipment Date	<u>[Signature]</u> Shipment Date
g. <u>[Signature]</u> Driver Signature		Acknowledgement of Receipt of Materials.	

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4102  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28362 Roseboro, NC 28362  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 f. [Signature] Name of Authorized Agent [Signature] Signature 041176 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

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 Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Frable:  Non-frable:  Both \_\_\_\_\_ % frable \_\_\_\_\_ % nonfrable



No: 9249296

**BROWNING-FERRIS INDUSTRIES**

Saapson County Disposal, Inc.

Ticket # : 04-10-96      Time In: 07:38:38      Time Out: 07:38:38  
 : A57792      CMS #: 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000094      Lic Plate:

ONSLOW  
 Manifest # : 927344      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 28.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 32.84      Tare Wt: 11.89      Net Wt: 20.95 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.95 TN	18.00000	377.10
Sub Total..... \$				377.10
Total..... \$				377.10

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *[Signature]*

260-116LF

Secti

a. Nam

b. Addr REORDER ONLY THROUGH BFI/ARCO CONTRACT

d. Phone

f. Vehicle

Ackno

g. Driver Sign

Section

a. Site Nam

b. Physical

Discrepan

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Name of Author

Section IV

Operator's

Operator's A

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d. marked ar

et. Na

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esponsible

Frable:   Both

% friable \_\_\_\_\_ % nonfriable \_\_\_\_\_

Date \_\_\_\_\_

ator refers to the company which owns, leases, operates



# 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. 927342

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMO/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	5	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 4060 Units P No. 1 TYPE T

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.

TSMORRIS  
Generator Authorized Agent Name

[Signature]  
Signature

040992  
Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hileo Transport, Inc  
 b. Address: 1033 East Mountain Street  
Apperoville, NC 27964  
 c. Driver Name/Title: BRAD HOLBROOK  
PRINT/TITLE  
 d. Phone No.: (910) 993-2100 e. Truck No.: 2  
 f. Vehicle License No./State: LE 2927 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 040992  
Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7634 Roseboro Hwy d. Mailing Address PO Box 2036  
Roseboro, NC 28582 Roseboro, NC 28582

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] 041106  
Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print/Type

f. Name and Address of Responsible Agency: \_\_\_\_\_



No: 9249302

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 07:59:17 Time Out: 07:59:17  
 Ticket # : A57798 CMS # : 0004721 LMS # : 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000020 Lic Plate:  
 ONSLOW

Manifest # : 927342 PD # : Transporter: CUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 32.57 Tare Wt: 12.27 Net Wt: 20.30 tn

j. Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.30 TN	18.00000	365.40
Sub Total..... \$				365.40
Total..... \$				365.40

Have a great day!!

Se

- a. N
- b. A

REORDER ONLY THROUGH BFI/JARCO CONTRACT

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: BH

260-116LF

- c. Dr
- d. Ph
- f. Ve
- Ac
- g. Drive

Secti

- a. Site
- b. Phys
- e. Discr
- I here

f. Ev  
Name of

Section

- a. Operati
- c. Operate
- d. Special

OPERATOR  
packed mar

e. ... or

f. Name an  
of Respor

1.  Friab

... friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

Operator refers to the company which owns, leases, operates, controls



# 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. 927343

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commander General b. Generating Location: SAF  
 c. Address (Attn: AC/S EMD/John Rinds) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

H	C	1	2	1	5	9	5	1	1	0	9	2	3	7	3	0	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

3	7	4	4	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
04 27 96 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Wendoverville, NC 27991  
 c. Driver Name/Title: Greg [Signature]  
 d. Phone No.: (910) 992-2400 e. Truck No.: 90  
 f. Vehicle License No./State: 9F 2400  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 04 27 96 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4102  
 b. Physical Address: 7134 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 04 27 96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Pnnt/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both % friable \_\_\_\_\_ % nonfriable \_\_\_\_\_



No: 9249303

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 08:01:27 Time Out: 08:01:27  
Ticket # : AS7799 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000090 Lic Plate:

ONSLOW  
Manifest # : 927343 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN McLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 30.70 Tare Wt: 11.98 Net Wt: 18.72 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	18.72 TN	18.00000	336.96
	Sub Total..... \$			336.96
	Total..... \$			336.96

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF





# 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. 927347

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Samson Disposal b. Generating Location: SAF  
 c. Address (Attn: AG/S FND/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	0	6	1	1	0	9	2	3	7	0	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 43-46 Units 2 No. 1 TYPE T

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS [Signature] 04/19/92  
 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: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Asheville, NC 28701  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 693-2400 e. Truck No.: 1-13  
 f. Vehicle License No./State: 2-17-1  
 Acknowledgement of Receipt of Materials.

g. [Signature] 04/19/92  
 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. \_\_\_\_\_ 04/19/92  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Samson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PC Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

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] 04/19/92  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print/Type

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249360

**BROWNING-FERRIS INDUSTRIES**

Sawpson County Disposal, Inc.

Date : 04-10-96      Time In: 12:45:08      Time Out: 12:45:08  
 Ticket # : A57856      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130      Lic Plate:

GNSLOW  
 Manifest # : 927347      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 38.07      Tare Wt: 16.15      Net Wt: 21.92 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	21.92 TN	18.00000	394.56
Sub Total..... \$				394.56
Total..... \$				394.56

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

e. Operator's\* Name & Title: \_\_\_\_\_

f. Name and Address \_\_\_\_\_

Print/Type

Operator's Signature \_\_\_\_\_

--	--	--	--	--	--

Date



# 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. 927348

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address (Attn: AC/S FMD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	0	6	1	1	0	9	2	3	7	2	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	9	0	0
---	---	---	---	---

 Units 

F
---

 No. 

1
---

 TYPE 

7
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS Morris Generator Authorized Agent Name      TS Morris Signature      04/09/96 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Wannasville, NC 27220  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 003-2000 e. Truck No.: 4962  
 f. Vehicle License No./State: 150-589 N  
 Acknowledgement of Receipt of Materials...  
 g. [Signature] Driver Signature      04/09/96 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent      [Signature] Signature      04/09/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249362

**BROWNING-FERRIS INDUSTRIES**

Saspsn County Disposal, Inc.

Date : 04-10-96 Time In: 12:48:33 Time Out: 12:48:33  
Ticket # : A57858 CMS # : 0004721 LMS #: 0004721  
Customer : G.H.M. REMEDIATION  
Vehicle # : M62 Lic Plate:

ONSLOW  
Manifest # : 927348 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 38.47 Tare Wt: 15.52 Net Wt: 22.95 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	22.95 TN	18.00000	413.10
Sub Total.....	\$			413.10
Total.....	\$			413.10

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

- f
- g
- h
- a.
- b.
- e.
- f.
- Se
- a. (
- c. (
- e
- OPE
- pack
- e. O

f. Name and Address of Responsible Agency: \_\_\_\_\_

Print/Type

Operator's Signature

--	--	--	--	--	--

Date



# 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. 927350

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: DeWadding General b. Generating Location: SAFE  
 c. Address (Attn: AC/S EID/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5876 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 

N	C	1	2	1	6	2	6	1	1	0	9	2	3	7	2	0	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 460 Units P No. 1 TYPE 7  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

JSMORRIS Generator Authorized Agent Name  
JSMorris Signature  
09/10/95 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennettville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2500 e. Truck No.: 1  
 f. Vehicle License No./State: LT 2934  
 Acknowledgement of Receipt of Materials.  
 g. JD Bailey Driver Signature  
09/10/95 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4130  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 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. John Riggs Name of Authorized Agent  
John Riggs Signature  
14/10/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249373

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 13:13:03 Time Out: 13:13:03  
Ticket # : A57669 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000056 Lic Plate:

ONSLOW  
Manifest # : 927350 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 39.37 Tare Wt: 16.33 Net Wt: 23.04 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.04 TN	18.00000	414.72
	Sub Total..... \$			414.72
	Total..... \$			414.72

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

REORDER ONLY THROUGH BFI/ARCO CONTRACT

260-116LF



# 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. 927349

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AD/S EUC/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5376 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: 

H	C	1	2	1	5	9	6	1	1	0	9	2	3	7	3	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 49140 Units: P No.: 1 TYPE: T

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
041192 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Pilco Transport, Inc  
 b. Address: 1324 East Mountain Street  
Yarrersville, NC 27388  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 462-2800 e. Truck No.: 51  
 f. Vehicle License No./State: 1 F 2979  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date: 041192

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7134 Roseboro Hwy d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
041192 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249374

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-10-96      Time In: 13:15:35      Time Out: 13:15:35  
 Ticket # : A57870      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000001      Lic Plate:

Manifest # : 927349      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.36      Tare Wt: 15.79      Net Wt: 24.57 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.57 TN	18.00000	442.26
Sub Total..... \$				442.26
Total..... \$				442.26

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: K.C. Marsh

260-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

or Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





# 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. 927351

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Guardian General b. Generating Location: SALE  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 45700 Units P No. 1 TYPE T

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

Generator's CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Signature [Signature] Shipment Date 09/10/96

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 998-2400 e. Truck No.: 303  
 f. Vehicle License No./State: LC 6591  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 09/10/96

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Samson County Disposal, Inc. c. Phone No.: (910) 525-1132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28582 Roseboro, NC 28582

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 09/10/96 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249376

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 13:19:19 Time Out: 13:19:19  
 Ticket # : A57872 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303 Lic Plate:

ONSLOW  
 Manifest # : 927351 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 37.94 Tare Wt: 15.09 Net Wt: 22.85 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.85 TN	18.00000	411.30
Sub Total..... \$				411.30
Total..... \$				411.30

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF1

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 927352

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address: (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	A	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_ TYPE \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	0	4	2	0
---	---	---	---	---

 Units 

?
---

 No. 

1
---

 TYPE 

T
---

  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
091095 Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27284</u>	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: <u>(910) 993-2400</u> PRINT/TYPE _____ e. Truck No.: <u>31</u>	k. Phone No.: _____ PRINT/TYPE _____ l. Truck No.: _____
f. Vehicle License No./State: <u>LF 2905</u> <u>NC</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u> Driver Signature <u>091095</u> Shipment Date	n. _____ Driver Signature _____ Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sandson County Disposal, Inc. c. Phone No.: (910) 525 4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 091095 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249378

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 13:23:56 Time Out: 13:23:56  
 Ticket # : A57874 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

ONSLOW  
 Manifest # : 927352 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.69 Tare Wt: 16.23 Net Wt: 25.46 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.46 TN	18.00000	458.28
	Sub Total..... \$			458.28
	Total..... \$			458.28

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-115LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address of Responsible Agency: \_\_\_\_\_

Print/Type

Operator's Signature

Date

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# 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. 927355

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: same  
 c. Address (Attn: AC/S F1/Bohn Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5373 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 

HC	1	2	1	5	9	6	1	1	0	9	2	3	7	9	0	2
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

40	180
----	-----

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
041096 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature] PRINT/TITLE  
 d. Phone No.: (910) 993-2100 e. Truck No.: 95  
 f. Vehicle License No./State: 1F2425  
 Acknowledgment of Receipt of Materials:  
 g. [Signature] Shipment Date 

0	4	1	0	9	6
---	---	---	---	---	---

**TRANSPORTER II**  
 h. Name:  
 i. Address:  
 j. Driver Name/Title: PRINT/TITLE  
 k. Phone No.: l. Truck No.:  
 m. Vehicle License No./State:  
 Acknowledgment of Receipt of Materials:  
 n. Shipment Date 

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### Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28362 Roseboro, NC 28362

e. Discrepancy Indication Space:  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
041096 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: 

--	--	--	--	--	--

 Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency:

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249379

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

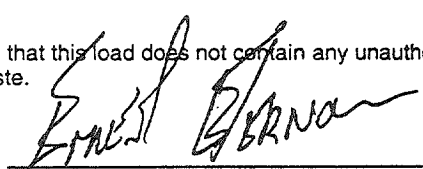
Date : 04-10-96 Time In: 13:30:44 Time Out: 13:30:44  
Ticket # : A57875 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000094 Lic Plate:

ONSLOW  
Manifest # : 927355 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 31.98 Tare Wt: 11.89 Net Wt: 20.09 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.09 TN	18.00000	361.62
Sub Total..... \$				361.62
Total..... \$				361.62

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF



# 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. 927353

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: General Line General b. Generating Location: SALE  
 c. Address (Attn: AD/S END/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28512-0004  
 e. Phone No.: (910) 451-5979 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 

N	C	1	2	1	6	3	5	1	1	0	9	2	3	7	2	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_ TYPE \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	0	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TSMORRIS Generator Authorized Agent Name  
TSMorris Signature  

0	4	1	9	6
---	---	---	---	---

 Shipment Date

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II										
a. Name: <u>Hilco Transport, Inc</u>	h. Name: _____										
b. Address: <u>1921 East Mountain Street</u> <u>Kannonsville, NC 27004</u>	i. Address: _____										
c. Driver Name/Title: <u>BOB HOCBETOR</u> <small>PRINT/TYPE</small>	j. Driver Name/Title: _____ <small>PRINT/TYPE</small>										
d. Phone No.: <u>(910) 993-2400</u> e. Truck No.: <u>21</u>	k. Phone No.: _____ l. Truck No.: _____										
f. Vehicle License No./State: <u>LE2927</u> Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials.										
g. <u>Bob H. Hockbetor</u> <table border="1" style="display: inline-table;"><tr><td>0</td><td>4</td><td>1</td><td>9</td><td>2</td></tr></table> <small>Driver Signature Shipment Date</small>	0	4	1	9	2	n. _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <small>Driver Signature Shipment Date</small>					
0	4	1	9	2							

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 20005  
Roseboro, NC 28302 Roseboro, NC 28302

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. F. L. ... ...

0	4	1	9	6
---	---	---	---	---

  
Name of Authorized Agent Signature Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--

  
Print/Type Operator's Signature Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable.  Non-friable.  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249383

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 13:58:35 Time Out: 13:58:35  
Ticket # : A57880 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000020 Lic Plate:

ONSLOW  
Manifest # : 927353 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 29.28 Tare Wt: 12.27 Net Wt: 17.01 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	17.01 TN	18.00000	306.18
Sub Total..... \$				306.18
Total..... \$				306.18

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: BH

250-116LF (3)

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

Operator's Signature

Date

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





# 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. 927354

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Sampson General b. Generating Location: SAFE  
 c. Address (Attn: AG/S EMO/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 481-5876 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 

U	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers TYPE  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity Units No. TYPE  

5	7	4	0	2	1	1
---	---	---	---	---	---	---

  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS TSM 04/10/96  
 Generator Authorized Agent Name Signature Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: G...  
 d. Phone No.: (910) 993-2400 e. Truck No.: 90  
 f. Vehicle License No./State: 1E 7931  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 04/10/96  
 Driver Signature Shipment Date

TRANSPORTER II  
 h. Name:  
 i. Address:  
 j. Driver Name/Title:  
 k. Phone No.: l. Truck No.:  
 m. Vehicle License No./State:  
 Acknowledgement of Receipt of Materials.  
 n. 

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 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. E. J. ... [Signature] 04/10/96  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title:  Operator's Signature 

--	--	--	--	--	--

 Date

f. Name and Address of Responsible Agency:

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249384

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 14:01:15 Time Out: 14:01:15  
Ticket # : A57881 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000090 Lic Plate:

ONSLOW  
Manifest # : 927354 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 30.90 Tare Wt: 11.98 Net Wt: 18.92 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	18.92 TN	18.00000	340.56
Sub Total.....				\$ 340.56
Total.....				\$ 340.56

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

PnnVType

Operator's Signature

Date



No: 9249413

BROWNING-FERRIS INDUSTRIES

Saapson County Disposal, Inc.

Date : 04-10-96      Time In: 16:13:56      Time Out: 16:13:56  
 Ticket # : A57909      CMS # : 0004721      LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000130      Lic Plate:

ONSLOW  
 Manifest # : 927357      PO # :      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJELNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 39.91      Tare Wt: 16.15      Net Wt: 23.76 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.76 TN	18.00000	427.68
	Sub Total..... \$			427.68
	Total..... \$			427.68

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

PnnVType

Operator's Signature

Date

f. Name and Address of Responsible Agency:



# 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. 927356

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Note: AC/S ELD/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5070 f. Phone No.: \_\_\_\_\_

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

2	3	7	8	0	8
---	---	---	---	---	---

 TYPE  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	4	9	4	0
---	---	---	---	---

 Units 

7
---

 No. 

1
---

 TYPE 

7
---

**TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
04/10/96 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27204  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 953-2400 e. Truck No.: 1152  
 f. Vehicle License No./State: LE 2519 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 04/10/96 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 04/10/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249414

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 16:16:05 Time Out: 16:16:05  
 Ticket # : A57910 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : M62 Lic Plate:

ONSLGW  
 Manifest # : 927356 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 37.94 Tare Wt: 15.52 Net Wt: 22.42 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	22.42 TN	18.00000	403.56
Sub Total..... \$				403.56
Total..... \$				403.56

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 927358

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S ELD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 461-5878 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 

N	C	1	2	1	5	9	6	1	1	0	9	2	3	7	3	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	0	6	6	0
---	---	---	---	---

 Units 

--

 No. 

--	--

 TYPE 

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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
091096 Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: FL POLES  
 d. Phone No.: (910)993-2400 e. Truck No.: 56  
 f. Vehicle License No./State: 1F2939 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 091096 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-6132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 091096 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249418

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-10-96 Time In: 16:44:01 Time Out: 16:44:01  
 Ticket # : A57916 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000056 Lic Plate:  
 ONELOW  
 Manifest # : 927358 PG #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: SANDI BROWN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.66 Tare Wt: 16.33 Net Wt: 25.33 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	25.33 TN	18.00000	455.94
	Sub Total..... \$			455.94
	Total..... \$			455.94

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

REORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116LF



# 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. 927359

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: GAME  
 c. Address (Print): 3076 FMD/John Riggs d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5876 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 

W	C	1	2	1	5	3	5	1	1	0	9	2	3	7	8	0	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	7	0	0
---	---	---	---	---

 Units 

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 No. 

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 TYPE 

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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS [Signature]

0	4	1	0	9	6
---	---	---	---	---	---

  
 Generator Authorized Agent Name Signature Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1021 East Mountain Street  
Lenoirville, NC 27281  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2100 e. Truck No.: 51  
 f. Vehicle License No./State: LE 2899 U  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	1	0	9	6
---	---	---	---	---	---

  
 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7334 Roseboro Hwy. d. Mailing Address PO Box 2005  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] [Signature]

0	4	1	0	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--	--

  
 Print/Type Operator's Signature Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9249419

BROWNING-FERRIS INDUSTRIES

Seapson County Disposal, Inc.

Date : 04-10-36 Time In: 16:47:27 Time Out: 16:47:27  
Ticket # : A57917 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 200081 Lic Plate:

UNSLGW  
Manifest # : 927359 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: SANDI BROWN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 38.64 Tare Wt: 15.79 Net Wt: 22.85 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	22.85 TN	18.00000	411.30
	Sub Total..... \$			411.30
	Total..... \$			411.30

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

250-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

Print type

Operator's Signature

Date



# 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. 927360

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Narine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5876 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 

N	C	1	2	1	5	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	2	4	0
---	---	---	---	---

 Units 

D
---

 No. 

--	--

 TYPE 

T
---

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.

TSMorris Generator Authorized Agent Name  
TSMorris Signature  
04/10/92 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: 1 F2905  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 04/10/92 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28362 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 04/10/92 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249421

**BROWNING-FERRIS INDUSTRIES**

Seapson County Disposal, Inc.

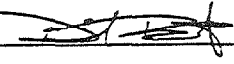
Date : 04-10-96 Time In: 16:52:48 Time Out: 16:52:48  
 Ticket # : 957919 CMS # : 0004721 LMS # : 0004721  
 Customer : O.R.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

GNELDW  
 Manifest # : 927360 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: SANDI BROWN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 38.84 Tare Wt: 16.23 Net Wt: 22.61 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	22.61 TN	18.00000	406.98
	Sub Total..... \$			406.98
	Total..... \$			406.98

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

ORDER ONLY THROUGH BFI/UARCO CONTRACT

260-116L

f. Name and Address  
of Responsible Agency:

Operator's Signature

Date



# 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. 927361

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address (Attn: AC/S EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5678 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 

N	C	1	2	1	6	9	5	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	6	0	8
---	---	---	---	---	---

 Containers \_\_\_\_\_

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

3	6	1	4	0
---	---	---	---	---

 Units 

7
---

 No. 

1
---

 TYPE 

7
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS \_\_\_\_\_ TSM \_\_\_\_\_ 07/09 \_\_\_\_\_  
 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: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kannerville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 e. Truck No.: 303  
 f. Vehicle License No./State: 1C 2591 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] \_\_\_\_\_ 07/09 \_\_\_\_\_  
 Driver Signature Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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] \_\_\_\_\_ 07/09 \_\_\_\_\_  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249430

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-95 Time In: 06:59:43 Time Out: 06:59:43  
 Ticket # : A57923 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303 Lic Plate:

ONSLOW  
 Manifest # : 927361 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.16 Tare Wt: 15.09 Net Wt: 18.07 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	18.07 TN	18.00000	325.26
Sub Total.....	\$			325.26
Total.....	\$			325.26

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

Print/Type

Operator's Signature

Date

f. Name and Address  
of Responsible Agency:



# 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. 927362

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Sampson General b. Generating Location: SALE  
 c. Address (Addr: RD/9 EHD/Conn Ridge) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

R	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	6	3	4	0	0
---	---	---	---	---	---

 Units 

0
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 No. 

1
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 TYPE 

T
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

T SMORRIS Generator Authorized Agent Name  
[Signature] Signature  
04/10/94 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Wilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27288  
 c. Driver Name/Title: Scott Morris / Driver  
 d. Phone No.: (910) 993-2400 e. Truck No.: 94  
 f. Vehicle License No./State: LF 2935 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 04/10/94 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7424 Roseboro Hwy d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 04/11/94 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249440

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 07:45:27 Time Out: 07:45:27  
 Ticket # : A57934 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000094 Lic Plate:

ONSLOW  
 Manifest # : 927362 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 35.06 Tare Wt: 11.89 Net Wt: 23.17 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.17 TN	18.00000	417.06
	Sub Total..... \$			417.06
	Total..... \$			417.06

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: Evelyn McLaurin

260-116LF

Se

REORDER ONLY THROUGH BFI/JARCO CONTRACT

a. A

A

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f. Ve

Ac

g. Driver

Secti

a. Site

b. Phys

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I here

f. Name of

Section

a. Operat

c. Operat

al

OPERATOR

packed, ma

e. Operato

f. Name and Address

of Responsible Agency:

Print/Type

government regulations.

Operator's Signature

Date



# 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. 927363

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Defending General b. Generating Location: SAFE  
 c. Address: Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004 d. Address: \_\_\_\_\_  
 e. Phone No.: (310) 451-2276 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: 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 42600 Units: 9 No.: 1 TYPE: 7

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS Generator Authorized Agent Name      [Signature] Signature      04/1/95 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hilco Transport, Inc. b. Address: 1001 East Mountain Street  
Kannapolis, NC 27264  
 c. Driver Name/Title: [Signature] Hilco Driver PRINT/TITLE  
 d. Phone No.: (310) 992-2400 e. Truck No.: 2  
 f. Vehicle License No./State: 1E 2727  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. [Signature] Driver Signature      04/1/95 Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_ i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_ PRINT/TITLE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. \_\_\_\_\_ Driver Signature      \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (310) 525-1132  
 b. Physical Address: 7120 Roseboro Hwy. d. Mailing Address: PO Box 2036  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent      [Signature] Signature      04/1/95 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Pmnt/Type      \_\_\_\_\_ Operator's Signature      \_\_\_\_\_ Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9249445

BROWNING-FERRIS INDUSTRIES

Saapson County Disposai, Inc.

Date : 04-11-96 Time In: 08:11:55 Time Out: 08:11:55  
 Ticket # : A57939 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000020 Lic Plate:  
 GNSLW  
 Manifest # : 927363 PO #: Transporter: QUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.57 Tare Wt: 12.27 Net Wt: 21.30 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.30 TN	18.00000	383.40
Sub Total.....	\$			383.40
Total.....	\$			383.40

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address of Responsible Agency: \_\_\_\_\_

Operator's Signature

Date



# 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. 927364

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commercial General b. Generating Location: SMIF  
 c. Address (Attn: AD/S EMB/John Rides) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5378 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 

N	C	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	6	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

**TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name [Signature] Signature 

0	9	1	0	9	6
---	---	---	---	---	---

 Shipment Date

**UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II												
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____												
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27204</u>	i. Address: _____												
c. Driver Name/Title: <u>Greg Pollock</u>	j. Driver Name/Title: _____												
d. Phone No.: <u>(910) 293-2400</u> e. Truck No.: <u>70</u>	k. Phone No.: _____ l. Truck No.: _____												
f. Vehicle License No./State: <u>LF 2931</u>	m. Vehicle License No./State: _____												
Acknowledgement of Receipt of Materials													
g. <u>[Signature]</u> Driver Signature <table border="1" style="display: inline-table;"><tr><td>0</td><td>9</td><td>1</td><td>0</td><td>9</td><td>6</td></tr></table> Shipment Date	0	9	1	0	9	6	n. _____ Driver Signature <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Shipment Date						
0	9	1	0	9	6								

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2085  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 

0	9	1	0	9	6
---	---	---	---	---	---

 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249446

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 08:13:55 Time Out: 08:13:55  
 Ticket # : A57940 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000090 Lic Plate:

Manifest # : 927354 PO #: Transporter: GUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.29 Tare Wt: 11.98 Net Wt: 21.31 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.31 TN	18.00000	383.58
Sub Total..... \$				383.58
Total..... \$				383.58

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

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packed, n

e. Operators' Name & Title: \_\_\_\_\_ according to applicable international and government regulations.

f. Name and Address of Responsible Agency: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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. 927365

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address (Attn: AC/S ETD/John Ricks) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5870 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 

H	C	1	2	1	6	9	6	1	1	0	9	2	3	7	6	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

53	9	00
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 Units 

P
---

 No. 

1
---

 TYPE 

T
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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORICIS Generator Authorized Agent Name  
[Signature] Signature  
09/1/95 Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I	TRANSPORTER II												
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____												
b. Address: <u>1024 East Mountain Street</u> <u>Kannonsville, NC 27294</u>	i. Address: _____												
c. Driver Name/Title: <u>[Signature]</u> <small>PRINT/TYPE</small>	j. Driver Name/Title: _____ <small>PRINT/TYPE</small>												
d. Phone No.: <u>(910) 993-2400</u> e. Truck No.: <u>87</u>	k. Phone No.: _____ l. Truck No.: _____												
f. Vehicle License No./State: <u>2F-2744 L</u> Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials.												
n. <u>[Signature]</u> <table border="1" style="display: inline-table;"><tr><td>0</td><td>9</td><td>1</td><td>1</td><td>9</td><td>-</td></tr></table> Driver Signature Shipment Date	0	9	1	1	9	-	n. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Driver Signature Shipment Date						
0	9	1	1	9	-								

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address P.O. Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
09/1/95 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--	--

 Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249454

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 08:56:25 Time Out: 08:56:25  
Ticket # : A57949 CMS # : 0004721 LMS # : 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000081 Lic Plate:

Manifest # : 927365 PO # : Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 42.69 Tare Wt: 15.79 Net Wt: 26.90 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.90 TN	18.00000	484.20
Sub Total..... \$				484.20
Total..... \$				484.20

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: TC Mark

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

Section 1

Acc. #  
Driver Name/  
Phone No.:  
Vehicle License  
knowledge  
Signature  
me: Sam  
Address:  
by Indication:  
rtify that the a  
Title Agent  
ne:  
es:  
Instructions a  
ICATION: I h  
elected, and are

Title: \_\_\_\_\_  
Print/Type \_\_\_\_\_  
The consignment are fully and accurately described  
condition for transport by highway according to \_\_\_\_\_



# 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. 927366

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SANE  
 c. Address (Attn: 40/S EMD/Caba Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5373 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 

r	C	1	2	1	6	9	5	1	1	0	9	2	3	7	9	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	3	8	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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.

JSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
04/1/96 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1124 East Mountain Street  
Kannonsville, NC 27084  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: 1-27129  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 04/1/96

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2005  
Roseboro, NC 28262 Roseboro, NC 28262

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
04/1/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249456

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 09:08:33 Time Out: 09:09:23  
 Ticket # : 037952 CMS # : 0004721 LMS #: 0004721  
 Customer : D.H.M. REMEDIATION  
 Vehicle # : 000056 Lic Plate:

DMSLOW  
 Manifest # : 927366 PO #: Transporter: OUT  
 Source Co : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 43.52 Tare Wt: 16.33 Net Wt: 27.19 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.19 TN	18.00000	489.42
Sub Total..... \$				489.42
Total..... \$				489.42

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/UARCO CONTRACT

250-116LF



# 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. 927367

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Wilmington General b. Generating Location: SALE  
 c. Address (Contact: John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 451-5070 f. Phone No.:

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	0	1	2	1	6	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	3	8	0	0
---	---	---	---	---

 Units 

0
---

 No. 

1
---

 TYPE 

1
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

JSMorris Generator Authorized Agent Name  
JSMorris Signature  
091196 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hileo Transport, Inc.  
 b. Address: 1021 East Mountain Street  
Kannapolis, NC 27284  
 c. Driver Name/Title: Johnny Hunt  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 1-13  
 f. Vehicle License No./State: LR181 N  
 Acknowledgement of Receipt of Materials.  
 g. John Hunt Driver Signature 091196 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7494 Roseboro Hwy. d. Mailing Address PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382

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. Ev... .. Name of Authorized Agent  
Ev... .. Signature 091196 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ PRINT/TYPE Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9249469

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-96      Time In: 09:41:29      Time Out: 09:41:29  
 Ticket # : A57964      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130      Lic Plate:

ONSLOW  
 Manifest # : 927367      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 43.05      Tare Wt: 16.15      Net Wt: 26.90 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.90 TN	18.00000	484.20
Sub Total..... \$				484.20
Total..... \$				484.20

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/JARCO CONTRACT

260-116LF

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 927368

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SALE  
 c. Address (Attn: A/S FMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

HC	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 54430 Units 9 No. 1 TYPE 7  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

JSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
04/1/95 Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1021 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 e. Truck No.: 1032  
 f. Vehicle License No./State: TC 2529  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
04/1/95 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
04/1/95 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 \_\_\_\_\_ Print/Type Operator's Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249470

BROWNING-FERRIS INDUSTRIES

Seapson County Disposal, Inc.

Date : 04-11-96 Time In: 09:43:47 Time Out: 09:43:47  
 Ticket # : A57965 CNS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : M62 Lic Plate:  
 DNSLOW

Manifest # : 927368 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.73 Tare Wt: 15.52 Net Wt: 27.21 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	27.21 TN	18.00000	489.78
Sub Total..... \$				489.78
Total..... \$				489.78

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 927369

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commercial General b. Generating Location: SAME  
 c. Address (Attn: AC/S IND/John Riggs) d. Address:  
Narine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (310) 451-5878 f. Phone No.:

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE 

1	1	0	0
1	2	1	6
9	2	3	7
8	0	3	

 Containers 

9	2	3	7	8	0	3
---	---	---	---	---	---	---

 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, Diesel Fuel k. Quantity 

4	7	5	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

1
---

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.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
09/11/95 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W. Laguna  
 PRINT/TYPE  
 d. Phone No.: (310) 993-2400 e. Truck No.: 300  
 f. Vehicle License No./State: LC 4594  
 Acknowledgement of Receipt of Materials.  
 g. Richard W. Laguna Driver Signature 09/11/95 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 09/11/95 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print/Type

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249472

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-96      Time In: 09:48:20      Time Out: 09:48:20  
 Ticket # : A57966      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000306      Lic Plate:  
 QNSLOW

Manifest # : 927369      PO #:  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity :      20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt :      39.41      Tare Wt:      15.65      Net Wt: 23.76 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	23.76 TN	18.00000	427.68
Sub Total..... \$				427.68
Total..... \$				427.68

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

*R W Lapierre*

260-116L

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address  
 of Responsible Agency:

Print/Type

Operator's Signature

--	--	--	--	--

Date



# 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. 927370

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Sampson General b. Generating Location: same  
 c. Address: (Attn: AC/S E.O./John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5873 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 

N	C	1	2	1	6	9	5	1	1	0	9	2	3	7	6	0	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	4	4	5	0
---	---	---	---	---

 Units 

F
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
04/1/96 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____
b. Address: <u>1024 East Mountain Street</u> <u>Kernersville, NC 27204</u>	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: <u>(910) 993-2400</u> PRINT/TYPE	k. Phone No.: _____ I. Truck No.: _____
e. Truck No.: <u>31</u>	m. Vehicle License No./State: _____
f. Vehicle License No./State: <u>LF29K</u> <u>W</u>	n. Acknowledgement of Receipt of Materials: _____
g. <u>[Signature]</u> Driver Signature <u>04/1/96</u> Shipment Date	<u>[Signature]</u> Driver Signature <u>[Signature]</u> Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 04/1/96 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249481

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 10:13:00 Time Out: 10:13:00  
 Ticket # : A57975 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

Manifest # : 927370 PD #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 43.44 Tare Wt: 16.23 Net Wt: 27.21 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	27.21 TN	18.00000	489.78
	Sub Total..... \$			489.78
	Total..... \$			489.78

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: 

260-116LF



# 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. 927371

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commercial General b. Generating Location: SALE  
 c. Address: (Attn: ACS/ S EPR/John Rides) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5376 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 

N	C	1	2	1	6	9	5	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	5	3	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TSMORRIS Generator Authorized Agent Name  
[Signature] Signature  
04/1/96 Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Hilco Transport, Inc.</u>	h. Name: _____
b. Address: <u>1024 East Mountain Street</u> <u>Yarrowsville, NC 27298</u>	i. Address: _____
c. Driver Name/Title: <u>[Signature]</u> <small>PRINT/TYPE</small>	j. Driver Name/Title: _____ <small>PRINT/TYPE</small>
d. Phone No.: <u>(910) 993-2800</u> e. Truck No.: <u>212</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>LC 6891</u> Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials.
g. <u>[Signature]</u> Driver Signature <u>04/1/96</u> Shipment Date	n. _____ Driver Signature _____ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7424 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
04/1/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

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 Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9249484

BROWNING-FERRIS INDUSTRIES

Sawpson County Disposal, Inc.

Date : 04-11-96 Time In: 10:30:27 Time Out: 10:30:27  
 Ticket # : A57978 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000303 Lic Plate:

Manifest # : 927371 PO #: Transporter: DUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.38 Tare Wt: 15.09 Net Wt: 26.29 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	26.29 TN	18.00000	473.22
Sub Total..... \$				473.22
Total..... \$				473.22

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE

290-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address of Responsible Agency:

% friable \_\_\_\_\_ % nonfriable \_\_\_\_\_



# 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. 927372

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Sam Morris, Personal b. Generating Location: State  
 c. Address (Attn: Attn: 478 518/John Niggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 451-5373 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 

NC	1	2	1	6	9	6	1	1	0	9	2	3	7	8	9	8
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	5	5	4	0
---	---	---	---	---

 Units 

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 No. 

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 TYPE 

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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORRIS [Signature] 09/1/96  
 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: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: Ernest Verma (Driver)  
 d. Phone No.: (910) 333-2440 e. Truck No.: 74  
 f. Vehicle License No./State: LF 2935 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] 09/1/96  
 Driver Signature Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-1132  
 b. Physical Address: 7436 Roseboro Hwy. d. Mailing Address P.O. Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 09/1/96  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or dismantled.



No: 9249509

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-95      Time In: 11:44:26      Time Out: 11:44:26  
 Ticket # : A58002      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000094      Lic Plate:

ONSLOW  
 Manifest # : 927372      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 33.16      Tare Wt: 11.89      Net Wt: 21.27 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.27 TN	18.00000	382.86
Sub Total..... \$				382.86
Total..... \$				382.86

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*Ernest Verno*

260-116LF (

REORDER ONLY THROUGH BFI/ARCO CONTRACT

f. Name and Address  
of Responsible Agency: \_\_\_\_\_



# 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. 927373

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SMF  
 c. Address: (Attn: AG/S EIB/Cohe Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5870 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 

HC	1	2	1	5	9	5	1	1	0	9	2	3	7	3	0	3
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 37600 Units \_\_\_\_\_ No. 1 TYPE T  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL PLASTIC BAG or WRAP, T - TRUCK, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMORIK'S Signature [Signature] Shipment Date 09/1/96

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Coppersville, NC 27224  
 c. Driver Name/Title: BLAD ALBERTO  
 PRINT/TYPE  
 d. Phone No.: (910) 923-2500 e. Truck No.: 2  
 f. Vehicle License No./State: LF2932 N  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 09/1/96

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. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-1132  
 b. Physical Address: 7438 Roseboro Hwy d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent Signature [Signature] Receipt Date 09/1/96

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Pmnt/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249514

BROWNING-FERRIS INDUSTRIES

Sarason County Disposal, Inc.

Date : 04-11-96 Time In: 11:58:54 Time Out: 11:58:54  
Ticket # : A52307 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 200020 Lic Plate:

Manifest # : 927373 PD #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 31.07 Tare Wt: 12.27 Net Wt: 18.80 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	18.80 TN	18.00000	338.40
Sub Total.....	\$			338.40
Total.....	\$			338.40

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: BH

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address  
of Responsible Agency:

Print/Type

Operator's Signature

Date



# 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. 927374

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commodore Generali b. Generating Location: SAND  
 c. Address (Area: NC/S W/O/John Rides) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5379 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	3	0	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_ TYPE \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 42760 Units 7 No. 1 TYPE T  
 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.

IS MORRIS Signature [Signature] Shipment Date 04/11/94

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-2400 e. Truck No.: 92  
 f. Vehicle License No./State: 1F3931 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 04/11/94

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent [Signature] Signature 04/11/94 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable  Non-friable  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249515

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 12:01:37 Time Out: 12:01:37  
 Ticket # : A50005 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000090 Lic Plate:

ONSLOW  
 Manifest # : 927374 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.36 Tare Wt: 11.98 Net Wt: 21.38 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.38 TN	18.00000	384.84
Sub Total.....	\$			384.84
Total.....	\$			384.84

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

e. Operator's\* Name & Title: \_\_\_\_\_

Print Type

f. Name and Address \_\_\_\_\_

Operator's Signature \_\_\_\_\_

--	--	--	--	--

Date



# 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. 927375

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commodore General b. Generating Location: SAME  
 c. Address: (Data: 40/4 EMD/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5873 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 

H	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	7	6	0
---	---	---	---	---

 Units 

F
---

 No. 

1
---

 TYPE 

T
---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
04/1/96 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 992-2400 e. Truck No.: 81  
 f. Vehicle License No./State: LF 2799 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date 04/1/96

**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. \_\_\_\_\_ Shipment Date \_\_\_\_\_

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2006  
Roseboro, NC 28392 Roseboro, NC 28392  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
04/1/96 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable





No: 9249523

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 12:31:13 Time Out: 12:31:13  
 Ticket # : A58016 CMS # : 0004721 LMS # : 0004721  
 Customer : D. H. M. REMEDIATION  
 Vehicle # : 000081 Lic Plate:  
 ONSLOW  
 Manifest # : 927375 PD #: Transporter: GUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN McLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 40.67 Tare Wt: 15.79 Net Wt: 24.88 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.88 TN	18.00000	447.84
Sub Total..... \$				447.84
Total..... \$				447.84

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *CC Mader*

260-116L

REORDER ONLY THROUGH BFI/UARCO CONTRACT

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# 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. 927377

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Comandaco General b. Generating Location: SATE  
 c. Address (Attn: AC/S Edw/Donn Riggs) d. Address: \_\_\_\_\_  
Narine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5078 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 

N	C	1	2	1	5	9	6	1	1	0	9	2	3	7	2	0	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	9	1	0	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS [Signature]

0	4	1	1	9	6
---	---	---	---	---	---

  
 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: Hilon Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Waxhamsville, NC 27204  
 c. Driver Name/Title: Johanna Noel  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2800 e. Truck No.: L-130  
 f. Vehicle License No./State: LR1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature]

0	4	1	1	9	6
---	---	---	---	---	---

  
 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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]

0	4	1	1	9	6
---	---	---	---	---	---

  
 Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

--	--	--	--	--	--

  
 Print/Type Operator's Signature Date

f. Name and Address \_\_\_\_\_  
 of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249532

**BROWNING-FERRIS INDUSTRIES**

Seapson County Disposal, Inc.

Date : 04-11-96      Time In: 13:22:21      Time Out: 13:22:21  
 Ticket # : A58226      CMS # : 0004721      LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130      Lic Plate:

ONSLOW  
 Manifest # : 927377      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 40.70      Tare Wt: 16.15      Net Wt: 24.55 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.55 TN	18.00000	441.90
Sub Total.....	\$			441.90
Total.....	\$			441.90

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/JARCO CONTRACT

250-116LF

f. Name and Address  
of Responsible Agency: \_\_\_\_\_

Friable     Non-friable     Both

% friable \_\_\_\_\_

% nonfriable \_\_\_\_\_





No: 9249533

**BROWNING-FERRIS INDUSTRIES**

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 13:24:19 Time Out: 13:24:19  
Ticket # : A58027 CMS # : 0004721 LMS #: 0004721  
Customer : O. H. M. REMEDIATION  
Vehicle # : M62 Lic Plate:

ONSLOW  
Manifest # : 927376 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 38.72 Tare Wt: 15.52 Net Wt: 23.20 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	23.20 TN	18.00000	417.60
Sub Total.....	\$			417.60
Total.....	\$			417.60

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BF/UARCO CONTRACT

e. Operator's Name & Title: \_\_\_\_\_ Pmnt/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both % friable % nonfriable



# 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. 927379

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Sampson General b. Generating Location: same  
 c. Address (Attn: AC/S EMD/John Biggs): Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5870 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: 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	6	0	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 49460 Units: D No.: \_\_\_\_\_ TYPE: T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
TS Morris Signature  
04/1/96 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Wennersville, NC 27294  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (910) 993-2400 e. Truck No.: 21  
 f. Vehicle License No./State: LF2905  
 Acknowledgement of Receipt of Materials.  
 g. TS Morris Driver Signature  
04/1/96 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address: PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

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. TS Morris Name of Authorized Agent  
TS Morris Signature  
04/1/96 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249535

BROWNING-FERRIS INDUSTRIES

Swain County Disposal, Inc.

Date : 04-11-98 Time In: 13:29:30 Time Out: 13:29:30  
Ticket # : 053029 CMS # : 0004721 LMS #: 0004721  
Customer : D.H.M. REMEDIATION  
Vehicle # : 000031 Lic Plate:

ONCLOW  
Manifest # : 927379 PO #: Transporter: GUT  
Source Co : Generator : US US MARINE CORP CAMP LEJELNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 40.94 Tare Wt: 16.23 Net Wt: 24.71 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	24.71 TN	18.00000	444.78
	Sub Total..... \$			444.78
	Total..... \$			444.78

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/UARCO CONTRACT

SIGNATURE: \_\_\_\_\_

260-116LF

e. Operator's Name & Title: \_\_\_\_\_

Print/Type

f. Name and Address \_\_\_\_\_

Operator's Signature \_\_\_\_\_

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Date



No: 9249536

**BROWNING-FERRIS INDUSTRIES**

Savson County Disposal, Inc.

Date : 04-11-96 Time In: 13:31:39 Time Out: 13:31:39  
 Ticket # : A58229 CMS # : 0004721 LMS # : 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 220306 Lic Plate:  
 ONSLCW  
 Manifest # : 927378 PO # : Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Content : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 36.09 Tare Wt: 15.65 Net Wt: 20.44 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	20.44 TN	18.20000	367.92
Sub Total..... \$				367.92
Total..... \$				367.92

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*R W Lapierre*

260-116LF

Se

a. N REORDER ONLY THROUGH BFI/UARCO CONTRACT

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g. Driver

Sectic

a. Site h

b. Physic

e. Discrep  
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Name of A

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Operator

Operator

Special H.

PRATC

Operator's

ame and

Responsi

Friable:  Non-friable:  Both \_\_\_\_\_ % friable

Date





# 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. 927380

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: same  
 c. Address: (Attn: AC/S 2ND/John Riggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 28004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5076 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: 

H	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity: 49460 Units: P No.: 1 TYPE: T

- TYPE**
- DM - METAL DRUM
  - DP - PLASTIC DRUM
  - B - BAG
  - BA - 6 MIL. PLASTIC BAG or WRAP
  - T - TRUCK
  - O - OTHER
- UNITS**
- P - POUNDS
  - Y - YARDS
  - M<sup>3</sup> - CUBIC METERS
  - Y<sup>3</sup> - CUBIC YARDS
  - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TSMorris Generator Authorized Agent Name  
[Signature] Signature  
04/1/96 Shipment Date

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (319) 442-2000 e. Truck No.: 23  
 f. Vehicle License No./State: 1C6791 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date: 04/1/96

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-2132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address: PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
04/1/96 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g. Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249547

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-11-96 Time In: 13:54:20 Time Out: 13:54:20  
Ticket # : A53040 CMS # : 0004721 LMS #: 0004721  
Customer : O.H.M. REMEDIATION  
Vehicle # : 000303 Lic Plate:

ONSLOW  
Manifest # : 927380 PO #: Transporter: OUT  
Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
Comment : Operator: EVELYN MCLAURIN  
Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
Gross Wt : 39.32 Tare Wt: 15.09 Net Wt: 24.23 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	24.23 TN	18.00000	436.14
Sub Total.....	\$			436.14
Total.....	\$			436.14

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

280-116LF

REORDER ONLY THROUGH BFI/JARCO CONTRACT

Print/Type

Operator's Signature

Date

f. Name and Address  
of Responsible Agency:



# 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. 927383

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Remanding General b. Generating Location: CAMP  
 c. Address (Site: 3075 RFD/John Biggs) d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	2	7	8	0	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

4	2	0	0	0	0
---	---	---	---	---	---

 Units 

D
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS Generator Authorized Agent Name [Signature] Signature 04/1/98 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: Greg [Signature]  
 d. Phone No.: (910) 995-2100 e. Truck No.: 90  
 f. Vehicle License No./State: 1F2431  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 04/1/98 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 505-4102  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2036  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 04/1/98 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249578

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

: 04-11-96 Time In: 15:58:11 Time Out: 15:58:11  
 Ticket # : RES071 LMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000090 Lic Plate:

QNSLOW  
 Manifest # : 927383 PO #: Transporter: QUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAIRIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 33.82 Tare Wt: 11.98 Net Wt: 21.84 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	21.84 TN	18.00000	393.12
	Sub Total..... \$			393.12
	Total..... \$			393.12

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_



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. 927381

Section I GENERATOR (Generator completes all of Section I)

Generator Name: Commanding General
b. Generating Location: SAME
Address: Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004
e. Phone No.: (910) 451-5878
f. Phone No.:

g. Owner's Name:
h. Owner's Phone No.:
i. BFI WASTE CODE: NC 121 596110 9 237608
j. Description of Waste: Scil, Diesel Fuel
k. Quantity: 45740 Units: P No.: 1 TYPE: 7

Table with columns for TYPE and UNITS. TYPE includes DM-METAL DRUM, DP-PLASTIC DRUM, B-BAG, BA-6 MIL. PLASTIC BAG or WRAP, T-TRUCK, O-OTHER. UNITS includes P-POUNDS, Y-YARDS, M3-CUBIC METERS, Y3-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: TSM R215
Signature: [Signature]
Shipment Date: 04/1/94

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: Hilco Transport, Inc.
b. Address: 1024 East Mountain Street, Kannersville, NC 27224
c. Driver Name/Title: [Signature] (DRIVER)
d. Phone No.: (910) 993-2400 e. Truck No.: 94
f. Vehicle License No./State: LF2935
g. Driver Signature: [Signature] Shipment Date: 04/1/94

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.: l. Truck No.:
m. Vehicle License No./State:
n. Driver Signature: Shipment Date:

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc.
b. Physical Address: 7434 Roseboro Hwy, Roseboro, NC 28382
c. Phone No.: (910) 525-4132
d. Mailing Address: PO Box 2096, Roseboro, NC 28382

e. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 4/1/94

Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
Special Handling Instructions and additional information:

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: Print/Type Operator's Signature Date
f. Name and Address of Responsible Agency:



No: 9249579

BROWNING-FERRIS INDUSTRIES

Sawson County Disposal, Inc.

Date : 04-11-96      Time In: 16:00:29      Time Out: 16:00:29  
 Ticket # : A52072      CMS # : 0004721      LMS # : 0004721  
 Driver : D.H.M. REMEDIATION  
 Vehicle # : 000094      Lic Plate:

Manifest # : 927384      PD # :      Transporter: DUT  
 Source Cd : 927384      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 34.76      Tare Wt: 11.89      Net Wt: 22.87 tn

*Please change manifest number*

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	22.87 TN	18.00000	411.66
	Sub Total..... \$			411.66
	Total..... \$			411.66

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

*Ernest Verna*

260-116LF

ORDER ONLY THROUGH BFI/UARCO CONTRACT



# 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. 927382

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address (Attn: A/C/S ELD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	5	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM	-	METAL	DRUM
DP	-	PLASTIC	DRUM
B	-	BAG	
BA	-	6 MIL. PLASTIC	BAG
		or WRAP	
T	-	TRUCK	
O	-	OTHER	

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

2	9	0	4	0
---	---	---	---	---

 Units 

D
---

 No. 

1
---

 TYPE 

T
---

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.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
09/11/96 Shipment Date

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27284  
 c. Driver Name/Title: BRAUN MICHAEL  
PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 200  
 f. Vehicle License No./State: LF 2927 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 09/11/96 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: Sanderson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent? [Signature] Signature 09/11/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ 

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 Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249580

**BROWNING-FERRIS INDUSTRIES**

Saxson County Disposal, Inc.

Date : 04-11-86      Time In: 16:02:38      Time Out: 16:02:38  
 Ticket # : A58073      CMS # : 0004721      LMS #: 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000020      Lic Plate:  
 UNSLW  
 Manifest # : 967322      PO #:      Transporter: OUT  
 Source Cd :      Generator : US      US MARINE CORP CAMP LEJEUNE NC  
 Comment :      Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1      Scale Out #: Stored  
 Gross Wt : 31.79      Tare Wt: 12.27      Net Wt: 19.52 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	19.52 TN	18.00000	351.36
Sub Total..... \$				351.36
Total..... \$				351.36

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: \_\_\_\_\_

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

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Address \_\_\_\_\_  
 Pmnt/Type \_\_\_\_\_  
 ble Agency: \_\_\_\_\_  
 as above by proper shipping name and are classified,  
 according to applicable international and government 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. 927384

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SOUS  
 c. Address: (APO) 4970 E/W/John Piers d. Address: \_\_\_\_\_  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5870 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 

W	C	1	2	1	6	9	5	1	1	0	9	2	3	7	8	0	9
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 47560 Units \_\_\_\_\_ No. \_\_\_\_\_ TYPE \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M <sup>3</sup>	- CUBIC METERS
Y <sup>3</sup>	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

T S MORRIS Generator Authorized Agent Name  
[Signature] Signature  
09/1/96 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kennersville, NC 27224  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (919) 895-2800 e. Truck No.: 81  
 f. Vehicle License No./State: 1F2899 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 09/1/96 Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4400  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2095  
Roseboro, NC 28382 Roseboro, NC 28382  
 e. Discrepancy Indication Space: \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 09/1/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_  
 Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No: 9249583

**BROWNING-FERRIS INDUSTRIES**

Swainson County Disposal, Inc.

Date : 04-11-98 Time In: 15:21:58 Time Out: 16:21:58  
 Ticket # : A53077 DMS # : 0004721 LMS #: 0004721  
 Customer : G.H.M. REMEDIATION  
 Vehicle # : 000091 Lic Plate:  
 OMSLON  
 Manifest # : 007104 PO #: Transporter: OUF  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELNE NC  
 Consent : Operator: SANDI BROWN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 39.57 Tare Wt: 15.79 Net Wt: 23.78 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	23.78 TN	18.00000	428.04
	Sub Total..... \$			428.04
	Total..... \$			428.04

Have a great day!!

I hereby certify that this load does not contain any unauth hazardous waste.

SIGNATURE: \_\_\_\_\_

*S.P. March*

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 927389

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address (Attn: AC/S ENL/John Riggs) Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 d. Address: \_\_\_\_\_  
 e. Phone No.: (910) 451-5876 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 

N	C	1	2	1	5	9	6	1	1	0	9
---	---	---	---	---	---	---	---	---	---	---	---

2	3	7	8	0	8
---	---	---	---	---	---

 Containers 

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: Soil, Diesel Fuel k. Quantity 

1	8	0	2	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

T
---

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.

TS Morris Generator Authorized Agent Name TS Morris Signature 04/1/96 Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Richard W Lapierre  
 d. Phone No.: (910) 993-2400 e. Truck No.: 322  
 f. Vehicle License No./State: LC 2 894  
 Acknowledgement of Receipt of Materials.  
 g. Richard W Lapierre Driver Signature 04/1/96 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

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. Kevin M. Lewis Name of Authorized Agent Kevin M. Lewis Signature 4/2/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249607

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-12-96 Time In: 07:06:30 Time Out: 07:06:30  
 Ticket # : A58095 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000306 Lic Plate:  
 GNSLOW  
 Manifest # : 927389 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJEUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 20.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 34.66 Tare Wt: 15.65 Net Wt: 19.01 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	20.00	19.01 TN	18.00000	342.18
Sub Total..... \$				342.18
Total..... \$				342.18

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: R. W. Lawrence

260-116LF

REORDER ONLY THROUGH BFI/ARCO CONTRACT



# 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. 927387

### Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAFE  
 c. Address (Attn: AC/S EID/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp Lejeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

DM	-	METAL	DRUM
DP	-	PLASTIC	DRUM
B	-	BAG	
BA	-	6 MIL. PLASTIC	BAG
		or WRAP	
T	-	TRUCK	
O	-	OTHER	

  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	2	1	5	0
---	---	---	---	---

 Units 

P
---

 No. 

1
---

 TYPE 

7
---

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.

TS Morris Generator Authorized Agent Name [Signature] Signature 09/19/96 Shipment Date

- TYPE**  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER
- UNITS**  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

### Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Hilco Transport, Inc  
 b. Address: 1024 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: Johany, Lou  
 PRINT/TYPE  
 d. Phone No.: (910) 992-2400 e. Truck No.: L-130  
 f. Vehicle License No./State: LB 1801 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature 09/17/96 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 

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 Shipment Date

### Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Sampson County Disposal, Inc c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent [Signature] Signature 09/19/96 Receipt Date

### Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Pnnl/Type Operator's Signature 

--	--	--	--	--

 Date  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249623

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-12-96 Time In: 08:03:09 Time Out: 08:03:09  
 Ticket # : A58112 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000130 Lic Plate:

ONSLOW  
 Manifest # : 927387 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJELINE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 42.71 Tare Wt: 16.15 Net Wt: 26.56 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	26.56 TN	18.00000	478.08
Sub Total..... \$				478.08
Total..... \$				478.08

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

260-116LF

REORDER ONLY THROUGH BFI/UARCO CONTRACT

f. Name and Address of Responsible Agency:



# 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. 927385

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Commanding General b. Generating Location: SAME  
 c. Address (Attn: AG/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5878 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 

N	C	1	2	1	6	9	6	1	1	0	9	2	3	7	8	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 TYPE  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 

5	1	6	0	0
---	---	---	---	---

 Units 

7
---

 No. 

1
---

 TYPE 

7
---

  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS Morris Generator Authorized Agent Name  
[Signature] Signature  
04/12/96 Shipment Date

UNITS  
 P - POUNDS  
 Y - YARDS  
 M<sup>3</sup> - CUBIC METERS  
 Y<sup>3</sup> - CUBIC YARDS  
 O - OTHER

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1824 East Mountain Street  
Kernersville, NC 27284  
 c. Driver Name/Title: [Signature]  
 d. Phone No.: (910) 993-3400 e. Truck No.: 1M62  
 f. Vehicle License No./State: LE2549 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
04/12/96 Shipment Date

TRANSPORTER II  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Driver Signature  
 \_\_\_\_\_ Shipment Date

## Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Simpson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy. d. Mailing Address PO Box 2006  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
04/12/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249626

**BROWNING-FERRIS INDUSTRIES**

~~12-96~~ Time In: 08:10:01 Time Out: 08:10:01  
 Ticket # : A58115 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : MG2 Lic Plate:

Sapson County Disposal, Inc.

ONSLOW  
 Manifest # : 927385 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 40.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 41.32 Tare Wt: 15.52 Net Wt: 25.80 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	40.00	25.80 TN	18.00000	464.40
	Sub Total..... \$			464.40
	Total..... \$			464.40

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

REORDER ONLY THROUGH BFI/ARCO CONTRACT

SIGNATURE: \_\_\_\_\_

260-116LF

Operator's Name & Title

Print Type

Name and Address of Responsible Agency

Operator's Signature

Date





# 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. 927388

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Companing General b. Generating Location: S-1 E  
 c. Address (Attn: AG/S EMD/John Riggs) d. Address:  
Marine Corps Base, PSC Box 20004, Camp LeJeune, NC 28542-0004  
 e. Phone No.: (910) 451-5870 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 

NC	1	2	1	5	9	5	1	1	0	9	2	3	7	8	0	8
----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers \_\_\_\_\_  
 j. Description of Waste: Soil, Diesel Fuel k. Quantity 40+410 Units 1 No. \_\_\_\_\_ TYPE \_\_\_\_\_  
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER  
 UNITS: P - POUNDS, Y - YARDS, M<sup>3</sup> - CUBIC METERS, Y<sup>3</sup> - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TS MORRIS Generator Authorized Agent Name  
[Signature] Signature  
04/29/96 Shipment Date

## Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I  
 a. Name: Hilco Transport, Inc.  
 b. Address: 1024 East Mountain Street  
Kannonsville, NC 27028  
 c. Driver Name/Title: [Signature]  
 PRINT/TYPE  
 d. Phone No.: (910) 993-2400 e. Truck No.: 31  
 f. Vehicle License No./State: LF2905 NC  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Driver Signature  
04/29/96 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: Sampson County Disposal, Inc. c. Phone No.: (910) 525-4132  
 b. Physical Address: 7434 Roseboro Hwy d. Mailing Address PO Box 2096  
Roseboro, NC 28382 Roseboro, NC 28382

e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent  
[Signature] Signature  
04/29/96 Receipt Date

## Section IV ASBESTOS (Generator complete a-d, f, g, Operator\* completes e.)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_  
 Print/Type \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



No: 9249627

BROWNING-FERRIS INDUSTRIES

Sampson County Disposal, Inc.

Date : 04-12-96 Time In: 08:12:37 Time Out: 08:12:37  
 Ticket # : A58116 CMS # : 0004721 LMS #: 0004721  
 Customer : O.H.M. REMEDIATION  
 Vehicle # : 000031 Lic Plate:

ONSLOW  
 Manifest # : 927388 PO #: Transporter: OUT  
 Source Cd : Generator : US US MARINE CORP CAMP LEJUNE NC  
 Comment : Operator: EVELYN MCLAURIN  
 Capacity : 30.00 yd Scale In # : 1 Scale Out #: Stored  
 Gross Wt : 36.45 Tare Wt: 16.23 Net Wt: 20.22 tn

Descr	Actual	Bill Qty	\$/Unit	Extended
SOIL DIESE	30.00	20.22 TN	18.00000	363.96
	Sub Total..... \$			363.96
	Total..... \$			363.96

Have a great day!!

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: 

REORDER ONLY THROUGH BFI/JARCO CONTRACT

**Appendix D**  
**Pilot Testing Data**

Immunoassay Pilot Test Results							
Sample ID	Dexsil* (mg/Kg)	EnSys** (mg/Kg)	D-Tech** (PAH) (mg/Kg)	D-Tech** (BTEX) (mg/Kg)	Headspace (mg/Kg)	TPH-GRO Gasoline (mg/Kg)	TPH-DRO Diesel (mg/Kg)
CLJ44-ACS-001	115	<10	<0.6	<2.5	0	<14	9.7
CLJ44-ACS-002	93	<100	<0.6	2.5-5.0	0	<14	17
CLJ44-ABS-003	325	<100	<0.6	2.5-5.0	0	<14	87
CLJ44-ACS-004	330	<10	<0.6	<2.5	0	<15	50
CLJ44-ACS-005	202	>100	<0.6	<2.5	0	<15	15
CLJ44-ACS-006	283	<10	<0.6	<2.5	0	35	36
CLJ44-ACS-007	399	>100	<0.6	<2.5	1	<16	50
CLJ44-ACS-008	374	<100	<0.6	<2.5	0	<15	63
CLJ44-ACS-009	1,141	>100	<0.6	2.5-5.0	0	<15	250
CLJ44-ACS-009D	802	>100	<0.6	2.5-5.0	0	<15	590
CLJ44-ACS-010	121	<10	<0.6	2.5-5.0	0	<15	24
CLJ44-RB							140
CLJ44-FB							<110
CLJ44-TB						<100	<100
CLJ44-ERA-STD						422	230

\*25-min. sample

\*\*45-min. sample

## TPH Field Screening Pilot Test Procedure

### *TPH Test Pilot Study for Camp Lejeune Project 16487*

#### *On-site Analysis*

- Ten soil samples and one duplicate soil sample will be analyzed using the test kits.
- The test kits that will be used in the study are DTech (BTEX and PAH), EnSys (TPH), and Dexsil (Petro-Flag). The DTech test kits also have a dilution pack that will be utilized during the study.
- One gasoline range and one diesel range Standard REference Material (SRM) have been ordered for both the on-site and the off-site laboratories. These will have to be run along with the samples as a QC check.
- You will need to record the time it takes to analyze each sample from the time when you open the container.
- Each sample will also have to be analyzed for headspace by using a PID monitor. A piece of foil will be placed over the mouth of the jar after the sample has been taken and then the lid will be placed on the jar. The headspace reading will be taken as soon as the jar is opened the first time.

#### *Off-Site Analysis*

- Pace Environmental Laboratories will be performing the off-site analysis.
- Ten soil samples and one duplicate soil sample will be sent to Pace to be analyzed by TPH-GRO/DRO (5030/3550/8015). A rinsate blank and a trip blank will also be sent to the off-site lab for analysis.
- The gasoline and the diesel range SRM will also be analyzed by Pace. The gasoline range SRM will be analyzed by Method 5030/8015 and the diesel range SRM will be analyzed by Method 3550/8015.

#### *Results*

- All results from the on-site and off-site labs will be sent to Theresa Rojas at the Norcross office. This includes the SRM that will be analyzed by both labs.
- A table will be set up to compare the results from the test kits to be results from the certified lab.
- The decision on which test kit to use for the project will be based on the correlation of data between the test kit and the certified lab and the time it takes for the test kit to achieve these results.

*Sample Procurement for Camp Lejeune, Project No. 16487*

- Obtain samples from all excavation areas (Areas A, B and C)
- Procure samples from 0 to 3 inches utilizing standard sampling protocols as outlined in the FSP.
- Try to obtain contaminated and clean samples utilizing visual and field methods – PID might aid.
- At each sample point obtain at least 30 grams of soil for each of the two sample containers (4-ounce or 8-ounce jars with teflon lids).
- Cover one jar with foil prior to installing lid (this is for subsequent headspace measurement by the on-site lab).
- Send jars without the foil to Pace for laboratory analysis.
- Be sure to collect duplicates, rinsate blanks, and trip blanks.

**Appendix E**  
**QC Analytical Report**

## QC Analytical Report

Samples were sent to Pace Analytical Services (currently Katahdin Analytical Services) for analytical testing. All samples were analyzed within the required holding times. All initial and continuing calibration criteria were met. Method blanks were analyzed for each matrix and determined to be contaminant free.

The data was validated by ChemWorld Environmental, Inc. Validation was performed under NEESA Level C guidelines. These reports are included in Appendix F. The calculations for matrix spike/matrix spike duplicates, RPD, and percent difference were within the 15 percent QC limit with the exception of those samples listed in Table B. This data has been qualified as an estimated (J) to account for this event.

Data validation/review in accordance with NEESA Level C protocols was not able to be performed for samples CLJ44-SBO-3-4; 1-4; 2-4; and 4-4, due to the fact that a NEESA level E data package was provided for SDG No. LNJ38 dated November 9, 1995.

Table A displays samples that contained unidentified petroleum hydrocarbons that did not match the diesel chromatograph.

CLJ44-ACS-001	CLJ44-AAS-008	CLJ44-CS-013
CLJ44-ACS-002	CLJ44-AAS-009	CLJ44-CS-016
CLJ44-ABS-003	CLJ44-AAS-009D	CLJ44-CS-018
CLJ44-ABS-004	CLJ44-AAS-010	CLJ44-CS-022
CLJ44-AAS-005	CLJ44-RB	CLJ44-CS-023
CLJ44-AAS-006	CLJ44-CS-01	CLJ44-CS-024
CLJ44-AAS-007	CLJ44-CS-011-RB	CLJ44-CU-100



Table B Qualified Data Summary (units in µg/L)					
Sample No.	Barium	Lead	Silver	Chromium	Arsenic
CLJ44-CU-003	526 J	18.7 J			
CLJ44-CU-004	290 J	24 J			
CLJ44-CU-005	188 J				
CLJ44-CU-006-RB			2.2 J		
CLJ44-CU-012	203 J	39.5 J			
CLJ44-CU-013	182 J	13.8 J			
CLJ44-CU-035		4.7 J	3.0 J		
CLJ44-CU-036-RB		2.3 J			
CLJ44-CU-016		6.4 J			
CLJ44-CU-017		10.3 J			
CLJ44-CU-018-RB		2.4 J			
CLJ44-CU-090		32.8 J			
CLJ44-CU-100				4.8 J	18.3 J
CLJ44-CU-070					

The quality control information for releasable sulfide was not included in the data package. The non-detected releasable sulfide result is qualified as 'R' unusable.

<i>Sample Number</i>	<i>Releasable Sulfide</i>
CLJ44-CU-070	R

Samples results less than five times the blank results are qualified as 'U' not detected.

<i>Sample Number</i>	<i>TPH-DRO</i>
CLJ44-CU-084	U
CLJ44-CS-015	U
CLJ44-CS-021	U
CLJ44-CS-023	U
CLJ44-CS-024	U
CLJ44-CS-025	U

April 4, 1996

Ms. Melissa Art  
OHM Remediation Services Corp.  
5335 Triangle Parkway  
Suite 450  
Norcross, Georgia 30092

RE: Letter Report #2  
Data Validation Summary / NEESA Level C  
Camp LeJeune Project

Dear Ms. Art:

Data validation was performed for the Camp LeJeune Project by ChemWorld Environmental, Inc. in accordance with Naval Energy and Environmental Support Activity (NEESA) Level C requirements for the Sample Delivery Group (SDG) Nos. and parameters summarized below. This letter report summarizes the review items, the quality control deviations for each data set and the associated data validation qualifiers required. The technical reference document utilized for the review included Quality Assurance in Environmental Analysis, NEESA, October 1990. The analytical work was performed utilizing United States Environmental Protection Agency (USEPA) Test Methods for Evaluating Solid Waste (SW-846), Third Edition.

SDG NOS: LJN05, LJN13, LJN15, LJN21, LJN29, LJN33, LJN35, LJN37,  
LJN40 and LJN42

PARAMETERS: Total Gasoline, Total Diesel, Flashpoint, Corrosivity (pH),  
Releasable Cyanide and Sulfide

All quality control data as presented in the SDGs was found to be acceptable, with the following exceptions as described below. Review items included the following areas, as method appropriate:

- \* USEPA Holding Times
- \* Method and Field Blanks
- \* Matrix Spike/Matrix Spike Duplicate Recovery (MS/MSD)
- \* Laboratory Duplicate/Replicate Analyses
- \* Calibration (Initial and Continuing)
- \* Laboratory Control Samples (LCS)

The following areas below were found to be out of specification and/or required data qualification for the SDGs noted.



SDG No. LJN05 - Total Diesel

The rinsate blank CLJ44-RB collected on 6/20/95 was found to contain 140 ug/L (ppb) of diesel. The associated sample results were not affected by the rinsate blank, due to the fact that their concentrations exceeded five times the rinsate blank result.

In addition, the Case Narrative stated that samples CLJ44-ACS-001, -ACS-002, -ABS-003, -ABS-004, -AAS-005, -AAS-006, -AAS-007, -AAS-008, -AAS-009, -AAS-009D, -AAS-010 and CLJ44-RB contained petroleum hydrocarbon products which did not match diesel.

SDG No. LJN13 - Total Diesel

The rinsate blank CLJ44-CS-011-RB collected on 8/9/95 was found to contain 95 ug/L (ppb) of diesel. The associated sample results were not affected by the rinsate blank, due to the fact that their concentrations exceeded five times the rinsate blank result.

In addition, the Case Narrative stated that samples CLJ44-CS-01 and CLJ44-CS-011-RB contained petroleum hydrocarbon products which did not match diesel.

SDG No. LJN15 - Total Diesel

The solid LCS analyzed for diesel on 8/15/95 generated a high recovery at 92%, in accordance with the corresponding quality control chart included by the laboratory. A positive result was not detected for the associated sample CLJ44-CU-035, therefore, qualification was not required.

SDG No. LJN21 - Total Diesel

The Case Narrative stated that the solid method blank for diesel contained low levels of interference and that sample CLJ44-CS-013 contained petroleum hydrocarbon products which did not match diesel.

SDG No. LJN29 - Total Diesel

The solid method blank analyzed for diesel on 10/6/95 was found to contain 7 ug/g of diesel. A limit of five times this result was used for review and qualification of the associated sample. Sample CLJ44-CU-070 did not require qualification, due to the fact that the diesel concentration exceeded the method blank limit.

In addition, the Case Narrative stated that the method blank contained nontarget interferences which may have caused a high bias in sample quantitation. Sample CLJ44-CU-070 contained petroleum hydrocarbons with a pattern that did not match diesel. However, the hydrocarbons were quantitated because they were in the diesel range. This diesel result was qualified as 'J', estimated.

SDG No. LJN29 - Releasable Sulfide

The quality control information for releasable sulfide was not included in the data package. The laboratory was unable to retrieve this information. Therefore, the nondetected releasable sulfide result for CLJ44-CU-070 is qualified as 'R', unusable.

SDG No. LJN33 - Total Diesel

The solid method blank analyzed for diesel on 10/9/95 was found to contain 4 ug/g of diesel. A limit of five times this result was used for review and qualification of the associated samples. Sample CLJ44-CU-084 was qualified as 'U', not detected, due to a diesel concentration of less than five times the blank result. The remaining three samples exceeded the blank limit and did not require qualification.

In addition, the Case Narrative stated that the method blank contained low levels of nontarget interference and that sample CLJ44-CU-084 and -085 contained petroleum hydrocarbon products which did not match diesel.

SDG Nos. LJN35 and LJN37 - Total Diesel

The solid method blank analyzed for diesel 10/12/95 was found to contain 4 ug/g of diesel. A limit of five times this result was used for review and qualification of the associated samples. Samples CLJ44-CS-015 and CLJ44-CS-021 were qualified as 'U', not detected, due to diesel concentrations present at less than the blank limit. The remaining sample results for diesel exceeded the limit of five times the blank result, therefore, did not require qualification.

In addition, the Case Narratives stated that the method blank contained low levels of nontarget interference and that samples CLJ44-CU-100, -CS-016, -CS-018 and -CS-022 contained petroleum hydrocarbon products which did not match diesel.

SDG No. LJN40 - Total Diesel

The solid method blank analyzed for diesel on 10/23/95 was found to contain 4.5 ug/g of diesel. Samples CLJ44-CS-023 and -024 were qualified as 'U', not detected, due to the concentrations being reported at less than five times the method blank result. The sample result for CLJ44-CS-025 for diesel exceeded the limit of five times the method blank and did not require qualification.

In addition, the Case Narrative stated that the method blank contained low levels of nontarget interference and that samples CLJ44-CS-023 and -024 contained petroleum hydrocarbon products which did not match diesel.

SDG No. LJN42 - Total Diesel

The solid method blank analyzed for diesel on 10/30/95 was found to contain 4 ug/g of diesel. The associated sample result for CLJ44-CU-111 exceeded five times the method blank for diesel, therefore, qualification was not required. In addition, the Case Narrative stated that the method blank contained low levels of nontarget interference.

Attachment A includes copies of the data summary forms with the appropriate data validation qualifiers. The Data Validation Qualifier Key is included as Attachment B.

Please contact me by telephone at 301-294-6144, should you require additional information or clarification regarding this Letter Report.

Sincerely,



Andrea P. Schuessler, CHMM  
ChemWorld Environmental, Inc.

c: OH-9602 file

Attachments

ATTACHMENT A

Field Identification: CLJ44-ACS-001

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	44436-001	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	9.7	3.7	44436-001	06/21/95		8015(mod),3350/2

(21) APS

Field Identification: CLJ44-ACS-002

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	44436-002	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	17	3.7	44436-002	06/21/95		8015(mod),3350/2

(21) APS

Field Identification: CLJ44-ABS-003

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	44436-003	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	87	3.4	44436-003	06/21/95		8015(mod),3350/2

(21) APS

Field Identification: CLJ44-ABS-004

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	15	44436-004	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	58	3.8	44436-004	06/22/95		8015(mod),3350/2

(21) APS

Field Identification: CLJ44-AAS-005

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	15	44436-005	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	15	3.9	44436-005	06/22/95		8015(mod),3350/2

(21) APS

Results expressed on a dry weight basis.

Field Identification: CLJ44-AAS-006

Matrix: SOLID

(21) APS

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	35	19	44436-006	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	36	5.0	44436-006	06/22/95		8015(mod),3350/2

Field Identification: CLJ44-AAS-007

Matrix: SOLID

(21) APS

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	16	44436-007	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	50	4.1	44436-007	06/22/95		8015(mod),3350/2

Field Identification: CLJ44-AAS-008

Matrix: SOLID

(21) APS

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	15	44436-008	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	63	4.1	44436-008	06/22/95		8015(mod),3350/2

Field Identification: CLJ44-AAS-009

Matrix: SOLID

(21) APS

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	15	44436-009	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	250	3.9	44436-009	06/22/95		8015(mod),3350/2

Field Identification: CLJ44-AAS-009D

Matrix: SOLID

(21) APS

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	15	44436-010	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	590	40	44436-010	06/22/95		8015(mod),3350/2

Results expressed on a dry weight basis.



Field Identification: CLJ44-AAS-010

Matrix: SOLID

(21) APS

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	15	44436-011	06/12/95	BG1028A	8015(mod)/2
Total Diesel (ug/g)	24	4.0	44436-011	06/22/95		8015(mod),3350/2

Field Identification: CLJ44-RB

Matrix: WATER

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Diesel (ug/L)	140	100	44436-012	06/22/95		8015(mod),3350/2

Field Identification: CLJ44-FB

Matrix: WATER

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Diesel (ug/L)	BDL	110	44436-013	06/22/95		8015(mod),3350/2

Field Identification: CLJ44-TB

Matrix: WATER

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/L)	BDL	100	44436-014	06/21/95		8015(mod)/2

Field Identification: CLJ44-CS-001

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	44939-001	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	BDL	11	44939-014	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-002

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	44939-002	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	BDL	10	44939-015	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-003

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	44939-003	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	BDL	11	44939-016	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-004

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	12	44939-004	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	10	9.9	44939-017	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-005

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	44939-005	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	34	10	44939-018	08/12/95		8015(mod),3350/2

Results expressed on a dry weight basis.

Field Identification: CLJ44-CS-006

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	44939-006	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	BDL	10	44939-019	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-007

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	44939-007	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	BDL	11	44939-020	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-008

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	44939-008	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	19	11	44939-021	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-009

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	44939-009	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	BDL	11	44939-022	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-010

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	44939-010	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	13	11	44939-023	08/12/95		8015(mod),3350/2

Results expressed on a dry weight basis.

Field Identification: CLJ44-CS-002D

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	44939-011	08/11/95	BG1034A	8015(mod)/2
Total Diesel (ug/g)	BDL	11	44939-024	08/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-011-RB

Matrix: WATER

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/L)	BDL	100	44939-012	08/15/95		8015(mod)/2
Total Diesel (ug/L)	95	91	44939-025	08/14/95		8015(mod),3350/2

Field Identification: CLJ44-CS-012-TB

Matrix: WATER

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/L)	BDL	100	44939-013	08/15/95		8015(mod)/2

Solids results expressed on a dry weight basis.

References: 2) EPA SW 846, 3rd Edition

Field Identification: CLJ44-CU-035

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	15	44991-001	08/15/95	BG1035A	8015(mod)/2
Total Diesel (ug/g)	BDL	4.0	44991-003	08/15/95		8015(mod),3350/2
Corrosivity (pH, units)	7.8		44991-005	08/15/95	349	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	44991-005	08/15/95	292	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	44991-005	08/15/95	292	7.3.3.2/2
Flash Point (degrees F)	>150	50	44991-005	08/15/95	318	1010/2

Field Identification: CLJ44-CU-036-RB

Matrix: WATER

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/L)	BDL	100	44991-002	08/15/95		8015(mod)/2
Total Diesel (ug/L)	BDL	160	44991-004	08/18/95		8015(mod),3350/2
Corrosivity (pH, units)	6.1		44991-008	08/15/95	349	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	44991-008	08/15/95	292	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	44991-008	08/15/95	292	7.3.3.2/2
Flash Point (degrees F)	>150	50	44991-008	08/15/95	318	1010/2

Results for the solid sample expressed on a dry weight basis with the exception of releasables, which are expressed on a weight as received basis.

References: 2) EPA SW 846, 3rd Edition

000007

Field Identification: CLJ44-CS-013

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	12	45513-001	09/28/95	BG1039A	8015(mod)/2
Total Diesel (ug/g)	63	3.5	45513-002	09/30/95		8015(mod),3350/2

Field Identification: CLJ44-CS-014-TB

Matrix: WATER

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/L)	BDL	100	45513-003	09/29/95	BG1040A	8015(mod)/2

Results for solid samples expressed on a dry weight basis.

References: 2) EPA SW 846, 3rd Edition

Field Identification: CLJ44-CU-070

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45590-001	10/05/95	BG1042A	8015(mod)/2
Total Diesel (ug/g)	140 J	3.7	45590-002	10/06/95		8015(mod),3350/2
Corrosivity (pH, units)	5.2		45590-003	10/05/95	366	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL R	50	45590-003	10/05/95	309	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	45590-003	10/05/95	309	7.3.3.2/2
Flash Point (degrees F)	>150	50	45590-003	10/05/95	341	1010/2

Results expressed on a dry weight basis with the exception of releasables, which are expressed on a weight as received basis.

References: 2) EPA SW 846, 3rd Edition

Field Identification: CLJ44-CU-083

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	45614-001	10/06/95	BG1043	8015(mod)/2
Total Diesel (ug/g)	280	3.7	45614-005	10/09/95		8015(mod),3350/2
Corrosivity (pH, units)	4.8		45614-009	10/09/95	368	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	45614-009	10/09/95	311	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	45614-009	10/09/95	311	7.3.3.2/2
Flash Point (degrees F)	>150	50	45614-009	10/09/95	343	1010/2

Field Identification: CLJ44-CU-083D

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45614-002	10/06/95	BG1043	8015(mod)/2
Total Diesel (ug/g)	210	3.6	45614-006	10/10/95		8015(mod),3350/2
Corrosivity (pH, units)	4.8		45614-010	10/09/95	368	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	45614-010	10/09/95	311	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	45614-010	10/09/95	311	7.3.3.2/2
Flash Point (degrees F)	>150	50	45614-010	10/09/95	343	1010/2

Field Identification: CLJ44-CU-084

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45614-003	10/06/95	BG1043	8015(mod)/2
Total Diesel (ug/g)	18 U	3.6	45614-007	10/10/95		8015(mod),3350/2
Corrosivity (pH, units)	7.9		45614-011	10/09/95	368	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	45614-011	10/09/95	311	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	45614-011	10/09/95	311	7.3.3.2/2
Flash Point (degrees F)	>150	50	45614-011	10/09/95	343	1010/2

Field Identification: CLJ44-CU-085

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45614-004	10/06/95	BG1043	8015(mod)/2
Total Diesel (ug/g)	23	3.7	45614-008	10/10/95		8015(mod),3350/2
Corrosivity (pH, units)	8.2		45614-012	10/09/95	368	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	45614-012	10/09/95	311	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	45614-012	10/09/95	311	7.3.3.2/2
Flash Point (degrees F)	>150	50	45614-012	10/09/95	343	1010/2

Results expressed on a dry weight basis with the exception of releasables, which are expressed on a weight as received basis.

References: 2) EPA SW 846, 3rd Edition





Field Identification: CLJ44-CU-090

Matrix: SOLID

Parameter	Result	Reporting	Lab No.	Date	QC	Method/Ref.
		Limit		Analyzed	Batch	
Total Gasoline (ug/g)	BDL	14	45641-001	10/10/95	BG1044A	8015(mod)/2
Total Diesel (ug/g)	310	3.9	45641-002	10/13/95		8015(mod),3350/2
Corrosivity (pH, units)	4.6		45641-003	10/10/95	369	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	45641-003	10/10/95	312	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	45641-003	10/12/95	312	7.3.3.2/2
Flash Point (degrees F)	>150	50	45641-003	10/10/95	344	1010/2

Field Identification: CLJ44-CU-100

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Corrosivity (pH, units)	5.3		45646-001	10/12/95	370	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	45646-001	10/12/95	313	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	45646-001	10/12/95	313	7.3.3.2/2
Flash Point (degrees F)	>150	50	45646-001	10/12/95	345	1010/2
Total Gasoline (ug/g)	BDL	13	45646-002	10/13/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	56	3.7	45646-011	10/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-015

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	45646-003	10/11/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	12 U	3.9	45646-012	10/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-016

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	15	45646-004	10/11/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	150	4.0	45646-013	10/12/95		8015(mod),3350/2

Field Identification: CLJ44-CS-017

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	45646-005	10/11/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	220	3.9	45646-014	10/13/95		8015(mod),3350/2

Field Identification: CLJ44-CS-018

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45646-006	10/13/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	110	3.8	45646-015	10/13/95		8015(mod),3350/2

Results expressed on a dry weight basis with the exception of releasables, which are expressed on a weight as received basis.

Field Identification: CLJ44-CS-019

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45646-007	10/11/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	29	3.7	45646-016	10/13/95		8015(mod),3350/2

Field Identification: CLJ44-CS-020

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	45646-008	10/11/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	23	3.8	45646-017	10/13/95		8015(mod),3350/2

Field Identification: CLJ44-CS-021

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45646-009	10/11/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	9.2 u	3.7	45646-018	10/13/95		8015(mod),3350/2

Field Identification: CLJ44-CS-022

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	45646-010	10/11/95	BG1045A	8015(mod)/2
Total Diesel (ug/g)	70	4.3	45646-019	10/13/95		8015(mod),3350/2

Results expressed on a dry weight basis.

References: 2) EPA SW 846, 3rd Edition

Field Identification: CLJ44-CS-023

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45750-001	10/24/95	BG1046A	8015(mod)/2
Total Diesel (ug/g)	12 u	3.7	45750-001	10/24/95		8015(mod),3350/2

Field Identification: CLJ44-CS-024

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	13	45750-002	10/24/95	BG1046A	8015(mod)/2
Total Diesel (ug/g)	17 u	4.0	45750-002	10/24/95		8015(mod),3350/2

Field Identification: CLJ44-CS-025

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	730	70	45750-003	10/25/95	BG1046A	8015(mod)/2
Total Diesel (ug/g)	7800	180	45750-003	10/24/95		8015(mod),3350/2

Results expressed on a dry weight basis.

References: 2) EPA SW 846, 3rd Edition

Field Identification: CLJ44-CU-111

Matrix: SOLID

Parameter	Result	Reporting Limit	Lab No.	Date Analyzed	QC Batch	Method/Ref.
Total Gasoline (ug/g)	BDL	14	45803-001	10/27/95	BG1047	8015(mod)/2
Total Diesel (ug/g)	68	4.0	45803-002	10/30/95		8015(mod),3350/2
Corrosivity (pH, units)	7.4		45803-003	10/30/95	376	2.1.2/2
Releasable Sulfide (mg/Kg)	BDL	50	45803-003	10/30/95	318	7.3.4.2/2
Releasable Cyanide (mg/Kg)	BDL	1	45803-003	11/03/95	318	7.3.3.2/2
Flash Point (degrees F)	>150	50	45803-003	10/30/95	352	1010/2

ATTACHMENT B

## ORGANIC DATA QUALIFIERS

- U - Indicates that the compound was analyzed for but not detected at or above the Contract Required Quantitation Limit (CRQL), or the compound is not detected due to qualification through the method or field blank.
- J - The associated numerical value is an estimated quantity.
- JN - Tentatively identified with approximated concentrations (Volatile and Semi-Volatile Organics).  
  
Presumptively present at an approximated quantity (Pesticides/PCBs).
- UJ - The compound was analyzed for, but not detected. The sample quantitation limit is an estimated quantity due to variance in quality control limits.
- C - Applies to pesticide results where the identification has been confirmed by GC/MS.
- X - The mass spectrum does not meet USEPA CLP criteria for confirmation, however, compound presence is strongly suspected.
- E - Reported value is estimated due to quantitation above the calibration range.
- D - Reported result taken from diluted sample analysis.
- A - Aldol condensation product.
- R - Reported value is unusable and rejected due to variance from quality control limits.
- NA - Not Analyzed.

## INORGANIC DATA QUALIFIERS

- U - Indicates analyte was not detected at or above the Contract Required Detection Limit (CRDL), or the compound is not detected due to qualification through the method or field blank.
- B - Indicates analyte result is between Instrument Detection Limit (IDL) and CRDL.
- J - Reported value is estimated due to variance from quality control limits.
- UJ - The element was analyzed for, but not detected. The sample quantitation limit is an estimate due to variance in quality control limits.
- E - Reported value is estimated because of the presence of interference.
- R - Reported value is unusable and rejected due to variance from quality control limits.
- N.A. Not Analyzed.



**DATA VALIDATION REPORT #1**

**TCLP ORGANIC AND INORGANIC ANALYSES**

**Camp LeJeune Project**

**Sample Delivery Group Nos. LJN24, LJN27, LJN29, and LJN31**

**Sampling Dates of September 28 - October 4, 1995**

**(NEESA Level C)**

**PREPARED FOR:**

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**March 1996**

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Camp LeJeune Project (NEESA Level C)  
Data Validation Report #1: TCLP Organic and Inorganic Analyses

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## DATA VALIDATION SUMMARY #1: TCLP ORGANIC and INORGANIC ANALYSES

Camp LeJeune Project  
Sample Delivery Group Nos. LJN24, LJN27, LJN29, and LJN31  
Sampling Dates of September 28 - October 4, 1995

### INTRODUCTION

This Data Validation Summary report for Toxicity Characteristic Leaching Procedure (TCLP) Organic and Inorganic analyses was generated for 8 solid samples and the associated quality control samples for the Sample Delivery Group (SDG) Nos. referenced above. Sampling activities were conducted in support of the field investigation for the Camp LeJeune Project. The analytical laboratory work was performed by Pace Incorporated (currently Katahdin Analytical Services, Inc.).

Analytical testing consisted of TCLP analyses, including Volatile Organic analyses by Gas Chromatography/Mass Spectroscopy (GC/MS); Base/Neutral and Acid Extractable Organics by GC/MS; Inorganic analyses by Inductively Coupled Plasma (ICP); and Mercury by Cold Vapor. The analytical work was performed utilizing United States Environmental Protection Agency (USEPA) Test Methods for Evaluating Solid Waste (SW-846), Third Edition. Additional sampling for organic and inorganic analyses was performed for the project. The data validation reports for these analyses are provided under separate cover.

This report provides a summary of data acceptability and deviations in accordance with the Naval Energy and Environmental Support Activity (NEESA) Level C requirements and the following technical guidance documents, where applicable and relevant: Quality Assurance in Environmental Analysis, NEESA, October 1990; USEPA Contract Laboratory Program National Functional Guidelines for Organic and Inorganic Data Review, USEPA, February 1994; and the associated analytical methods.

The validation report pertains to the following samples:

SDG No. LJN24

CLJ44-CU-049  
CLJ44-CU-050

SDG No. LJN27

CLJ44-CU-058  
CLJ44-CU-059  
CLJ44-CU-060

SDG No. LJN29

CLJ44-CU-070

SDG No. LJN31

CLJ44-CU-076  
CLJ44-CU-077

## 1.0 TCLP VOLATILE ORGANICS BY GC/MS

The following items/criteria were reviewed:

- \* Holding Times
- \* System Monitoring Compound (Surrogate) Recovery
- \* Matrix Spikes (MS) and Matrix Spike Duplicates (MSD)
- \* Initial and Continuing Calibration
- \* Blanks (Method and Field)
- \* GC/MS Instrument Performance Check
- \* Internal Standards

All items above were generated within acceptable Quality Control (QC) specifications for NEESA Level C, with deviations detailed as follows. All data is considered to be valid and usable with the appropriate qualifiers, as noted on the data summary forms in Appendix A and within the following text.

### 1.1 Holding Times

All holding times were met within the acceptable time frame for TCLP Volatile Organic analyses. Samples are required to be TCLP extracted within 14 days of collection and analyzed within 14 days of the TCLP extraction date.

### 1.2 System Monitoring (Surrogate) Compound Recovery

All system monitoring compound recovery (%R) was found to be generated within acceptable limits for the three surrogate compounds.

### 1.3 Matrix Spike/Matrix Spike Duplicates (MS/MSD)

MS/MSD sample sets were not generated for the TCLP Volatile analyses. However, Laboratory Control Samples (LCS) were analyzed for Volatile Organics for each of the SDGs. Acceptable accuracy (percent recovery) was generated for the quality control samples.

### 1.4 Calibration

All initial and continuing calibration was performed within acceptable limits for average Relative Response Factors (RRF), Percent Relative Standard Deviation (% RSD), Relative Response Factors (RRF), and percent Difference (% D) for the samples validated.

### 1.5 Blanks

#### 1.5.1 Field Blanks

Field blanks were not required to be evaluated for the SDGs covered in this report.

### 1.5.2 Method Blanks

All TCLP blanks and the corresponding method blanks were found to be free of contamination for the TCLP Volatile Organic compounds.

### 1.6 GC/MS Instrument Performance Check

Instrument performance was generated within acceptable limits and frequency for Bromofluorobenzene (BFB).

### 1.7 Internal Standards

All internal standards were generated within acceptable specifications for area counts and retention time variation.

## 2.0 TCLP SEMIVOLATILE ORGANICS BY GC/MS (Base/Neutral and Acid Extractable Organics)

The following items/criteria were reviewed:

- \* Holding Times
- \* Surrogate Recovery
- \* MS/MSD
- \* Initial and Continuing Calibration
- \* Blanks (Method and Field)
- \* GC/MS Instrument Performance Check
- \* Internal Standards

All items above were generated within acceptable QC specifications for NEESA Level C, with deviations detailed as follows. All data is considered to be valid and usable with the appropriate qualifiers, as noted on the data summary forms in Appendix B and within the following text.

### 2.1 Holding Times

All holding times were met for extraction and analysis of the soil samples. The samples are required to be TCLP extracted within 14 days of collection and method extracted within 7 days of the TCLP extraction date. The samples are then required to be analyzed within 40 days of the method extraction date.

### 2.2 Surrogate Recovery

All surrogate recovery was found to be generated within acceptable limits for the six surrogate compounds.

### 2.3 MS/MSD

MS/MSD sample sets were not generated for the TCLP Semi-Volatile Organics. However, Laboratory Control Samples were analyzed for Semi-Volatile Organics for each of the SDGs. Acceptable accuracy was generated as per the method.

## 2.4 Calibration

All initial and continuing calibrations were performed within acceptable limits for  $\overline{RRF}$ , % RSD, RRF, and % D for the samples validated.

## 2.5 Blanks

### 2.5.1 Field Blanks

Field blanks were not required to be evaluated for the SDGs covered in this report.

### 2.5.2 Method Blanks

All TCLP blanks and the corresponding method blanks were found to be free of contamination for the TCLP Semi-Volatile Organic compounds.

## 2.6 GC/MS Instrument Performance Check

Instrument performance was generated within acceptable limits and frequency for Decafluorotriphenylphosphine (DFTPP).

## 2.7 Internal Standards

All internal standards were generated within acceptable specifications for area counts and retention time variation.

## 3.0 TCLP INORGANIC ANALYSES BY ICP (Mercury by Cold Vapor)

The following items/criteria were reviewed:

- \* Holding Times
- \* Initial and Continuing Calibration
- \* Blanks (Initial, Continuing Calibration, and Preparation)
- \* Field Blanks
- \* ICP Interference Check Sample
- \* Matrix Spike Sample Recovery
- \* Laboratory Duplicates
- \* Laboratory Control Sample (LCS)

All items above were generated within acceptable QC specifications for NEESA Level C, with deviations detailed as follows. All data is considered to be valid and usable with the appropriate qualifiers, as noted on the data summary forms in Appendix C and within the following text.

### 3.1 Holding Times

All holding times were met within the acceptable time frame for TCLP Inorganic analyses. Samples are required to be TCLP extracted within 180 days of collection for metals (28 days for mercury) and analyzed within 180 days of TCLP extraction (28 days for mercury).

### 3.2 Calibration

All initial and continuing calibration was performed within acceptable limits for percent recovery.

### 3.3 Blanks

#### 3.3.1 Laboratory (Method) Blanks

All initial calibration, continuing calibration, and preparation blanks were generated in accordance with acceptable limits, with the following exception.

##### 3.3.1.1 SDG Nos. L1N29 and L1N31

<u>Preparation Blank</u>	<u>(ug/L)</u>
Mercury	0.100

A limit of five times the mercury result above was used for review and qualification of the associated samples. Sample CLJ44-CU-076 was qualified as 'J', estimated, for mercury. The sample result was found to be less than five times the preparation blank value and was qualified in accordance with NEESA Level C guidelines for blank contamination. Mercury was not detected in any remaining associated samples, therefore, additional qualification was not required.

#### 3.3.2 Field Blanks

Field blanks were not required to be evaluated for the SDGs covered in this report.

### 3.4 ICP Interference Check

The recoveries for the ICP Interference Check sample were found to be within the acceptable 80-120% limit.

### 3.5 Spiked Sample Recovery

Matrix spike samples were not included in the SDGs covered in this report.

### 3.6 Laboratory Duplicates

Laboratory duplicate samples were not included in the SDGs covered in this report.

### 3.7 Laboratory Control Sample (LCS)

The aqueous laboratory control samples were generated within the acceptable limit of 80-120%.

APPENDIX A

DATA SUMMARY TABLES  
TCLP VOLATILE ORGANICS



TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45542-005  
Sample Designation: CLJ44-CU-049  
Date Analyzed: 10/04/95 01:22  
QC Batch: BG100395B2  
TCLP Batch: 400  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45542-006  
Sample Designation: CLJ44-CU-050  
Date Analyzed: 10/04/95 02:02  
QC Batch: BG100395B2  
TCLP Batch: 400  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45563-009  
Sample Designation: CLJ44-CU-058  
Date Analyzed: 10/05/95 14:05  
QC Batch: BG100595A1  
TCLP Batch: 401  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45563-010  
Sample Designation: CLJ44-CU-059  
Date Analyzed: 10/05/95 14:46  
QC Batch: BG100595A1  
TCLP Batch: 401  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45563-011  
Sample Designation: CLJ44-CU-060  
Date Analyzed: 10/05/95 15:26  
QC Batch: BG100595A1  
TCLP Batch: 401  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45590-003  
Sample Designation: CLJ44-CU-070  
Date Analyzed: 10/09/95 15:19  
QC Batch: BG100995A1  
TCLP Batch: 402  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45594-007  
 Sample Designation: CLJ44-CU-076  
 Date Analyzed: 10/10/95 02:19  
 QC Batch: BG100995A2  
 TCLP Batch: 402  
 Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	0.0041	J 0.7	.0050
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit  
 J = Probable presence below listed detection limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45594-008  
Sample Designation: CLJ44-CU-077  
Date Analyzed: 10/10/95 03:00  
QC Batch: BG100995A2  
TCLP Batch: 402  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit



APPENDIX B

DATA SUMMARY TABLES

TCLP SEMI-VOLATILE ORGANICS

Laboratory number: 45542-005  
Sample Designation: CLJ44-CU-049  
Date Extracted: 10/02/95  
Date Analyzed: 10/03/95 14:10  
QC Batch: BA2470  
TCLP Batch: 281  
Matrix: TCLP EXTRACT

Instrument File Name: >F2671

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridene	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45542-006  
 Sample Designation: CLJ44-CU-050  
 Date Extracted: 10/02/95  
 Date Analyzed: 10/03/95 14:47  
 QC Batch: BA2470  
 TCLP Batch: 281  
 Matrix: TCLP EXTRACT

Instrument File Name: >F2672

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridene	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
 METHOD 8270

BDL = Below reporting limit

Laboratory number: 45563-009  
Sample Designation: CLJ44-CU-058  
Date Extracted: 10/04/95  
Date Analyzed: 10/05/95 17:15  
QC Batch: BA2478  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2716

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45563-010  
Sample Designation: CLJ44-CU-059  
Date Extracted: 10/04/95  
Date Analyzed: 10/05/95 17:52  
QC Batch: BA2478  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2717

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45563-011  
Sample Designation: CLJ44-CU-060  
Date Extracted: 10/04/95  
Date Analyzed: 10/05/95 18:30  
QC Batch: BA2478  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2718

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45590-003  
Sample Designation: CLJ44-CU-070  
Date Extracted: 10/07/95  
Date Analyzed: 10/09/95 12:31  
QC Batch: BA2481  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2733

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45594-007  
Sample Designation: CLJ44-CU-076  
Date Extracted: 10/07/95  
Date Analyzed: 10/09/95 13:08  
QC Batch: BA2481  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2734

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit



Laboratory number: 45594-008  
Sample Designation: CLJ44-CU-077  
Date Extracted: 10/07/95  
Date Analyzed: 10/09/95 13:45  
QC Batch: BA2481  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2735

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

APPENDIX C

DATA SUMMARY TABLES

TCLP INORGANICS

U.S. EPA - CLP

EPA SAMPLE NO.

1  
INORGANIC ANALYSIS DATA SHEET

TCU049

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN24

Matrix (soil/water): WATER

Lab Sample ID: 45542-005

Level (low/med): LOW

Date Received: 09/29/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	473			P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-049.

1  
INORGANIC ANALYSIS DATA SHEET

TCU050
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Lab Name: PACE INC., NE-NH Contract: NEESAC  
 Lab Code: Case No.: OHMRC SAS No.: SDG No.: MLJN24  
 Matrix (soil/water): WATER Lab Sample ID: 45542-006  
 Level (low/med): LOW Date Received: 09/29/95  
 % Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	517			P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	B		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	2.8	B		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before: Clarity Before: Texture:  
 Color After: Clarity After: Artifacts:

Comments:  
 TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-050.

U.S. EPA - CLP

EPA SAMPLE NO.

1

INORGANIC ANALYSIS DATA SHEET

4CU059

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN27

Matrix (soil/water): WATER

Lab Sample ID: 45563-010

Level (low/med): LOW

Date Received: 10/03/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum		-		NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	42.4	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.25			CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-059

U.S. EPA - CLP

EPA SAMPLE NO.

1  
INORGANIC ANALYSIS DATA SHEET

4CU070
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Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN29

Matrix (soil/water): WATER

Lab Sample ID: 45590-003

Level (low/med): LOW

Date Received: 10/04/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	88.0	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	24.9			P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-070

U.S. EPA - CLP

EPA SAMPLE NO.

1  
TCLP INORGANIC ANALYSIS DATA SHEET

4CU076

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN31

Matrix (soil/water): WATER

Lab Sample ID: 45594-007

Level (low/med): LOW

Date Received: 10/05/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	41.4	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	5.0	B		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.12	J		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-076

U.S. EPA - CLP

EPA SAMPLE NO.

<sup>1</sup>  
TCLP INORGANIC ANALYSIS DATA SHEET

4CU077

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN31

Matrix (soil/water): WATER

Lab Sample ID: 45594-008

Level (low/med): LOW

Date Received: 10/05/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	100	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	11.3			P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-077



APPENDIX D

DATA QUALIFIERS

## ORGANIC DATA QUALIFIERS

- U - Indicates that the compound was analyzed for but not detected at or above the Contract Required Quantitation Limit (CRQL), or the compound is not detected due to qualification through the method or field blank.
- J - The associated numerical value is an estimated quantity.
- JN - Tentatively identified with approximated concentrations (Volatile and Semi-Volatile Organics).  
Presumptively present at an approximated quantity (Pesticides/PCBs).
- UJ - The compound was analyzed for, but not detected. The sample quantitation limit is an estimated quantity due to variance in quality control limits.
- C - Applies to pesticide results where the identification has been confirmed by GC/MS.
- E - Reported value is estimated due to quantitation above the calibration range.
- D - Reported result taken from diluted sample analysis.
- A - Aldol condensation product.
- R - Reported value is unusable and rejected due to variance from quality control limits.
- NA - Not Analyzed.

## INORGANIC DATA QUALIFIERS

- U - Indicates analyte was not detected at or above the Contract Required Detection Limit (CRDL), or the compound is not detected due to qualification through the method or field blank.
- B - Indicates analyte result is between Instrument Detection Limit (IDL) and CRDL.
- J - Reported value is estimated due to variance from quality control limits.
- UJ - The element was analyzed for, but not detected. The sample quantitation limit is an estimate due to variance in quality control limits.
- E - Reported value is estimated because of the presence of interference.
- R - Reported value is unusable and rejected due to variance from quality control limits.
- N.A. Not Analyzed.

APPENDIX E

CASE NARRATIVES

Metals Analysis: Samples were analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Samples consisted of one non-TCLP solid and three TCLP extracts run as waters. The solid required analysis for lead only. No sample QC analyses were requested for this SDG. Due to software restrictions, sample field identifications were shortened to six characters. The correct full identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples.

Samples were prepared in two ICP batches and one mercury batch. Analyses were conducted in three sequences on two instruments:

TJA01 09/29/95 for Pb.

TJA01 10/03/95 for As, Ba, Cd, Cr, Pb, Se, Ag.

PE02 10/03/95 for Hg.

The TJA01 detection limits for arsenic, lead, and selenium exceed CLP CRDL's but were well below TCLP regulatory limits. The detection limit for lead was also below the level found in the non-TCLP soil sample, so adequate sensitivity was obtained. Standards met all compliance criteria. Blanks were also acceptable, although there were low hits for arsenic in the ICB (-40.4) and in the water blank (-26.14). Since arsenic was undetected in the associated samples (between -IDL and +IDL), data quality was acceptable despite the blank contamination. Laboratory control sample spike recoveries were within limits for both matrices.

Conventional Parameters Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

James D. Citter  
PACE Incorporated, New England-New Hampshire

10/19/95  
October 19, 1995



October 23, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJJN27  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 45563  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on October 3, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 10/3/95 (45563): Samples were received in two coolers and were assigned PACE# 45562 and 45563. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Samples assigned PACE Lab# 45563 were logged in for a 3-day turnaround per the request on the COC. Samples assigned PACE Lab# 45562 were logged in for 24-hour turnaround per the request on the COC.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. The method blank contained nontarget interferences which may have caused a high bias in sample quantitation. Sample 45563-23 contained petroleum hydrocarbons with a pattern that did not match diesel. The hydrocarbons were quantitated because they were within the diesel range. Results should be used with due consideration.

Volatiles Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. The blanks "BV1125C" and "BG100595A1" contained low levels of methylene chloride. Blank "BG101395B1" contained low levels of methylene chloride and acetone. The sample results for these analytes should be used with due consideration. Sample 45563-14 had a low internal standard (IS) recovery. This was confirmed as a matrix effect by a second analysis conducted outside of holding time.

TCLP Semivolatiles Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. NEESA control charts revealed low recoveries for surrogates 2-fluorophenol and phenol-d5. This was a consequence of using the separatory funnel extraction method in order to meet rapid turnaround times. Separatory funnels do not extract these two surrogates as well as continuous extractors do, as shown by the control charts. However, data quality was maintained.

Metals Analysis: Samples were analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample matrices consisted of one water, two solids, and five TCLP extracts run as waters. Sample QC analyses were not requested for this SDG. Due to software restrictions, sample field identifications were shortened to six characters. The correct full identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples.

Samples were prepared in two ICP batches and one mercury batch. Analyses were conducted in four sequences on three instruments:

TJA01 10/03/95 for Pb on the solids.  
TJA01 10/06/95 for As, Ba, Cd, Cr, Pb, Se, Ag.  
TJA02 10/10/95 for As, Pb, Se on the water sample.  
PE02 10/05/95 for Hg.

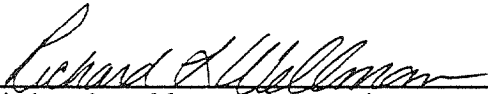
The TJA02 instrument achieves lower detection limits for As, Pb, and Se than the TJA01. Therefore, the non-TCLP sample (water) was run on the TJA02 instrument for these elements. The higher detection limits of TJA01 were acceptable for the TCLP extracts with high regulatory limits, and for the solids which contained lead above the TJA01 IDL. Forms have different detection limits depending on which instrument was used. Standards met all compliance criteria. Method blanks were free of contaminants but a few instrument blanks contained low levels of mercury, lead, or arsenic. Because TCLP regulatory limits are so much higher than CLP reporting limits, the blank contamination was not believed to affect sample results. The laboratory control samples showed acceptable analyte recoveries. No difficulties were encountered during metals analysis.

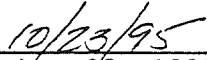
Conventional Parameters Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

PCB Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

  
Richard Wellman, Operations Manager  
PACE Incorporated, New England-New Hampshire

  
October 23, 1995



October 24, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJN29  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 45590  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on October 4, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 10/4/95 (45590): Samples were received in one cooler and were assigned PACE# 45589 and 45590. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Samples assigned PACE Lab# 45590 were logged in for a 3-day turnaround per the request on the COC. Samples assigned PACE Lab# 45589 were logged in for 24-hour turnaround per the request on the COC. Gretchen Franzheim (PACE) was notified by Federal Express that the shipment was misplaced and would be delivered after noon. The cooler was received at PACE at 3:15PM. Verbal due dates were calculated from 10/5/95 rather than 10/4/95 since the samples were not able to be logged in until late in the day on 10/4/95.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. The method blank contained nontarget interferences which may have caused a high bias in sample quantitation. Sample 45590-2 contained petroleum hydrocarbons with a pattern that did not match diesel. The hydrocarbons were quantitated because they were within the diesel range. Results should be used with due consideration.

Oil and Grease Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

TCLP Volatiles Analysis: The method 8240 blanks contained low levels of methylene chloride. The sample results for this analyte should be used with due consideration.

TCLP Semivolatiles Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. NEESA control charts revealed low recoveries for surrogates 2-fluorophenol and phenol-d5. This was a consequence of using the separatory funnel extraction method in order to meet rapid turnaround times. Separatory funnels do not extract these two surrogates as well as continuous extractors do, as shown by the control charts. However, data quality was maintained.





TCLP Metals Analysis: The TCLP sample was analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample QC analyses were not requested for this SDG. Due to software restrictions, the sample field identification was shortened to six characters. The correct full identification has been included as a comment on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples.

The sample was prepared in one ICP batch and one mercury batch. Analyses were conducted in two sequences on two instruments:

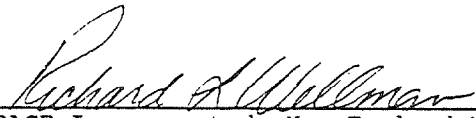
TJA01 10/06/95 for As, Ba, Cd, Cr, Pb, Se, Ag.

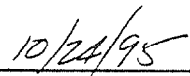
PE02 10/09/95 for Hg.

Standards met all compliance criteria. Method blanks were free of contaminants but a few instrument blanks (CCB's) contained low levels of lead or arsenic. Because TCLP regulatory limits are so much higher than CLP reporting limits, the blank contamination was not believed to affect sample results. The laboratory control samples showed acceptable analyte recoveries. No difficulties were encountered during metals analysis.

Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

  
\_\_\_\_\_  
PACE Incorporated, New England-New Hampshire

  
\_\_\_\_\_  
October 24, 1995



## REPORT OF LABORATORY ANALYSIS

October 25, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

### SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJN31  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 45594  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on October 5, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 10/5/95 (45594): Samples were received in one cooler and were assigned PACE# 45593 and 45594. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Samples assigned PACE Lab# 45594 were logged in for a 3-day turnaround per the request on the COC. Samples assigned PACE Lab# 45593 were logged in for 24-hour turnaround per the request on the COC. The GRO, DRO and OGG parameters for sample "CLJ44-CC-079" were logged in for 24-hour turnaround per the request of Rakesh Mishra. The remaining parameters were logged in for 3-day turnaround.

GRO Analysis: Analyses proceeded without difficulty and in accordance with SW846 methods. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: Analyses were conducted within holding time and in accordance with SW846 methods. The method blank contained low levels of non-target interference. The sample results should be used with due consideration.

Volatiles and TCLP VOA Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. Method blanks "BG101395B1," "BG100995A2" and "BG101195A1" contained low levels of methylene chloride and/or acetone. Sample results for these analytes should be used with due consideration.

TCLP Semivolatile Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. NEESA control charts revealed low recoveries for surrogates 2-fluorophenol and phenol-d5. This was a consequence of using the separatory funnel extraction method in order to meet rapid turnaround times. Separatory funnels do not extract these two surrogates as well as continuous extractors do, as shown by the control charts. However, data quality was maintained.

PCB Analysis: Analyses proceeded without difficulty and in accordance with SW846 methods. Matrix spikes and duplicates met all acceptance criteria.

Conventional Wet Chemistry Parameters: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.



## REPORT OF LABORATORY ANALYSIS

Metals Analysis: Samples were analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample matrices consisted of one water, one solid, and three TCLP extracts run as waters. Sample QC analyses were not requested for this SDG. Due to software restrictions, sample field identifications were shortened to six characters. The correct full identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples.

Samples were prepared in two ICP batches, two furnace batches, and one mercury batch. Analyses were conducted in six sequences on four instruments:

TJA01 10/06/95 for As, Ba, Cd, Cr, Pb, Se, Ag.  
PE01 10/18/95 for As.  
PE03 10/19/95 for Pb.  
PE01 10/19/95 for Se.  
PE01 10/20/95 for Se.  
PE02 10/09/95 for Hg.

The higher detection limits obtained on ICP TJA01 for arsenic, lead, and selenium were adequate to quantitate the solid sample and TCLP extracts. The solid contained a moderate amount of lead, and the TCLP regulatory limits are high relative to the Instrument Detection Limit. Furnace instruments were used to analyze these elements in the water sample. Standards met all SW846 compliance criteria. Method blanks were free of contaminants but a few instrument blanks (CCB's) on the ICP contained low levels of arsenic. Because TCLP regulatory limits are so much higher than CLP reporting limits, the blank contamination was not believed to affect sample results. The laboratory control samples showed acceptable analyte recoveries. No difficulties were encountered during metals analysis.

### Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

Richard Wellman, Operations Manager  
PACE Incorporated, New England-New Hampshire

10/25/95  
October 25, 1995

APPENDIX F

CHAIN - OF - CUSTODY FORMS



# CHAIN-OF-CUSTODY RECORD

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Form 0019  
Field Technical Services  
Rev. 08/89

166411

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O. 44</b>		PROJECT LOCATION <b>Camp Guiger, NC</b>	
PROJ. NO. <b>16487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-457-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR	

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS				
								TPH - GRO	TPH - BRO	TELP Metals	TELP Semi-Volatile	TELP Volatile	PCRA Haz Waste	DEG	PCB	Volatile	Totals Lead		BTEX (B246)			
1	CLJ44-CL-549	9/28	0650	X		Clean Soil from Pile 12 of Area B	4	X	X	X	X	X										Please do not
2	CLJ44-CL-050	9/28	0700	X		Clean Soil from Pile 13 of Area B	4	X	X	X	X	X										Analyze Rinseate Blank.
3	CLJ44-CC-051	9/28	0710	X		Contaminated soil from Pile 29 of Area B	4	X	X				X									
4	CLJ44-CC-052	9/28	0720	X		Contaminated Soil from Pile 30 of Area B	4	X	X	X	X	X	X	X	X							
5	CLJ44-CC-053	9/28	0730	X		Contaminated Soil from Pile 31 of Area B	4	X	X				X									
6	CLJ44-CC-054	9/28	0740	X		Contaminated Soil from Pile 32 of Area B	4	X	X				X									
7	CLJ44-CC-055	9/28	0750	X		Contaminated soil from Pile 33 of Area A	4	X	X				X									
8	CLJ44-CC-056 -TB	9/28		X		Tap Blank	3	X	X	X	X	X										X
9	CLJ44-CC-057 -RB	9/28	0810	X		Rinseate Blank	5	X	X	X	X	X										
10																						

ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
	<i>FeDEX</i>	<i>Gratchon Franchin Pac</i>	9/28	1045	
4					<i>Rakesh Mishra</i> SAMPLER'S SIGNATURE

0000150

CHAIN-OF-CUSTODY RECORD

166687

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526																						
PROJECT NAME <i>Camp Lejeune DO44</i>			PROJECT LOCATION <i>Camp Geiger, NC</i>																			
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>		PROJECT TELEPHONE NO. <i>910-451-2599</i>																		
CLIENT'S REPRESENTATIVE			PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>																			
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS				
								TPH-GRO	TPH-DRO	TCLP Metals	TCLP Volatile	RCRA Haz Waste Char.	DEG	PBB	Total Lead	Volatile + BTEx (8240)						
1	<i>CLJ44-CU-058</i>	<i>10/2</i>	<i>0645</i>	<i>X</i>		<i>Clean Soil from Pile 14 of Area A</i>	<i>4</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>										
2	<i>CLJ44-CU-059</i>	<i>10/2</i>	<i>0650</i>	<i>X</i>		<i>Clean Soil from Pile 15 of Area A</i>	<i>4</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>										
3	<i>CLJ44-CU-060</i>	<i>10/2</i>	<i>0700</i>	<i>X</i>		<i>Clean Soil from Pile 16 of Area A</i>	<i>4</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>										
4	<i>CLJ44-CC-061</i>	<i>10/2</i>	<i>0715</i>	<i>X</i>		<i>Contaminated Soil from Pile 34</i>	<i>4</i>	<i>X</i>	<i>X</i>				<i>X</i>									
5	<i>CLJ44-CC-062</i>	<i>10/2</i>	<i>0720</i>	<i>X</i>		<i>Contaminated Soil from Pile 35</i>	<i>4</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>						
6	<i>CLJ44-CC-063</i>	<i>10/2</i>	<i>0725</i>	<i>X</i>		<i>Contaminated soil from Pile 36</i>	<i>4</i>	<i>X</i>	<i>X</i>				<i>X</i>									
7	<i>CLJ44-CC-064</i>	<i>10/2</i>	<i>0730</i>	<i>X</i>		<i>Contaminated soil from Pile 37</i>	<i>4</i>	<i>X</i>	<i>X</i>				<i>X</i>									
8	<i>CLJ44-CC-065</i>	<i>10/2</i>	<i>0735</i>	<i>X</i>		<i>Contaminated soil from Pile 38</i>	<i>4</i>	<i>X</i>	<i>X</i>				<i>X</i>									
9	<i>CLJ44-CC-066</i>	<i>10/2</i>	<i>0740</i>	<i>X</i>		<i>Contaminated soil from Pile 39</i>	<i>4</i>	<i>X</i>	<i>X</i>				<i>X</i>									
10	<i>CLJ44-CC-067</i>	<i>10/2</i>	<i>0745</i>	<i>X</i>		<i>Contaminated soil from Pile 40</i>	<i>4</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>						
TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS														
<i>1</i>	<i>1-10</i>	<i>[Signature]</i>		<i>Fed Ex</i>		<i>10/2</i>	<i>1330</i>	<i>Send Samples to Pace Lab</i>														
<i>2</i>		<i>Fed Ex</i>		<i>Gretchen Frankheim Pace</i>		<i>10/3/88</i>	<i>0915</i>	<i>Item # 1-3 3days TAT</i>														
<i>3</i>								<i>Item # 4-10 24 hr TAT (except TCLP analysis)</i>														
<i>4</i>								<i>[Signature]</i> SAMPLER'S SIGNATURE														



# CHAIN-OF-CUSTODY RECORD

LAB COPY

Form 0019  
Field Technical Services  
Rev. 08/89

166688

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526			
PROJECT NAME <i>Camp Lexura D.O.44</i>				PROJECT LOCATION <i>Camp Geiger, NC</i>					
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>		PROJECT TELEPHONE NO. <i>910-451-2599</i>		NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)		
CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>					
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	ANALYSIS DESIRED	REMARKS	
1	<i>CLJ44-CC-068-RB</i>	<i>10/2</i>	<i>0805</i>	<i>X</i>		<i>Rinsate Blank</i>	<i>TPH-GRO</i> <i>TPH-DRO</i> <i>TCP Metals</i> <i>TCLP Volatile</i> <i>RCRA Haz Waste</i> <i>D/G</i> <i>PCB Total Lead</i> <i>Volatile + BTEX (8240)</i>	<i>Metals -18, BNA-19, VOA-20 RCRA -21</i>	
2	<i>CLJ44-CC-069-TB</i>					<i>Trip Blank</i>	<i>TPH-GRO</i> <i>TPH-DRO</i> <i>TCP Metals</i> <i>TCLP Volatile</i> <i>RCRA Haz Waste</i> <i>D/G</i> <i>PCB Total Lead</i> <i>Volatile + BTEX (8240)</i>		
3									
4									
5									
6									
7									
8									
9									
10									
TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS	
1	<i>1-2</i>	<i>[Signature]</i>		<i>FedEx Gettun-Franzheim PACE</i>		<i>10/2</i>	<i>1330</i>	<i>Send samples to Pace Lab Item # 1-2 3 days TAT</i>	
2		<i>FedEx</i>		<i>Gettun-Franzheim PACE</i>		<i>10/2/85</i>	<i>0915</i>		
3									
4								<i>[Signature]</i> SAMPLER'S SIGNATURE	

CHAIN-OF-CUSTODY RECORD

Field Tech.

166412

O. H. MATERIALS CORP. • P. O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME		PROJECT LOCATION		NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS
PROJ. NO.	PROJECT CONTACT	PROJECT TELEPHONE NO.	PROJECT MANAGER/SUPERVISOR		TPH-GRO	TPH-DRO	TCUP Metals	TCUP Volatile	RCRA Hxiz	D&G	PCB	Total Lead	Merchile + BTEX (8240)		
CLIENT'S REPRESENTATIVE			PROJECT MANAGER/SUPERVISOR												
ITEM NO.	SAMPLE NUMBER	DATE	TIME		COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)								
1	CLJ44-CC-070	10/3	0640	X		Clean Soil from Pile 17 of Area A	4	X	X	X	X	X		Please do not Analyze	
2	CLJ44-CC-071	10/3	0650	X		Contaminated Soil from Pile 41 of Area A	4	X	X			X		Runsate Blank.	
3	CLJ44-CC-072	10/3	0655	X		Contaminated Soil from Pile 42 of Area A	4	X	X			X			
4	CLJ44-CC-073	10/3	0700	X		Contaminated Soil from Pile 43 of Area A	4	X	X			X			
5	CLJ44-CC-074 -RB	10/3	0705	X		Runsate Blank	5	X	X	X	X	X			
6	CLJ44-CC-075 -TB					Trap Blank	3	X		X			X		
7															
8															
9															
10															

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-6	<i>[Signature]</i>	<i>[Signature]</i>	10/3	1100	Send samples to Res Lab
2			<i>[Signature]</i>	10/3	1550	Sample 1 3 days TAT
3						Sample 2-6 24 hr. TAT
4						<i>[Signature]</i> SAMPLER'S SIGNATURE





# CHAIN-OF-CUSTODY RECORD

LAB COPY

Form 001:  
Field Technical Service:  
Rev. 08/8

166413

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME		PROJECT LOCATION		ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)	NUMBER OF CONTAINERS	REMARKS											
PROJ. NO.	PROJECT CONTACT	PROJECT TELEPHONE NO.	CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR										
Camp Lejeune D.O. 44	Camp Greyer, NC	910-451-2599	Rakesh Mishra				Jim Dunn / Randy Smith										
16487																	
ITEM NO	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	TPH-CRO	TPH-DRO	TCLP Metals	TCLP Volatile	RCRA Hex	Org	PCB	Volatile	Total Lead	BTX (8240)	
1	CJ44-CU-076	10/4	0640	X		Clean Soil from Pile 18 of Area A.	X	X	X	X							
2	CJ44-CU-077	10/4	0645	X		Clean Soil from Pile 19 of Area A.	X	X	X	X							
3	CJ44-CC-078	10/4	0655	X		Contaminated Soil from Pile 44 of Area A.	X	X			X						
4	CJ44-CC-079	10/4	0700	X		Contaminated Soil from Pile 45 of Area A.	X	X	X	X	X	X	X	X			
5	CJ44-CC-080	10/4	0705	X		Contaminated Soil from Pile 46 of Area A.	X	X			X						
6	CJ44-CC-081 -RB	10/4	0715	X		Rinsate Blank	X	X	X	X							
7	CJ44-CC-082 -TB	10/4				Trip Blank	X		X					X			
8																	
9																	
10																	

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-7		FedEx	10/4	1100	Send Samples to Pace Lab
2		FedEx	Gretchen Franchon Pace	10/5/01	1015	Items 1, 2 & 4 3 days TAT
3						Items 3, 5, 6, 7 24 hr. TAT
4						 SAMPLER'S SIGNATURE

CHAIN-OF-CUSTODY RECORD

166413

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526																
PROJECT NAME <i>Camp Lejeune D.O. 44</i>				PROJECT LOCATION <i>Camp Gezer, NC</i>																		
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>		PROJECT TELEPHONE NO. <i>910-451-2599</i>																		
CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>																		
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS				
								TPH-GRO	TPH-DRD	TEP Metals	TEP Volatile	TEP Semi-Volatile	DEG	PCB	Wastable	Total Lead	STEX (8240)					
1	<i>CLJ44-CU-016</i>	<i>10/4</i>	<i>0640</i>	<i>X</i>		<i>Clean Soil from Pile 18 of Area A.</i>	<i>4</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>										
2	<i>CLJ44-CU-017</i>	<i>10/4</i>	<i>0645</i>	<i>X</i>		<i>Clean Soil from Pile 19 of Area A.</i>	<i>4</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>										
3	<i>CLJ44-CC-078</i>	<i>10/4</i>	<i>0655</i>	<i>X</i>		<i>Contaminated Soil from Pile 44 of Area A.</i>	<i>4</i>	<i>X</i>	<i>X</i>				<i>X</i>									
4	<i>CLJ44-CC-079</i>	<i>10/4</i>	<i>0700</i>	<i>X</i>		<i>Contaminated Soil from Pile 45 of Area A.</i>	<i>4</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>							
5	<i>CLJ44-CC-080</i>	<i>10/4</i>	<i>0705</i>	<i>X</i>		<i>Contaminated Soil from Pile 46 of Area A.</i>	<i>4</i>	<i>X</i>	<i>X</i>				<i>X</i>									
6	<i>CLJ44-CC-081 -RB</i>	<i>10/4</i>	<i>0715</i>	<i>X</i>		<i>Rinsate Blank</i>	<i>5</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>										
7	<i>CLJ44-CC-082 -TB</i>	<i>10/4</i>				<i>Trip Blank</i>	<i>3</i>	<i>X</i>			<i>X</i>								<i>X</i>			
8																						
9																						
10																						
Final Page	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS														
	<i>1-7</i>	<i>[Signature]</i>		<i>FedEx</i>		<i>10/4</i>	<i>1100</i>	<i>Send Samples to Pace Lab</i>														
	<i>2</i>	<i>FedEx</i>		<i>Gretchen Franklin Pace</i>		<i>10/5/15</i>	<i>1015</i>	<i>Items 1, 2 &amp; 4 3 days TAT</i>														
	<i>3</i>							<i>Items 3, 5, 6, 7 24 hr. TAT</i>														
<i>4</i>	<i>[Signature]</i>											SAMPLER'S SIGNATURE										

# DATA VALIDATION REPORT #2

## TCLP ORGANIC AND INORGANIC ANALYSES

Camp LeJeune Project

Sample Delivery Group Nos. L1N09, L1N15, L1N1A, L1N22, L1N33,  
L1N35, L1N37, and L1N42

Sampling Dates of August 2 - October 26, 1995

(NEESA Level C)

PREPARED FOR:

OHM Remediation Services Corp.  
5335 Triangle Parkway, Suite 450  
Norcross, Georgia 30092

March 1996

PREPARED BY:

ChemWorld Environmental, Inc.  
14 Orchard Way North  
Rockville, Maryland 20854  
(301)294-6144

Camp LeJeune Project (NEESA Level C)  
Data Validation Report #2: TCLP Organic and Inorganic Analyses

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A	Data Summary Forms: TCLP Volatile Organics
B	Data Summary Forms: TCLP Semivolatile Organics
C	Data Summary Forms: TCLP Inorganics
D	Data Qualifiers
E	Case Narratives
F	Chain-of-Custody Forms

## DATA VALIDATION SUMMARY #2: TCLP ORGANIC and INORGANIC ANALYSES

Camp LeJeune Project  
Sample Delivery Group Nos. LJN09, LJN15, LJN1A, LJN22, LJN33,  
LJN35, LJN37, and LJN42  
Sampling Dates of August 2 - October 26, 1995

### INTRODUCTION

This Data Validation Summary report for Toxicity Characteristic Leaching Procedure (TCLP) Organic and Inorganic analyses was generated for 18 solid samples, 6 water samples, and the associated quality control samples for the Sample Delivery Group (SDG) Nos. referenced above. Sampling activities were conducted in support of the field investigation for the Camp LeJeune Project. The analytical laboratory work was performed by Pace Incorporated (currently Katahdin Analytical Services, Inc.).

Analytical testing consisted of TCLP analyses, including Volatile Organic analyses by Gas Chromatography/Mass Spectroscopy (GC/MS); Base/Neutral and Acid Extractable Organics by GC/MS; Inorganic analyses by Inductively Coupled Plasma (ICP); and Mercury by Cold Vapor. The analytical work was performed utilizing United States Environmental Protection Agency (USEPA) Test Methods for Evaluating Solid Waste (SW-846), Third Edition. Additional sampling for organic and inorganic analyses was performed for the project. The data validation reports for these analyses are provided under separate cover.

This report provides a summary of data acceptability and deviations in accordance with the Naval Energy and Environmental Support Activity (NEESA) Level C requirements and the following technical guidance documents, where applicable and relevant: Quality Assurance in Environmental Analysis, NEESA, October 1990; USEPA Contract Laboratory Program National Functional Guidelines for Organic and Inorganic Data Review, USEPA, February 1994; and the associated analytical methods.

The validation report pertains to the following samples:

#### SDG No. LJN09

CLJ44-CU-003  
CLJ44-CU-004  
CLJ44-CU-005  
CLJ44-CU-006RB (Rinsate Blank 8/02/95)  
CLJ44-CU-012  
CLJ44-CU-013  
CLJ44-CU-014RB (Rinsate Blank 8/04/95)  
CLJ44-CU-015TB (Trip Blank 8/04/95)

#### SDG No. LJN15

CLJ44-CU-035  
CLJ44-CU-036RB (Rinsate Blank 8/14/95)

SDG No. LJN1A

CLJ44-CU-016  
CLJ44-CU-017  
CLJ44-CU-018RB (Rinsate Blank 8/07/95)  
CLJ44-CU-019TB (Trip Blank 8/07/95)

SDG No. LJN22

CLJ44-CU-040  
CLJ44-CU-041  
CLJ44-CU-042

SDG No. LJN33

CLJ44-CU-083  
CLJ44-CU-083D (Duplicate of -083)  
CLJ44-CU-084  
CLJ44-CU-085

SDG No. LJN35

CLJ44-CU-090

SDG No. LJN37

CLJ44-CU-100

SDG No. LJN42

CLJ44-CU-111

## 1.0 TCLP VOLATILE ORGANICS BY GC/MS

The following items/criteria were reviewed:

- \* Holding Times
- \* System Monitoring Compound (Surrogate) Recovery
- \* Matrix Spikes (MS) and Matrix Spike Duplicates (MSD)
- \* Initial and Continuing Calibration
- \* Blanks (Method and Field)
- \* GC/MS Instrument Performance Check
- \* Internal Standards

All items above were generated within acceptable Quality Control (QC) specifications for NEESA Level C, with deviations detailed as follows. All data is considered to be valid and usable with the appropriate qualifiers, as noted on the data summary forms in Appendix A and within the following text.

## 1.1 Holding Times

All holding times were met within the acceptable time frame for TCLP Volatile Organic analyses. Samples are required to be TCLP extracted within 14 days of collection and analyzed within 14 days of the TCLP extraction date.

## 1.2 System Monitoring (Surrogate) Compound Recovery

All system monitoring compound recovery (%R) was found to be generated within acceptable limits for the three surrogate compounds.

## 1.3 Matrix Spike/Matrix Spike Duplicates (MS/MSD)

MS/MSD sample sets were not generated for the TCLP Volatile analyses. However, Laboratory Control Samples (LCS) were analyzed for Volatile Organics for each of the SDGs. Acceptable accuracy (percent recovery) was generated for the quality control samples.

## 1.4 Calibration

All initial and continuing calibration was performed within acceptable limits for average Relative Response Factors ( $\overline{RRF}$ ), Percent Relative Standard Deviation (% RSD), Relative Response Factors (RRF), and percent Difference (% D) for the samples validated, with the following exceptions.

### 1.4.1 Continuing Calibration, SDG No. LJN09

#### Date, Time

8/08/95, 13:43 Methyl Ethyl Ketone 49.8% D (Limit 25%)

Positive results were not detected for methyl ethyl ketone for the affected samples CLJ44-CU-003, -004, and -005. Therefore, qualification was not required.

### 1.4.2 Continuing Calibration, SDG No. LJN33

#### Date, Time

10/11/95, 13:37 Methyl Ethyl Ketone 42.2% D (Limit 25%)

Positive results were not detected for methyl ethyl ketone for the affected samples CLJ44-CU-083 and -085. Therefore, qualification was not required.

## 1.5 Blanks

### 1.5.1 Field Blanks

#### 1.5.1.1 SDG No. LJN09

Two rinsate blanks and one trip blank were analyzed for the SDG. Positive results for TCLP Volatile Organics were not detected in any of the field blanks.

#### 1.5.1.2 SDG No. LJN15

One rinsate blank was analyzed for the SDG. TCLP Volatile Organics were not detected for the rinsate blank.

#### 1.5.1.3 SDG No. LJN1A

One rinsate blank and one trip blank were analyzed for the SDG. TCLP Volatile Organics were not detected in either of the field blanks.

#### 1.5.2 Method Blanks

All TCLP blanks and the corresponding method blanks were found to be free of contamination for the TCLP Volatile Organic compounds. However, the following should be noted.

##### 1.5.2.1 SDG No. LJN22

The Case Narrative and the Data Summary Form for CLJ44-CU-040 state that TCLP Blank #399 contains tetrachloroethene. However, the TCLP Summary Form for Blank #399 on page 49 of the data package does not include a positive result for tetrachloroethene and reports Below Detection Limit (BDL) at 5 ug/L. The data was not qualified based upon the tetrachloroethene comments.

##### 1.5.2.2 SDG No. LJN37

TCLP Blank #405 was found to contain tetrachloroethene at 0.024 mg/L (24 ug/L). The compound was not detected in the associated sample CLJ44-CU-100, therefore, qualification was not required.

### 1.6 GC/MS Instrument Performance Check

Instrument performance was generated within acceptable limits and frequency for Bromofluorobenzene (BFB).

### 1.7 Internal Standards

All internal standards were generated within acceptable specifications for area counts and retention time variation.

## 2.0 TCLP SEMIVOLATILE ORGANICS BY GC/MS (Base/Neutral and Acid Extractable Organics)

The following items/criteria were reviewed:

- \* Holding Times
- \* Surrogate Recovery
- \* MS/MSD
- \* Initial and Continuing Calibration
- \* Blanks (Method and Field)
- \* GC/MS Instrument Performance Check
- \* Internal Standards



All items above were generated within acceptable QC specifications for NEESA Level C, with deviations detailed as follows. The non-detectable results for pyridine for samples CLJ44-CU-035 and -036RB are qualified as 'R', unusable, due to missing continuing calibration information. The remaining data is considered to be valid and usable with the appropriate qualifiers, as noted on the data summary forms in Appendix B and within the following text.

### 2.1 Holding Times

All holding times were met for extraction and analysis for TCLP Semi-Volatiles. The samples are required to be TCLP extracted within 14 days of collection and method extracted within 7 days of the TCLP extraction date. The samples are then required to be analyzed within 40 days of the method extraction date.

### 2.2 Surrogate Recovery

All surrogate recovery was found to be generated within acceptable limits for the six surrogate compounds.

### 2.3 MS/MSD

MS/MSD sample sets were not generated for the TCLP Semi-Volatile Organics. However, Laboratory Control Samples were analyzed for Semi-Volatile Organics for each of the SDGs. Acceptable accuracy was generated as per the method.

### 2.4 Calibration

All initial and continuing calibrations were performed within acceptable limits for  $\overline{RRF}$ , % RSD, RRF, and % D for the samples validated, with the following exceptions.

#### 2.4.1 Continuing Calibration, SDG No. LJN09

##### Date, Time

7/25/95, 08:49	2,4-Dinitrotoluene	26.92% D	(Limit 25%)
8/08/95, 08:36	Hexachlorobutadiene	26.04%	
	2,4,5-Trichlorophenol	26.20%	

Positive results were not detected for the compounds noted above for the affected samples CLJ44-CU-003, -004, -005, and -006RB. Therefore, qualification was not required.

#### 2.4.2 Continuing Calibration, SDG No. LJN15

The compound pyridine was not included on the continuing calibration data pages for 8/18/95 at 08:08. The laboratory was not able to retrieve this information from their laboratory computer files. Therefore, the non-detectable results for the compound pyridine for the associated samples CLJ44-CU-035 and -036RB are qualified as 'R', unusable.

#### 2.4.3 Continuing Calibration, SDG Nos. LJN35 and LJN37

##### Date, Time

10/12/95, 10:27 Pyridine 36.71% D (Limit 25%)

Positive results were not detected for samples CLJ44-CU-090 and CLJ44-CU-100 for pyridine, therefore, qualification was not required.

#### 2.4.4 Initial Calibration, SDG No. LJN42

The compound pyridine was not included on the initial calibration data pages for 10/26/95. The laboratory was not able to retrieve this information from their laboratory computer files. However, the associated continuing calibration of 11/02/95 at 13:24 did contain pyridine. Therefore, the associated sample CLJ44-CU-111 is qualified as 'UJ', estimated, for the non-detectable result for pyridine.

#### 2.4.5 Continuing Calibration, SDG No. LJN42

##### Date, Time

11/02/95, 13:24 Hexachlorobutadiene 35.06% D (Limit 25%)  
2,4-Dinitrotoluene 27.73%

Positive results for the compounds above were not detected for sample CLJ44-CU-111, therefore, qualification was not required.

#### 2.5 Blanks

##### 2.5.1 Field Blanks

###### 2.5.1.1 SDG No. LJN09

Two rinsate blanks were analyzed for the SDG. Positive results for TCLP Semi-Volatile Organics were not detected for either field blank.

###### 2.5.1.2 SDG No. LJN15

One rinsate blank was analyzed for the SDG. Positive results were not detected for the rinsate blank.

###### 2.5.1.3 SDG No. LJN1A

One rinsate blank was analyzed for the SDG. Positive results were not detected for the rinsate blank.

##### 2.5.2 Method Blanks

All TCLP blanks and the corresponding method blanks were found to be free of contamination for the TCLP Semi-Volatile Organic compounds.

## 2.6 GC/MS Instrument Performance Check

Instrument performance was generated within acceptable limits and frequency for Decafluorotriphenylphosphine (DFTPP).

## 2.7 Internal Standards

All internal standards were generated within acceptable specifications for area counts and retention time variation.

## **3.0 TCLP INORGANIC ANALYSES BY ICP (Mercury by Cold Vapor)**

The following items/criteria were reviewed:

- \* Holding Times
- \* Initial and Continuing Calibration
- \* Blanks (Initial, Continuing Calibration, and Preparation)
- \* Field Blanks
- \* ICP Interference Check Sample
- \* Matrix Spike Sample Recovery
- \* Laboratory Duplicates
- \* Laboratory Control Sample (LCS)

All items above were generated within acceptable QC specifications for NEESA Level C, with deviations detailed as follows. All data is considered to be valid and usable with the appropriate qualifiers, as noted on the data summary forms in Appendix C and within the following text.

### 3.1 Holding Times

All holding times were met within the acceptable time frame for TCLP Inorganic analyses. Samples are required to be TCLP extracted within 180 days of collection for metals (28 days for mercury) and analyzed within 180 days of TCLP extraction (28 days for mercury).

### 3.2 Calibration

All initial and continuing calibration was performed within acceptable limits for percent recovery.

### 3.3 Blanks

#### **3.3.1 Laboratory (Method) Blanks**

All initial calibration, continuing calibration, and preparation blanks were generated in accordance with acceptable limits, with the following exceptions.

### 3.3.1.1 SDG No. L1N09

Preparation Blank (ug/L)

Lead 14.03  
Silver 4.74

Preparation Blank (ug/L)

Arsenic 2.07  
Lead 1.41  
Selenium 2.27

A limit of five times the highest respective Inorganic result above was used for review and qualification of the associated samples. The samples were qualified as 'J', estimated, for the associated Inorganic result if it was found to be less than five times the preparation blank value. This qualification is in accordance with NEESA Level C guidelines for blank contamination. Arsenic and selenium were not detected in the samples, therefore, qualification was not required for these two Inorganics.

In addition, the TCLP blank was found to contain 1.35 mg/L (1350 ug/L) of barium. All positive results for barium were found to be less than five times the TCLP blank result. Therefore, the positive barium results were qualified as 'J', estimated, in accordance with NEESA Level C requirements.

### 3.3.1.2 SDG No. L1N15

Preparation Blank (ug/L)

Lead 14.030  
Mercury 0.100  
Silver 4.740

Preparation Blank (ug/L)

Arsenic 6.790

Limits of five times the Inorganic results above were used for review and qualification of the associated samples. Lead and silver results that were found to be less than the preparation blank limit were qualified as 'J', estimated, in accordance with NEESA Level C guidelines. Mercury and arsenic were not detected in the associated samples, therefore, qualification was not required for these Inorganics.

### 3.3.1.3 SDG No. L1N1A

Preparation Blank (ug/L)

Lead 14.030  
Silver 4.740

Preparation Blank (ug/L)

Lead 1.640

A limit of five times the highest respective Inorganic results above was used for review and qualification of the associated samples. Lead results that were found to be less than the preparation blank limit were qualified as 'J', estimated. Silver was not detected in the samples, therefore, qualification was not required.

#### 3.3.1.4 SDG No. LJN22

<u>Preparation Blank</u>	<u>(ug/L)</u>
Lead	1.420

A limit of five times the lead result above was used for review and qualification of the associated samples. Sample CLJ44-CU-042 exceeded the preparation blank limit and did not require qualification. Lead was not detected in the remaining two samples, therefore, qualification was not required.

#### 3.3.1.5 SDG No. LJN33

<u>Preparation Blank</u>	<u>(ug/L)</u>
Mercury	0.100

Mercury was not detected in any of the associated samples, therefore, qualification was not required.

#### 3.3.1.6 SDG No. LJN35

<u>Preparation Blank</u>	<u>(ug/L)</u>
Mercury	0.100
Lead	14.530

A limit of five times the Inorganic values above were used for review and qualification of sample CLJ44-CU-090. The lead result for the sample was less than the blank limit and was qualified as 'J', estimated. Mercury was not detected, therefore, qualification was not required.

#### 3.3.1.7 SDG No. LJN37

<u>Preparation Blank</u>	<u>(ug/L)</u>
Arsenic	41.770
Barium	16.130
Chromium	4.700
Mercury	0.100
Silver	1.900

Limits of five times the Inorganics above were used for review and qualification of sample CLJ44-CU-100. Arsenic and chromium results were qualified as 'J', estimated, due to their presence at less than the preparation blank limit. Barium exceeded the preparation blank limit and did not require qualification. Mercury and silver were not detected, therefore, qualification was not required for these Inorganics.

### 3.3.1.8 SDG No. LJN42

<u>Preparation Blank</u>	<u>(ug/L)</u>
Lead	2.5

Lead was not detected in the associated sample, therefore, qualification was not required.

### 3.3.2 Field Blanks

#### 3.3.2.1 SDG No. LJN09

Two rinsate blanks were analyzed for the SDG. Silver was detected in CLJ44-CU-006RB at 2.2 ug/L. The rinsate blank CLJ44-CU-014RB did not contain any positive results for TCLP Inorganics. Silver was not detected in any of the associated samples, therefore, qualification was not required.

#### 3.3.2.2 SDG No. LJN15

One rinsate blank was analyzed for the SDG. Lead was detected in rinsate blank CLJ44-CU-036RB at 2.3 ug/L. The lead results were previously qualified as 'J', estimated, in *Section 3.3.1, Laboratory (Method) Blanks*. Additional qualification is not required.

#### 3.3.2.3 SDG No. LJN1A

One rinsate blank was analyzed for the SDG. Lead was detected in the rinsate blank CLJ44-CU-018RB at 2.4 ug/L. The lead results were previously qualified as 'J', estimated, in *Section 3.3.1, Laboratory (Method) Blanks*. Additional qualification is not required.

### 3.4 ICP Interference Check

The recoveries for the ICP Interference Check samples were found to be within the acceptable 80-120% limit.

### 3.5 Spiked Sample Recovery

Matrix spike samples were not included in the SDGs covered in this report.

### 3.6 Laboratory Duplicates

Laboratory duplicate samples were not included in the SDGs covered in this report.

### 3.7 Laboratory Control Sample (LCS)

The aqueous laboratory control samples were generated within the acceptable limit of 80-120%, with the following exception.

### 3.7.1 SDG No. LIN1A

High recovery was generated for two of the LCS analyses at 147% and 150.1%. The associated samples were previously qualified for lead in *Section 3.3.1, Laboratory (Method) Blanks*. Additional qualification is not required.

APPENDIX A

DATA SUMMARY FORMS  
TCLP VOLATILE ORGANICS



TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44862-020  
Sample Designation: CLJ44-CU-003  
Matrix: TCLP EXTRACT

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES		Date Analyzed: 08/08/95	
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44862-021  
Sample Designation: CLJ44-CU-004  
Matrix: TCLP EXTRACT

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES		Date Analyzed: 08/08/95	
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44862-022  
Sample Designation: CLJ44-CU-005  
Matrix: TCLP EXTRACT

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Date Analyzed: 08/08/95			
<b>VOLATILES</b>			
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44862-023

Sample Designation: CLJ44-CU-006-R8

Matrix: WATER

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES		Date Analyzed: 08/07/95	
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44898-008  
Sample Designation: CLJ44-CU-012  
Matrix: TCLP EXTRACT

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES		Date Analyzed: 08/09/95	
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44898-009  
Sample Designation: CLJ44-CU-013  
Matrix: TCLP EXTRACT

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES		Date Analyzed: 08/09/95	
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44898-010  
Sample Designation: CLJ44-CU-014-R8  
Matrix: WATER

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES	Date Analyzed: 08/07/95		
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44898-004  
Sample Designation: CLJ44-CU-015-TB  
Matrix: WATER

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES	Date Analyzed: 08/07/95		
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.



TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44991-005  
Sample Designation: CLJ44-CU-035  
Matrix: TCLP EXTRACT

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES	Date Analyzed: 08/16/95		
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005
-----			

Results uncorrected for matrix spike recovery.

000010

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44991-006  
Sample Designation: CLJ44-CU-036-RB  
Matrix: WATER

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES			
		Date Analyzed: 08/16/95	
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

000013

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44914-003  
Sample Designation: CLJ44-CU-016  
Matrix: TCLP EXTRACT

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES		Date Analyzed: 08/11/95	
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44914-007  
Sample Designation: CLJ44-CU-017  
Matrix: TCLP EXTRACT

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES	Date Analyzed: 08/14/95		
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 44914-010

Sample Designation: CLJ44-CU-018-RB

Matrix: WATER

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----			
VOLATILES	Date Analyzed: 08/11/95		
Vinyl chloride	BDL	0.2	.01
1,1-Dichloroethene	BDL	0.7	.005
1,2-Dichloroethane	BDL	0.5	.005
Chloroform	BDL	6.0	.005
Methyl ethyl ketone	BDL	200	.025
Carbon Tetrachloride	BDL	0.5	.005
Trichloroethene	BDL	0.5	.005
Benzene	BDL	0.5	.005
Tetrachloroethene	BDL	0.7	.005
Chlorobenzene	BDL	100	.005

Results uncorrected for matrix spike recovery.

Laboratory number: 44914-015  
Sample Designation: CLJ44-CU-019-TB  
Date Analyzed: 08/11/95  
Matrix: WATER

Instrument File Name: >C9761

VOLATILE ORGANICS	CONCENTRATION (ug/L)	REPORTING LIMIT (ug/L)
Chloromethane	BDL	10
Bromomethane	BDL	10
✓ Vinyl chloride	BDL	10
Chloroethane	BDL	5
Methylene chloride	BDL	10
Acetone	BDL	25
Carbon disulfide	BDL	5
Tetrahydrofuran	BDL	25
Trichlorofluoromethane	BDL	5
✓ 1,1-Dichloroethene	BDL	5
1,1-Dichloroethane	BDL	5
1,2-Dichloroethene (total)	BDL	5
✓ Chloroform	BDL	5
✓ 1,2-Dichloroethane	BDL	5
✓ 2-Butanone	BDL	25
1,1,1-Trichloroethane	BDL	5
✓ Carbon Tetrachloride	BDL	5
Vinyl acetate	BDL	10
Bromodichloromethane	BDL	5
1,2-Dichloropropane	BDL	5
cis-1,3-Dichloropropene	BDL	5
trans-1,3-Dichloropropene	BDL	5
✓ Trichloroethene	BDL	5
Dibromochloromethane	BDL	5
1,1,2-Trichloroethane	BDL	5
✓ Benzene	BDL	5
Bromoform	BDL	5
4-Methyl-2-Pentanone	BDL	25
2-Hexanone	BDL	25
✓ Tetrachloroethene	BDL	5
1,1,2,2-Tetrachloroethane	BDL	5
Toluene	BDL	5
✓ Chlorobenzene	BDL	5
Ethylbenzene	BDL	5
Styrene	BDL	5
Xylene (total)	BDL	5

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45514-012  
Sample Designation: CLJ44-CU-040  
Date Analyzed: 10/02/95 01:59  
QC Batch: BG100195B2  
TCLP Batch: 399  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.03
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	0.02	0.7	.0050
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

J = Probable presence below listed detection limit

The TCLP BLANK 399 contains Tetrachloroethene.  
The sample result for this analyte should be used with due  
consideration. Data quality is unaffected. Contamination  
is low compared to TCLP regulatory limit.

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45514-013  
Sample Designation: CLJ44-CU-041  
Date Analyzed: 10/02/95 02:57  
QC Batch: BG100195B2  
TCLP Batch: 399  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.03
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	.0050
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

J = Probable presence below listed detection limit



TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45514-014  
Sample Designation: CLJ44-CU-042  
Date Analyzed: 10/03/95 01:25  
QC Batch: BG100295B2  
TCLP Batch: 399  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.03
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45614-009  
Sample Designation: CLJ44-CU-083  
Date Analyzed: 10/11/95 18:27  
QC Batch: BG101195A1  
TCLP Batch: 403  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45614-010  
Sample Designation: CLJ44-CU-083D  
Date Analyzed: 10/11/95 00:06  
QC Batch: BG101095D2  
TCLP Batch: 403  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45614-011  
Sample Designation: CLJ44-CU-084  
Date Analyzed: 10/11/95 00:45  
QC Batch: BG101095D2  
TCLP Batch: 403  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45614-012  
Sample Designation: CLJ44-CU-085  
Date Analyzed: 10/11/95 19:07  
QC Batch: BG101195A1  
TCLP Batch: 403  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45641-003  
Sample Designation: CLJ44-CU-090  
Date Analyzed: 10/12/95 19:34  
QC Batch: BG101295A1  
TCLP Batch: 404  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45646-001  
Sample Designation: CLJ44-CU-100  
Date Analyzed: 10/16/95 17:59  
QC Batch: BD101695A1  
TCLP Batch: 405  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR VOLATILE CONSTITUENTS

Laboratory number: 45803-003  
Sample Designation: CLJ44-CU-111  
Date Analyzed: 11/01/95 18:04  
QC Batch: BC110195A1  
TCLP Batch: 407  
Matrix: TCLP EXTRACT

VOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Vinyl chloride	BDL	0.2	0.01
1,1-Dichloroethene	BDL	0.7	0.005
1,2-Dichloroethane	BDL	0.5	0.005
Chloroform	BDL	6.0	0.005
Methyl ethyl ketone	BDL	200	0.025
Carbon Tetrachloride	BDL	0.5	0.005
Trichloroethene	BDL	0.5	0.005
Benzene	BDL	0.5	0.005
Tetrachloroethene	BDL	0.7	0.005
Chlorobenzene	BDL	100	0.005

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8240

Results uncorrected for matrix spike recovery.

BDL = Below reporting limit



APPENDIX B

DATA SUMMARY FORMS

TCLP SEMI-VOLATILE ORGANICS

Laboratory number: 44862-020  
Sample Designation: CLJ44-CU-003  
Date Extracted: 08/04/95  
Date Analyzed: 08/08/95  
Matrix: TCLP EXTRACT

Instrument File Name: >F2301

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 44862-021  
Sample Designation: CLJ44-CU-004  
Date Extracted: 08/04/95  
Date Analyzed: 08/08/95  
Matrix: TCLP EXTRACT

Instrument File Name: >F2302

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----	-----	-----	-----
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 44862-022  
Sample Designation: CLJ44-CU-005  
Date Extracted: 08/04/95  
Date Analyzed: 08/08/95  
Matrix: TCLP EXTRACT

Instrument File Name: >F2303

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 44862-024  
Sample Designation: CLJ44-CU-006-RB  
Date Extracted: 08/04/95  
Date Analyzed: 08/08/95  
Matrix: WATER

Instrument File Name: >F2304

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 44898-008  
Sample Designation: CLJ44-CU-012  
Date Extracted: 08/09/95  
Date Analyzed: 08/11/95  
Matrix: TCLP EXTRACT

Instrument File Name: >H8777

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----	-----	-----	-----
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 44898-009  
Sample Designation: CLJ44-CU-013  
Date Extracted: 08/09/95  
Date Analyzed: 08/11/95  
Matrix: TCLP EXTRACT

Instrument File Name: >H8778

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 44898-011  
Sample Designation: CLJ44-CU-014-RB  
Date Extracted: 08/10/95  
Date Analyzed: 08/11/95  
Matrix: WATER

Instrument File Name: >H8781

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit



Laboratory number: 44991-005  
Sample Designation: CLJ44-CU-035  
Date Extracted: 08/18/95  
Date Analyzed: 08/18/95  
Matrix: TCLP EXTRACT

Instrument File Name: >H8876

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	<del>BDL</del> R	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

000012

Laboratory number: 44991-004  
Sample Designation: CLJ44-CU-036-RB  
Date Extracted: 08/18/95  
Date Analyzed: 08/18/95  
Matrix: WATER

Instrument File Name: >H8875

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	<del>BDL</del> R	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

000008

Laboratory number: 44914-003  
Sample Designation: CLJ44-CU-016  
Date Extracted: 08/10/95  
Date Analyzed: 08/11/95  
Matrix: TCLP EXTRACT

Instrument File Name: >H8785

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----	-----	-----	-----
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 44914-007  
Sample Designation: CLJ44-CU-017  
Date Extracted: 08/10/95  
Date Analyzed: 08/11/95  
Matrix: TCLP EXTRACT

Instrument File Name: >H8786

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----	-----	-----	-----
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 44914-012  
Sample Designation: CLJ44-CU-018-RB  
Date Extracted: 08/10/95  
Date Analyzed: 08/11/95  
Matrix: WATER

Instrument File Name: >H8787

Parameter	Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45514-012  
Sample Designation: CLJ44-CU-040  
Date Extracted: 09/30/95  
Date Analyzed: 10/02/95 19:32  
QC Batch: BA2467  
TCLP Batch: 281  
Matrix: TCLP EXTRACT

Instrument File Name: >F2660

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridene	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45514-013  
Sample Designation: CLJ44-CU-041  
Date Extracted: 09/30/95  
Date Analyzed: 10/02/95 20:10  
QC Batch: BA2467  
TCLP Batch: 281  
Matrix: TCLP EXTRACT

Instrument File Name: >F2661

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridene	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45514-014  
Sample Designation: CLJ44-CU-042  
Date Extracted: 09/30/95  
Date Analyzed: 10/02/95 20:48  
QC Batch: BA2467  
TCLP Batch: 281  
Matrix: TCLP EXTRACT

Instrument File Name: >F2662

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridene	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit



Laboratory number: 45614-009  
 Sample Designation: CLJ44-CU-083  
 Date Extracted: 10/11/95  
 Date Analyzed: 10/11/95 11:30  
 QC Batch: BA2490  
 TCLP Batch: 282  
 Matrix: TCLP EXTRACT

Instrument File Name: >F2760

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
 METHOD 8270

BDL = Below reporting limit

Laboratory number: 45614-010  
Sample Designation: CLJ44-CU-083D  
Date Extracted: 10/11/95  
Date Analyzed: 10/11/95 12:06  
QC Batch: BA2490  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2761

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45614-011  
Sample Designation: CLJ44-CU-084  
Date Extracted: 10/11/95  
Date Analyzed: 10/11/95 12:43  
QC Batch: BA2490  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2762

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45614-012  
Sample Designation: CLJ44-CU-085  
Date Extracted: 10/11/95  
Date Analyzed: 10/11/95 13:20  
QC Batch: BA2490  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2763

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45641-003  
Sample Designation: CLJ44-CU-090  
Date Extracted: 10/11/95  
Date Analyzed: 10/12/95 12:19  
QC Batch: BA2491  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2771

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45646-001  
Sample Designation: CLJ44-CU-100  
Date Extracted: 10/12/95  
Date Analyzed: 10/12/95 16:00  
QC Batch: BA2494  
TCLP Batch: 282  
Matrix: TCLP EXTRACT

Instrument File Name: >F2777

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	BDL	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
METHOD 8270

BDL = Below reporting limit

Laboratory number: 45803-003  
 Sample Designation: CLJ44-CU-111  
 Date Extracted: 11/01/95  
 Date Analyzed: 11/02/95 19:46  
 QC Batch: BA2514  
 TCLP Batch: 283  
 Matrix: TCLP EXTRACT

Instrument File Name: >H9564

SEMIVOLATILES	Concentration (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
Pyridine	<del>BDL</del> <u>BDL UJ</u>	5.0	0.05
1,4-Dichlorobenzene	BDL	7.5	0.05
2,4-Dinitrotoluene	BDL	0.13	0.05
2-Methylphenol	BDL	200	0.05
3,4-Methylphenols	BDL	200	0.05
Hexachloroethane	BDL	3.0	0.05
Nitrobenzene	BDL	2.0	0.05
Hexachlorobenzene	BDL	0.13	0.05
Pentachlorophenol	BDL	100	0.05
Hexachlorobutadiene	BDL	0.5	0.05
2,4,6-Trichlorophenol	BDL	2.0	0.05
2,4,5-Trichlorophenol	BDL	400	0.05

METHOD REFERENCE: EPA SW 846, 3rd Edition  
 METHOD 8270

BDL = Below reporting limit

APPENDIX C

DATA SUMMARY FORMS

TCLP INORGANICS



1  
**TCLP** INORGANIC ANALYSIS DATA SHEET

4CU003
--------

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN09

Matrix (soil/water): WATER

Lab Sample ID: 44862-020

Level (low/med): LOW

Date Received: 08/03/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	20.4			P
7440-39-3	Barium	526	J		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	18.7	J		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.46			CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

ORIGINAL CLIENT ID = CLJ44-CU-003. TCLP EXTRACT.

1  
TCLP INORGANIC ANALYSIS DATA SHEET

4CU004

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN09

Matrix (soil/water): WATER

Lab Sample ID: 44862-021

Level (low/med): LOW

Date Received: 08/03/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	290	J		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	24.0	J		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

ORIGINAL CLIENT ID = CLJ44-CU-004. TCLP EXTRACT.

1  
**TCLP** INORGANIC ANALYSIS DATA SHEET

4CU005
--------

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN09

Matrix (soil/water): WATER

Lab Sample ID: 44862-022

Level (low/med): LOW

Date Received: 08/03/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	188	<del>B</del> J		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	2.9	B		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

ORIGINAL CLIENT ID = CLJ44-CU-005. TCLP EXTRACT.

1  
*TCLP* INORGANIC ANALYSIS DATA SHEET

U006RB

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN09

Matrix (soil/water): WATER

Lab Sample ID: 44862-037

Level (low/med): LOW

Date Received: 08/03/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	1.9	U		P
7440-39-3	Barium	2.7	U		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	1.4	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	1.7	U		P
7440-22-4	Silver	2.2	BJ		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

ORIGINAL CLIENT ID = CLJ44-CU-006-RB.

<sup>1</sup>  
 TCLP INORGANIC ANALYSIS DATA SHEET

4CU012
--------

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN09

Matrix (soil/water): WATER

Lab Sample ID: 44898-008

Level (low/med): LOW

Date Received: 08/05/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	203	J		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	39.5	J		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

ORIGINAL CLIENT ID = CLJ44-CU-012. TCLP EXTRACT.

1  
**TCLP** INORGANIC ANALYSIS DATA SHEET

4CU013

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN09

Matrix (soil/water): WATER

Lab Sample ID: 44898-009

Level (low/med): LOW

Date Received: 08/05/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	182	<del>B</del> J		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	13.8	J		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

ORIGINAL CLIENT ID = CLJ44-CU-013. TCLP EXTRACT.

1  
 TCLP INORGANIC ANALYSIS DATA SHEET

U014RB
--------

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN09

Matrix (soil/water): WATER

Lab Sample ID: 44898-012

Level (low/med): LOW

Date Received: 08/05/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	1.9	U		P
7440-39-3	Barium	2.7	U		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	1.4	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	1.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

ORIGINAL CLIENT ID = CLJ44-CU-014-RB.

U.S. EPA - CLP

EPA SAMPLE NO.

*TCUP* INORGANIC ANALYSIS DATA SHEET

CU-035

1

Lab Name: PACE INC., NE-NH

Contract:

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN15

Matrix (soil/water): WATER

Lab Sample ID: 44991-005

Level (low/med): LOW

Date Received: 08/15/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				
7440-36-0	Antimony				NR
7440-38-2	Arsenic	2.8	U		P
7440-39-3	Barium	109	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				
7439-92-1	Lead	4.7	J		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				MR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	11.9			P
7440-22-4	Silver	3.0	J		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

Actual sample ID CLJ44-CU-035 was reduced to CU-035 due to software limitations.



U.S. EPA - CLP

EPA SAMPLE NO.

TCLP

1  
INORGANIC ANALYSIS DATA SHEET

CU-036

Lab Name: PACE INC., NE-NH

Contract:

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN15

Matrix (soil/water): WATER

Lab Sample ID: 44991-007

Level (low/med): LOW

Date Received: 08/15/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				
7440-36-0	Antimony				NR
7440-38-2	Arsenic	2.8	U		P
7440-39-3	Barium	2.7	U		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				
7439-92-1	Lead	2.3	<del>U</del> J		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				MR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	3.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

Actual sample ID CLJ44-CU-036-RB was reduced to CU-036 due to software limitations.

U.S. EPA - CLP

EPA SAMPLE NO.

1  
TCLP INORGANIC ANALYSIS DATA SHEET

CU-016

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN1A

Matrix (soil/water): WATER

Lab Sample ID: 44914-003

Level (low/med): LOW

Date Received: 08/08/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				
7440-36-0	Antimony				
7440-38-2	Arsenic	2.8	U		P
7440-39-3	Barium	31.9	B		P
7440-41-7	Beryllium				
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				
7440-50-8	Copper				
7439-89-6	Iron				
7439-92-1	Lead	6.4	J		P
7439-95-4	Magnesium				
7439-96-5	Manganese				
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				
7440-09-7	Potassium				
7782-49-2	Selenium	3.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				
7440-28-0	Thallium				
7440-62-2	Vanadium				
7440-66-6	Zinc				
	Cyanide				

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

Actual field ID CLJ44-CU-016 was reduced to CU-016 due to software limitations.

U.S. EPA - CLP

EPA SAMPLE NO.

1  
**TCLP** INORGANIC ANALYSIS DATA SHEET

CU-017

Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN1A

Matrix (soil/water): WATER

Lab Sample ID: 44914-007

Level (low/med): LOW

Date Received: 08/08/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				
7440-36-0	Antimony				
7440-38-2	Arsenic	2.8	U		P
7440-39-3	Barium	31.9	B		P
7440-41-7	Beryllium				
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				
7440-50-8	Copper				
7439-89-6	Iron				
7439-92-1	Lead	10.3	J		P
7439-95-4	Magnesium				
7439-96-5	Manganese				
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				
7440-09-7	Potassium				
7782-49-2	Selenium	3.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				
7440-28-0	Thallium				
7440-62-2	Vanadium				
7440-66-6	Zinc				
	Cyanide				

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

Actual field ID CLJ44-CU-017 was reduced to CU-017 due to software limitations.

1  
**TCLP** INORGANIC ANALYSIS DATA SHEET

CU-018
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Lab Name: PACE INC., NE-NH

Contract: LEJEUNE

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN1A

Matrix (soil/water): WATER

Lab Sample ID: 44914-013

Level (low/med): LOW

Date Received: 08/08/95

\* Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				
7440-36-0	Antimony				
7440-38-2	Arsenic	2.8	U		P
7440-39-3	Barium	2.7	U		P
7440-41-7	Beryllium				
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				
7440-50-8	Copper				
7439-89-6	Iron				
7439-92-1	Lead	2.4	<del>U</del> J		P
7439-95-4	Magnesium				
7439-96-5	Manganese				
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				
7440-09-7	Potassium				
7782-49-2	Selenium	3.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				
7440-28-0	Thallium				
7440-62-2	Vanadium				
7440-66-6	Zinc				
	Cyanide				

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

Actual field ID CLJ44-CU-018-RB was reduced to CU-018 due to software limitations.

1  
 TCLP INORGANIC ANALYSIS DATA SHEET

TCU040

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN22

Matrix (soil/water): WATER

Lab Sample ID: 45514-012

Level (low/med): LOW

Date Received: 09/28/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	127	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

## Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-040.

U.S. EPA - CLP

EPA SAMPLE NO.

<sup>1</sup>  
TCLP INORGANIC ANALYSIS DATA SHEET

TCU041

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN22

Matrix (soil/water): WATER

Lab Sample ID: 45514-013

Level (low/med): LOW

Date Received: 09/28/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	102	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	2.2	B		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-041.

U.S. EPA - CLP

EPA SAMPLE NO.

<sup>1</sup>  
**TCLP** INORGANIC ANALYSIS DATA SHEET

TCU042

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN22

Matrix (soil/water): WATER

Lab Sample ID: 45514-014

Level (low/med): LOW

Date Received: 09/28/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	114	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	11.9			P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-042.

U.S. EPA - CLP

EPA SAMPLE NO.

<sup>1</sup>  
**TCLP** INORGANIC ANALYSIS DATA SHEET

4CU083
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Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN33

Matrix (soil/water): WATER

Lab Sample ID: 45614-009

Level (low/med): LOW

Date Received: 10/06/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	23.0			P
7440-39-3	Barium	61.9	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	6.1	B		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	18.7			P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL FIELD ID = CLJ44-CU-083



U.S. EPA - CLP

EPA SAMPLE NO.

1  
TCLP INORGANIC ANALYSIS DATA SHEET

CU083D

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN33

Matrix (soil/water): WATER

Lab Sample ID: 45614-010

Level (low/med): LOW

Date Received: 10/06/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	60.4	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	5.3	B		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	30.1			P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	25.2			P
7440-22-4	Silver	2.5	B		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL FIELD ID = CLJ44-CU-083D

U.S. EPA - CLP

EPA SAMPLE NO.

<sup>1</sup>  
TCLP INORGANIC ANALYSIS DATA SHEET

4CU084

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN33

Matrix (soil/water): WATER

Lab Sample ID: 45614-011

Level (low/med): LOW

Date Received: 10/06/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	19.9			P
7440-39-3	Barium	123	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL FIELD ID = CLJ44-CU-084

U.S. EPA - CLP

EPA SAMPLE NO.

1  
**TCLP** INORGANIC ANALYSIS DATA SHEET

4CU085

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN33

Matrix (soil/water): WATER

Lab Sample ID: 45614-012

Level (low/med): LOW

Date Received: 10/06/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	18.9			P
7440-39-3	Barium	139	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	2.2	B		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.7	U		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL FIELD ID = CLJ44-CU-085

U.S. EPA - CLP

EPA SAMPLE NO.

TCLP

1  
INORGANIC ANALYSIS DATA SHEET

4CU090

Lab Name: PACE INC., NE-NH

Contract: NEESAC

Lab Code:

Case No.: OHMRC

SAS No.:

SDG No.: MLJN35

Matrix (soil/water): WATER

Lab Sample ID: 45641-003

Level (low/med): LOW

Date Received: 10/10/95

% Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	17.8	U		P
7440-39-3	Barium	135	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	3.8	B		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	32.8	J		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before:

Clarity Before:

Texture:

Color After:

Clarity After:

Artifacts:

Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-090

U.S. EPA - CLP

EPA SAMPLE NO.

**TCLP** <sup>1</sup> INORGANIC ANALYSIS DATA SHEET

4CU100

Lab Name: PACE INC., NE-NH Contract: NEESAC  
 Lab Code: Case No.: OHMRC SAS No.: SDG No.: MLJN37  
 Matrix (soil/water): WATER Lab Sample ID: 45646-001  
 Level (low/med): LOW Date Received: 10/11/95  
 % Solids: 0.0

Concentration Units (ug/L or mg/kg dry weight): UG/L

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic	18.3	J		P
7440-39-3	Barium	98.6	B		P
7440-41-7	Beryllium				NR
7440-43-9	Cadmium	1.5	U		P
7440-70-2	Calcium				NR
7440-47-3	Chromium	4.8	B J		P
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead	10.8	U		P
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium	23.7	U		P
7440-22-4	Silver	1.9	U		P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Color Before: Clarity Before: Texture:  
 Color After: Clarity After: Artifacts:  
 Comments:

TCLP EXTRACT. FULL SAMPLE ID = CLJ44-CU-100

TOXICITY CHARACTERISTIC LEACHING PROCEDURE  
ANALYSIS FOR METALS CONSTITUENTS

Laboratory number: 45803 -003  
 Sample Designation: CLJ44-CU-111  
 Matrix: TCLP EXTRACT

Parameter		Result (mg/L)	Regulatory Limit (mg/L)	Reporting Limit (mg/L)
-----				
METALS	Date Analyzed			
Arsenic	10/31/95 17:33	BDL	5.0	.2
Barium	10/31/95 17:33	.1	100	.1
Cadmium	10/31/95 17:33	BDL	1.0	.005
Chromium	10/31/95 17:33	BDL	5.0	.01
Lead	10/31/95 17:33	BDL	5.0	.05
Mercury	10/31/95 12:58	BDL	0.2	.0003
Selenium	10/31/95 17:33	BDL	1.0	.2
Silver	10/31/95 17:33	BDL	5.0	.02

-----  
 Results uncorrected for matrix spike recovery.

APPENDIX D

DATA QUALIFIERS

## ORGANIC DATA QUALIFIERS

- U - Indicates that the compound was analyzed for but not detected at or above the Contract Required Quantitation Limit (CRQL), or the compound is not detected due to qualification through the method or field blank.
- J - The associated numerical value is an estimated quantity.
- JN - Tentatively identified with approximated concentrations (Volatile and Semi-Volatile Organics).  
  
Presumptively present at an approximated quantity (Pesticides/PCBs).
- UJ - The compound was analyzed for, but not detected. The sample quantitation limit is an estimated quantity due to variance in quality control limits.
- C - Applies to pesticide results where the identification has been confirmed by GC/MS.
- E - Reported value is estimated due to quantitation above the calibration range.
- D - Reported result taken from diluted sample analysis.
- A - Aldol condensation product.
- R - Reported value is unusable and rejected due to variance from quality control limits.
- NA - Not Analyzed.



## INORGANIC DATA QUALIFIERS

- U - Indicates analyte was not detected at or above the Contract Required Detection Limit (CRDL), or the compound is not detected due to qualification through the method or field blank.
- B - Indicates analyte result is between Instrument Detection Limit (IDL) and CRDL.
- J - Reported value is estimated due to variance from quality control limits.
- UJ - The element was analyzed for, but not detected. The sample quantitation limit is an estimate due to variance in quality control limits.
- E - Reported value is estimated because of the presence of interference.
- R - Reported value is unusable and rejected due to variance from quality control limits.
- N.A. Not Analyzed.

APPENDIX E

CASE NARRATIVES



August 28, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJN09  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 44862/44897/44898  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. between August 3rd and 5th, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. Sample shipments were checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 8/3/95 (44862): Samples were received in a cooler with a sample logged in under PACE# 44861. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. One of the two VOA vials received for the Field Blank was labeled "CLJ44-CU-007-RB". The other VOA vial was labeled as "CLJ44-CU-007-FB". The sampling dates and times on both vials were 8/2/95 and 0725, respectively. Per conversation with Rakesh Mishra (OHM), both VOA vials were to be analyzed as the field blank. Three containers were received for the Trip Blank. One of the VOA vials was analyzed for GRO and the remaining vials were analyzed for Volatiles by EPA Method 8240. The TCLP volatile target list is a subset of the Method 8240 list and is not reported or billed as a separate sample. Water samples requesting metals were subsampled and preserved upon receipt at PACE, since a separate preserved bottle was not provided by OHM.

Shipment received 8/5/95 (44897): Samples were received in coolers and assigned PACE Lab# 44897. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. One discrepancy was noted upon receipt at PACE: Field IDs listed on the bottle labels read "CC" rather than "CU" which was listed in the field IDs on the COC. Per conversation with Rakesh Mishra (OHM), the field IDs were listed incorrectly on the COC, and he requested that the samples be logged in the the "CC" as part of the field ID rather than "CU".

Shipment received 8/5/95 (44898): Samples were received in coolers and assigned PACE Lab# 44898. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. The TCLP volatile target list is a subset of the Method 8240 list and is not reported or billed as a separate sample. Water samples requesting metals were subsampled and preserved upon receipt at PACE, since a separate preserved bottle was not provided by OHM.

Volatiles Analysis: Samples were analyzed within holding time and in accordance with SW-846 methods with the following comments: The method 624 blanks "BC080495A1", "BC080795A1", "BV1117A" and "BV1117B" contained low levels of methylene chloride. The sample results for this analyte should be used with due consideration. Samples 44862-2, -16, -23 and 44898-10 were not at pH < 2 at time of analysis.



SDG Narrative  
Case: OHMRC, SDG: LJN09

GRO Analysis: Samples were analyzed within holding time and in accordance with SW-846 methods with the following comments: The surrogate was not quantitated in diluted samples. Laboratory numbers 44897-10, -10MS and -10MSD were spiked at the normal level. The recovery could not be quantitated in the presence of high levels of targets. Surrogate was not added to 44898-4 at the instrument.

DRO Analysis: Samples were analyzed within holding time and in accordance with SW-846 methods with the following comments: The spike recoveries for diesel for the laboratory control samples LSH1361, LSH1355 and LSH1357 were outside the control limits. A corrective action report has been initiated and the problem is currently being investigated. The following samples (laboratory number 44862-10 through -15 for Diesel Range Organics contained petroleum hydrocarbon products which did not match diesel.

Conventional Chemistry Parameters: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

Semivolatiles Analysis: Samples were analyzed within holding time and in accordance with SW-846 methods with the following comments: Control charts have been included but the lab is planning to reset the limits. There has been a slight change in procedure which requires that new limits be set once twenty points have been collected.

Oil and Grease Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

PCB Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

Metals Analysis: Samples were analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample matrices consisted of waters, soils, and TCLP extracts run as waters. Soils without TCLP extraction required analysis for lead only. Sample QC analyses were performed on soil CLJ44-CC-025 (4CC025). Due to software restrictions, sample field identifications were shortened to six characters. The correct full identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples. One high trend was evident for cadmium, but the LCS of batch 12423 brought it back into control.

Samples were prepared in four ICP batches and one mercury batch. Analyses were conducted in four sequences on three instruments:

- TJA01 08/09/95 for Ag, As, Ba, Cd, Cr, Pb, Se.
- TJA01 08/14/95 for Ag, As, Ba, Cd, Cr, Pb, Se.
- TJA02 08/09/95 for As, Pb, Se for non-TCLP samples.
- PE02 08/10/95 for Hg.

The TJA02 instrument achieves lower detection limits for As, Pb, and Se than the TJA01. Therefore, non-TCLP samples were run on the TJA02 instrument for these elements. Forms have different detection limits depending on which instrument was used. Standards met all compliance criteria. Blanks were also acceptable, although they had low hits on the TJA01 instrument for arsenic, lead, and selenium. This should not affect the TCLP sample data for which the action limits are high. The soil spike and duplicate results were acceptable for lead. Laboratory control sample data were also acceptable for all analytes of this project. The soil LCS was a reference solid which also received laboratory spike due to analyst error. Recovery of lead was calculated accordingly.



SDG Narrative  
Case: OHMRC, SDG: LJN09

Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

Richard Wellman, Operations Manager  
PACE Incorporated, New England-New Hampshire

August 28, 1995



## REPORT OF LABORATORY ANALYSIS

September 1, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

### SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJNI15  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 44991  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on August 15, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 8/15/95 (44991): All the samples listed on the COC were received in one cooler. Samples were logged in under PACE#s 44991, 44992, and 44993, each with its own verbal turnaround requirement. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. These samples were logged in for a 7-day turnaround per the request on the COC. One liter of the sample designated "CLJ44-CU-036-RB" was broken during the shipment of these samples. Rakesh Mishra (OHM) was notified of the breakage and requested that sample volume be stretched so that all the parameters could be performed on the rinse blank. An aliquot of the rinse blank was subsampled and preserved with nitric acid for metals analysis. A separate unpreserved aliquot was set aside for RCRA Characteristics.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: The laboratory control sample "LSH1367" and 44991-3 matrix spike for method 8015 analysis had high recovery for the analyte diesel.

Conventional Wet Chemistry Parameters: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

TCLP Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria. "CLJ-44-CU-036-RB" was analyzed for total analytes and was not subjected to the TCLP test.

Volatiles Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

Semivolatiles Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.



## REPORT OF LABORATORY ANALYSIS

SDG Narrative

Case: OHMRC, SDG: LJJN15

Metals Analysis: Samples were analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample matrices consisted of water and TCLP extracts run as waters. No sample QC was requested for this SDG. Due to software restrictions, sample field identifications were shortened to six characters. The correct full identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples. One high trend was evident for cadmium, but the LCS of batch 12423 brought it back into control.

Samples were prepared in two ICP batches and one mercury batch. Analyses were conducted in three sequences on four instruments:

TJA01 08/14/95 for Ag, As, Ba, Cd, Cr, Pb, Se.

TJA01 08/17/95 for Ag, As, Ba, Cd, Cr, Pb, Se.

TJA02 08/17/95 for Ag, As, Ba, Cd, Cr, Pb, Se.

PE02 08/23/95 for Hg.

The TJA02 instrument, located at Pace NE-ME, achieves lower detection limits for As, Pb, and Se than the TJA01. Standards met all compliance criteria. Blanks were also acceptable, although they had low hits on the TJA01 instrument for lead and selenium. This should not affect the TCLP sample data for which the action limits are high. Laboratory control sample data were also acceptable for all analytes of this project.

### Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

PACE Incorporated, New England-New Hampshire

September 1, 1995



## REPORT OF LABORATORY ANALYSIS

August 29, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450-  
Norcross, GA 30092

### SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJNI1A  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 44914  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on August 8, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 8/8/95 (44913): These samples were received and samples were logged in under PACE Lab Numbers 44913 and 44914. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Samples listed as Items 1-4 on the COC were logged in under PACE# 44914 for seven day turnaround. Samples listed as Items 5-8 on the COC were logged in under PACE# 44913 for 24 hour turnaround. No problems were encountered with the shipment of these samples.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: Laboratory numbers 44914-2, -6 and -11 for diesel range organics contained petroleum hydrocarbon products which did not match diesel.

Volatiles Analysis: The laboratory number 44914-10 submitted for volatiles analysis was not preserved to a pH < 2.

Metals Analysis: Samples were analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample matrices consisted of water and TCLP extracts run as waters. No sample QC was requested for this SDG. Due to software restrictions, sample field identifications were shortened to six characters. The correct full identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples. One high trend was evident for cadmium, but the LCS of batch 12423 brought it back into control.

Samples were prepared in two ICP batches and one mercury batch. Analyses were conducted in three sequences on three instruments:

TJA01 08/14/95 for Ag, As, Ba, Cd, Cr, Pb, Se.

TJA03 08/16/95 for Ag, As, Ba, Cd, Cr, Pb, Se.

PE02 08/17/95 for Hg.

The TJA03 instrument, located at Pace NE-ME, achieves lower detection limits for As, Pb, and Se than the TJA01. Standards met all compliance criteria. Blanks were also acceptable, although they had low hits on the TJA01 instrument for lead and selenium. This should not affect the TCLP sample data for which the action limits are high. Laboratory control sample data were also acceptable for all analytes of this project.





## REPORT OF LABORATORY ANALYSIS

### SDG Narrative

Case: OHMRC, SDG: LJNIA

TCLP Volatiles Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

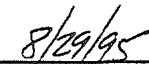
TCLP Semivolatiles Analysis: The control charts included, per NEESA C requirements, are in the process of accumulating 20 data points since a change was made in the method. Therefore, limits have yet to be established.

Conventional Chemistry Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

### Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

  
\_\_\_\_\_  
PACE Incorporated, New England-New Hampshire

  
\_\_\_\_\_  
August 29, 1995



## REPORT OF LABORATORY ANALYSIS

October 18, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

### SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJM22  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 45514  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on September 28, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 9/28/95 (45514): Samples were received in two coolers. The samples listed on COC #166725 were assigned PACE# 45514 (three-day turnaround) and 45515 (24-hour turnaround). A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Four one-liter volumes were received for the field blank associated with this shipment (Item 7). Reduced volume extractions were necessary to compensate for the reduced volumes received for this sample. No sample breakage occurred in this shipment. A separate test for lead was not logged in for the field blank (as indicated on the COC) since lead was already reported as a parameter under the "TCLP Metals" list of metals. Similarly, a single volatile analysis was performed in order to satisfy the requirement for "TCLP volatile" and "Volatile+BTEX(8240)" listed on the COC for the field blank.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: The following samples 45514-7, -8, -9, -10, and -11 for Diesel Range Organics contained petroleum hydrocarbon products which did not match diesel.

Volatiles Analysis: The tunes for the analysis day and the day on which the five point calibrations were run met all SW846 criteria.

The five point calibration met all SW846 acceptability criteria.

The continuing calibrations for all analysis dates met all SW846 criteria.

The recoveries and RPDs for spike compounds in the laboratory control sample set was within acceptability limits.

All samples were analyzed within a 12 hour analysis window. All samples were analyzed within hold time.

The IS areas for all samples analyzed were within the acceptability ranges.

Surrogate recoveries for all samples were within the acceptability limits.

The method 8240 blank "BG100195B2" contained low levels of methylene chloride. The sample results for this analyte should be used with due consideration.



## REPORT OF LABORATORY ANALYSIS

Laboratory blank "BG100295B2" failed control chart limits for the surrogate toluene-d8 at 92% recovery.

Laboratory number 45514-10 submitted for volatiles analysis was not preserved to a pH < 2.

The TCLP blank #399 and TCLP sample number 45514-12 contained tetrachloroethene and is due to laboratory contamination. Data quality is unaffected. Contamination is low compared to TCLP regulatory limits.

Manual integrations were performed and are listed on the enclosed form.

TCLP Semivolatiles: Samples were analyzed within holding time and in accordance with SW-846 methods. A TCLP-target list report was used for samples 45514-10 and -18 at the client's request. These two samples were waters, not TCLP extracts as might be assumed from the reports. Surrogate was inadvertently omitted during extraction of laboratory control sample LSA2467. However, spike recoveries in the LCS were all acceptable and the method blank demonstrated acceptable surrogate recoveries for the batch. Therefore data quality was unaffected.

Metals Analysis: Samples were analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample matrices consisted of waters and TCLP extracts run as waters. Sample QC analyses were not requested for this SDG. Due to software restrictions, sample field identifications were shortened to six characters. The correct full identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples.

Samples were prepared in one ICP batch and one mercury batch. Analyses were conducted in three sequences on three instruments:

TJA01 09/29/95 for As, Ba, Cd, Cr, Pb, Se, Ag.

TJA02 09/29/95 for As, Pb, Se for non-TCLP samples.

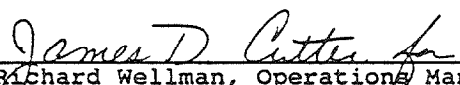
PE02 09/29/95 for Hg.

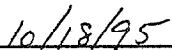
The TJA02 instrument achieves lower detection limits for As, Pb, and Se than the TJA01. Therefore, non-TCLP samples (waters) were run on the TJA02 instrument for these elements. The higher detection limits of TJA01 were acceptable for the TCLP extracts which have higher regulatory limits. Forms have different detection limits depending on which instrument was used. Standards met all compliance criteria. Blanks were also acceptable. The laboratory control samples showed acceptable analyte recoveries. No difficulties were encountered during metals analysis.

Conventional Parameters: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

### Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

  
Richard Wellman, Operations Manager  
PACE Incorporated, New England-New Hampshire

  
October 18, 1995



## REPORT OF LABORATORY ANALYSIS

October 26, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

### SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJN33  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 45614  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on October 6, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 10/6/95 (45614): Samples were received in one cooler and were assigned PACE# 45613 and 45614. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Samples assigned PACE Lab# 45614 were logged in for a 3-day turnaround per the request on the COC. Samples assigned PACE Lab# 45613 were logged in for 24-hour turnaround per the request on the COC.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: The method 8015 blank contained low levels of non-target interference. The sample results should be used with due consideration.

Laboratory number 45614-7 and -8 for diesel range organics contained petroleum hydrocarbon products which did not match diesel.

TCLP VOA Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

TCLP Semivolatile Analysis: The laboratory control sample "LSA2490" was spiked at half its normal amount. Recoveries were adjusted accordingly. Data quality is not affected.

Samples were analyzed within holding time and in accordance with SW846 methods. NEESA control charts revealed low recoveries for surrogates 2-fluorophenol and phenol-d5. This was a consequence of using the separatory funnel extraction method in order to meet rapid turnaround times. Separatory funnels do not extract these two surrogates as well as continuous extractors do, as shown by the control charts. However, data quality was maintained.

TCLP Metals Analysis: The TCLP samples were analyzed within holding time and in accordance with SW846 methods for the list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample QC analyses were not requested for this SDG. Due to software restrictions, the sample field identifications were shortened to six characters. The correct full identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples.



## REPORT OF LABORATORY ANALYSIS

The samples were prepared in one ICP batch and one mercury batch. Analyses were conducted in two sequences on two instruments:

TJA01 10/10/95 for As, Ba, Cd, Cr, Pb, Se, Ag.

PE02 10/11/95 for Hg.

Standards met all SW846 compliance criteria. Method blanks were free of contaminants but a few instrument blanks contained low levels of mercury, arsenic, or selenium. Because TCLP regulatory limits are so much higher than CLP reporting limits, the blank contamination was not believed to impact data useability. The laboratory control samples showed acceptable analyte recoveries. No difficulties were encountered during metals analysis.

Conventional Parameter Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

### Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

James D. Cutter  
PACE Incorporated, New England-New Hampshire

10/26/95  
October 26, 1995



## REPORT OF LABORATORY ANALYSIS

October 30, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

### SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJN35  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 45641  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on October 10, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 10/10/95 (45641): Samples were received in one cooler and were assigned PACE# 45640 and 45641. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Samples assigned PACE Lab# 45641 were logged in for a 3-day turnaround per the request on the COC. Samples assigned PACE Lab# 45640 were logged in for 24-hour turnaround per the request on the COC. The trip blank received with these samples (45640-9 and -18) contained pea-sized air bubbles.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: The method 8015 blank contained low levels of non-target interference. The sample results should be used with due consideration.

The matrix spike/spike duplicate for laboratory number 45641-2 had high recovery for the analyte diesel. This was a probable matrix effect.

TCLP & Volatile Analysis: The TCLP blank was analyzed by method 8260A. This method is applicable to all types of wastes and extracts. No targets were observed. Data quality is unaffected.

The method 8240 blank "BV1126B" contained low levels of methylene chloride. The sample results for this analyte should be used with due consideration.

TCLP & Semivolatile Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. NEESA control charts revealed low recoveries for surrogates 2-fluorophenol and phenol-d5. This was a consequence of using the separatory funnel extraction method in order to meet rapid turnaround times. Separatory funnels do not extract these two surrogates as well as continuous extractors do, as shown by the control charts. However, data quality was maintained.

Metals Analysis: Samples were analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample matrices consisted of water, solid, and TCLP extracts run as waters. Sample QC analyses were not requested for this SDG. Due to software restrictions, sample field identifications were shortened to six characters. The correct full



## REPORT OF LABORATORY ANALYSIS

SDG Narrative  
Case: OHMRC, SDG: L3N35

identifications have been included as comments on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples.

Samples were prepared in three ICP batches, two furnace batches, and one mercury batch. Analyses were conducted in six sequences on four instruments:

TJA01 10/10/95 for Ba, Cd, Cr, Pb, Ag.  
TJA01 10/11/95 for As, Ba, Cd, Cr, Pb, Se, Ag.  
PE01 10/18/95 for As.  
PE01 10/19/95 and 10/20/95 for Se.  
PE02 10/12/95 for Hg.

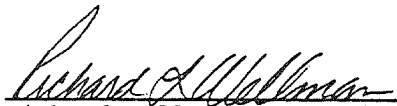
The higher detection limits obtained on ICP TJA01 for arsenic, lead, and selenium were adequate to quantitate the solid samples and TCLP extracts. The solid contained a moderate amount of lead, and the TCLP regulatory limits are high relative to the Instrument Detection Limit. Furnace instruments were used to analyze these elements in the water sample. Standards met all SW846 compliance criteria. Blanks were free of contaminants with the exception of low levels of arsenic and lead on TJA01. Because TCLP regulatory limits are so much higher than CLP reporting limits, the blank contamination was not believed to affect data useability. The laboratory control samples showed acceptable analyte recoveries. No difficulties were encountered during metals analysis.

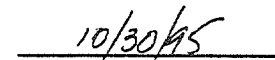
PCB Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

Conventional Wet Chemistry Parameters: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

### Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

  
Richard Wellman, Operations Manager  
PACE Incorporated, New England-New Hampshire

  
October 30, 1995



## REPORT OF LABORATORY ANALYSIS

October 30, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

### SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJN37  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 45646  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on October 11, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 10/11/95 (45646): Samples were received in one cooler and were assigned PACE# 45645 and 45646. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Samples assigned PACE Lab# 45646 were logged in for a 3-day turnaround per the request on the COC. Samples assigned PACE Lab# 45645 were logged in for 24-hour turnaround per the request on the COC.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: The method 8015 blank contained low levels of non-target interference. The sample results should be used with due consideration.

Laboratory numbers 45646-11, -13 and -15 through -19 for diesel range organics contained petroleum hydrocarbon products which did not match diesel.

Volatiles Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. TCLP Blank #405 contained tetrachloroethene at 23.9 ug/L. This was determined to be a laboratory contaminant of the extractor. Since this result was well below the action limits for the compound, data useability was not compromised. The instrument blank of 10/16/95 contained a low level of methylene chloride, which is not a TCLP analyte. Laboratory control samples demonstrated acceptable precision and accuracy for the method.

Semivolatile Analysis: Samples were analyzed within holding time and in accordance with SW846 methods. NEESA control charts revealed low recoveries for surrogates 2-fluorophenol and phenol-d5. This was a consequence of using the separatory funnel extraction method in order to meet rapid turnaround times. Separatory funnels do not extract these two surrogates as well as continuous extractors do, as shown by the control charts. However, data quality was maintained.

TCLP Metals Analysis: The TCLP sample was analyzed within holding time and in accordance with SW846 methods for the TCLP list of eight metals (Ag, As, Ba, Cd, Cr, Hg, Pb, Se). Sample QC analyses were not requested for this SDG. Due to software restrictions, the sample field identification was shortened to six characters. The correct full identification has been included as a comment on the Form I sample data. NEESA control charts showed acceptable recoveries for laboratory control samples.





## REPORT OF LABORATORY ANALYSIS

SDG Narrative

Case: OHMRC, SDG: L3N37

The sample was prepared in one ICP batch and one mercury batch. Analyses were conducted in two sequences on two instruments:

TJA01 10/13/95 for As, Ba, Cd, Cr, Pb, Se, Ag.

PE02 10/12/95 for Hg.

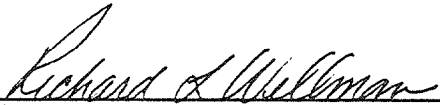
Standards met all SW846 compliance criteria. Method and instrument blanks were free of contaminants with the exception of low arsenic levels. Because TCLP regulatory limits are so much higher than CLP reporting limits, the blank contamination was not believed to affect data useability. The laboratory control samples showed acceptable analyte recoveries. No difficulties were encountered during metals analysis.

PCB Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

Conventional Wet Chemistry Parameters: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

### Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

  
Richard Wellman, Operations Manager  
PACE Incorporated, New England-New Hampshire

  
October 30, 1995



## REPORT OF LABORATORY ANALYSIS

November 20, 1995

OHM Remediation Services Corporation  
5335 Triangle Parkway  
Suite 450  
Norcross, GA 30092

### SAMPLE DELIVERY GROUP NARRATIVE

Case: OHMRC  
SDG: LJN42  
Laboratory: PACE New England - New Hampshire of Hampton, NH  
Lab Numbers: 45803  
Protocol: SW846 Methods. NEESA C deliverables. No diskette.

Sample Receipt: These samples were received at PACE, Inc. on October 27, 1995. Laboratory sample numbers were assigned for test parameters as listed on the Sample Table which follows this narrative. The sample shipment was checked for custody seal integrity and cooler temperature. Samples were checked for appropriate preservation and accuracy against the Chains-of-Custody provided. Other than the exceptions noted below, samples were received between 2-6° C and in good condition. PACE Sample Receipt Condition Reports can be found with the Chains-of-Custody.

Shipment received 10/27/95 (45803): Samples were received in one cooler and were assigned PACE# 45802 and 45803. A temperature blank was not included with the shipment, therefore the cooler temperature could not be verified upon receipt of samples at PACE. The samples were received cool, and had been packed on ice. Samples assigned PACE Lab# 45803 were logged in for a 7-day turnaround per the request on the COC. Samples assigned PACE Lab# 45802 were logged in for 24-hour turnaround.

GRO Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

DRO Analysis: The method 8015 blank "BH1438" contained low levels of non-target interference. The sample results should be used with due consideration. The following sample 45803-4 and -5 for Diesel Range Organics contained petroleum hydrocarbon products which did not match diesel.

TCLP Volatiles: The method 8240 blank "BC110195A1" contained low levels of methylene chloride. The sample results for this analyte should be used with due consideration.

TCLP Acid Base Neutrals: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

TCLP Metals: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

Inorganics Analysis: Analyses proceeded without difficulty. Matrix spikes and duplicates met all acceptance criteria.

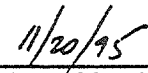


## REPORT OF LABORATORY ANALYSIS

### Statement of Compliancy and Data Authorization

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature.

  
\_\_\_\_\_  
PACE Incorporated, New England-New Hampshire

  
\_\_\_\_\_  
November 20, 1995

APPENDIX F

CHAIN - OF - CUSTODY FORMS



IM Corporation

# CHAIN-OF-CUSTODY RECORD

LAB COPY

Form 0019  
Field Technical Services  
Rev. 08/89

144099

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Levee D.O. 44</b>		PROJECT LOCATION <b>Camp Geiger, NC</b>	
PROJECT CONTACT <b>6487 Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)											REMARKS						
							TPH - GRD	TPH - DRD	TCLP Metals	TCLP Volatile	RCRA Haze Waste Char.	DEG-W PCB's	Total Lead	Volatile + BTX (8240)	TPH - GRD	TPH - DRD	TCLP Metals		TCLP Semi-Volatile					
CLJ44-CC-001	8/2	0645	X		Composite of Contaminated Soil from pile 1-5 of Area C.	4	X <sup>-1</sup>	X <sup>-9</sup>	X <sup>-18</sup>	X <sup>-19</sup>	X <sup>-9</sup>	X <sup>-28</sup>	X <sup>-1</sup>											On Trip Blank TCLP Volatile
CLJ44-CC-002-RB	8/2	0652	X		Rinsete Blank of contaminated soil of Area C	5	X <sup>-2</sup>	X <sup>-10</sup>	X <sup>-11</sup>		X <sup>-32</sup>		X <sup>-2</sup>											8240-1311 Volatile Constituents
CLJ44-CU-003	8/2	0702	X		Composite of Clean Soil from Pile 1 of Area C	4	X <sup>-3</sup>	X <sup>-11</sup>	X <sup>-21</sup>	X <sup>-20</sup>	X <sup>-35</sup>													only.
CLJ44-CU-004	8/2	0706	X		Composite of Clean Soil from Pile 2 of Area C.	4	X <sup>-4</sup>	X <sup>-12</sup>	X <sup>-21</sup>	X <sup>-21</sup>	X <sup>-34</sup>													
CLJ44-CU-005	8/2	0711	X		Composite of Clean Soil from Pile 3 of Area C	4	X <sup>-5</sup>	X <sup>-13</sup>	X <sup>-22</sup>	X <sup>-22</sup>	X <sup>-35</sup>													
CLJ44-CU-006-RB	8/2	0718	X		Rinsete Blank of Clean Soil of Area C	5	X <sup>-6</sup>	X <sup>-14</sup>	X <sup>-24</sup>	X <sup>-23</sup>	X <sup>-36</sup>													
CLJ44-007-FB	8/2	0728		X	Field Blank	8	X <sup>-7</sup>	X <sup>-15</sup>	X <sup>-25</sup>	X <sup>-25</sup>	X <sup>-37</sup>	X <sup>-29</sup>	X <sup>-16</sup>											
CLJ44-008-TB					Trip Blank	3	X <sup>-8</sup>			X <sup>-17</sup>			X <sup>-17</sup>											

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME
1	1-1			8/2	1325
2			Betty M' Murrell	8/3/95	1025
3					
4					

REMARKS: **Send sample to Pace Lab**  
**7 day TAT**

SAMPLER'S SIGNATURE



# CHAIN-OF-CUSTODY RECORD

LAB COPY

Form 0019  
Field Technical Services  
Rev. 08/89

166404

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Lejeune DO 44</i>		PROJECT LOCATION <i>Camp Greiner NC</i>	
IOJ. NO. <i>6487</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910-451-2577</i>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>	

NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS	
	TPH-G20	TPH-DEO	TCLP non-HL	TCLP Volatile	RCRA Haz Waste Chlor	RCRA Haz Waste Chlor	RCRA Haz Waste Chlor	RCRA Haz Waste Chlor	RCRA Haz Waste Chlor	RCRA Haz Waste Chlor		RCRA Haz Waste Chlor
4	X <sub>1</sub>	X <sub>5</sub>	X <sub>7</sub>	X <sub>8</sub>	X <sub>9</sub>							<i>44898</i>
4	X <sub>2</sub>	X <sub>6</sub>	X <sub>10</sub>	X <sub>11</sub>	X <sub>12</sub>							
5	X <sub>3</sub>	X <sub>4</sub>	X <sub>13</sub>	X <sub>14</sub>	X <sub>15</sub>							
2	X <sub>16</sub>			X <sub>17</sub>								

SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)
<i>CU44-CU-012</i>	<i>8/4</i>	<i>0630</i>	<i>X</i>		<i>Clean Soil from Pile 5 of Area C.</i>
<i>CU44-CU-013</i>	<i>8/4</i>	<i>0636</i>	<i>X</i>		<i>Clean Soil from Pile 6 of Area C.</i>
<i>CU44-CU-014</i>	<i>8/4</i>	<i>0644</i>	<i>X</i>		<i>Runate Blank</i>
<i>CU44-CU-015</i>	<i>8/4</i>				<i>Top Blank</i>

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME
1	<i>1-4</i>	<i>[Signature]</i>		<i>8/4</i>	<i>1400</i>
2			<i>[Signature]</i>	<i>8/5</i>	<i>1200</i>
3					
4					

REMARKS  
*Send samples to Pace Lab*  
*7 days TAT*  
*[Signature]*  
SAMPLER'S SIGNATURE

# CHAIN-OF-CUSTODY RECORD

166445

D.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME		PROJECT LOCATION			NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS
PROJECT NO.		PROJECT CONTACT		PROJECT TELEPHONE NO.		TPH-GRO	TPH-DRO	TCMP Metals	TCMP Semi-Volatile	RCRA HAZ	OCG	PCB	Volatile	Waste Char.		
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR				1	2	3	4	5	6	7	8	9	10	
SAMPLE NUMBER	DATE	TIME	COMP	GRAB		SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)										
Camp Lejeune D.O. 44		Camp Greer NC			1	X	X	X	X							
6487		Rakesh Mishra		910-451-2599		X	X	X	X							
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR				2	X	X	X	X						
		Tom Dunn / Randy Smith				3	X		X				X			
CU44-CU-035	8/14	1310	X			Clean soil from Pile 5 from Area C.										
CU44-CU-036	8/14	1316			Rinsate Blank from clean soil											
CU44-CC-037	8/14	1330			Contaminated soil from Pile 24 of Area C & B.	X	X			X						
CU44-CC-038	8/14	1335			Contaminated soil from Pile 25 of Area B.	X	X	X	X	X	X	X	X			
CU44-CC-039	8/14				Trap Blank	X		X				X				

000137

ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	<i>[Signature]</i>		8/14		send samples to Pace lab.
2		<i>[Signature]</i>	8/15/00	0920	Samples 1-2 7 days TAT
3					Samples 3-5 24 hr TAT (except TCMP analytes)
4					<i>[Signature]</i> SAMPLER'S SIGNATURE



OHM Corporation

# CHAIN-OF-CUSTODY RECORD

TRANSFER 2

Form 0019  
Field Technical Services  
Rev. 08/89

## 144100

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Lejeune D.O. 44</i>		PROJECT LOCATION <i>Camp Greiser, NC</i>	
PROJ. NO. <i>16487</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910-451-2599</i>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>	

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS						
								TP11-GRO	TP11-DRO	TCLP Metals	TCLP Volatile	RCRA Haz Waste	O&G	PCB, Total Lead	Volatile	BTEX	127		128					
1	CLJ44-CU-016	8/7	1040	X		Composite of clean soil from Pile 4 of Area C.	4	X	X	X	X	X												44914
2	CLJ44-CU-017	8/7	1050	X		Composite of clean soil from Pile 7 of Area C.	4	X	X	X	X	X												
3	CLJ44-CU-018-RE	8/7	1102			Rinsate Blank of clean soil of Pile 4 & 7 of Area C.	5	X	X	X	X	X												
4	CLJ44-CU-019-TB	8/7				Trip Blanks	3	X	X		X								X					
5	CLJ44-CC-020	8/7	1115	X		Composite of contaminated soil from Pile 13 of Area C.	4	X	X									X						
6	CLJ44-CC-021	8/7	1121	X		Composite of contaminated soil from Pile 14 of Area C.	4	X	X									X						
7	CLJ44-CC-022	8/7	1132	X		Composite of contaminated soil from Pile 15 of Area C.	4	X	X	X	X	X	X	X	X	X	X	X						
8	CLJ44-CC-023	8/7	1145	X		Composite of contaminated soil from Pile 16 of Area C.	4	X	X									X						
9																								
10																								

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-4	<i>[Signature]</i>				Send samples to Pace Lab. Samples 1-4 7days TAT. = 44914 Samples 5-8 24hr. TAT.
2						
3						
4						

*[Signature]*  
SAMPLER'S SIGNATURE



### CHAIN-OF-CUSTODY RECORD

166725

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Lejeune D.O. 44</i>		PROJECT LOCATION <i>Camp Geiger, NC</i>	
PROJ. NO. <i>16487</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910-451-2599</i>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>	

ANALYSIS DESIRED  
(INDICATE SEPARATE CONTAINERS)

TPH-GRO  
 TPH-DRO  
 TCLP Metals, TCLP Sem-Volatile  
 TCLP Volatile  
 RCRA Haz Waste Chlor.  
 PCBs  
 Volatile + BTEX (BLVD)  
 Total Lead

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS
1	<i>CLJ44-CU-040</i>	<i>9/27</i>	<i>0645</i>	<i>X</i>		<i>Clean Soil from Pile 9 of Area (C&amp;B)</i>	<i>4</i>
2	<i>CLJ44-CU-041</i>	<i>9/27</i>	<i>0655</i>	<i>X</i>		<i>Clean Soil from Pile 10 of Area B</i>	<i>4</i>
3	<i>CLJ44-CU-042</i>	<i>9/27</i>	<i>0705</i>	<i>X</i>		<i>Clean Soil from Pile 11 of Area B</i>	<i>4</i>
4	<i>CLJ44-CC-043</i>	<i>9/27</i>	<i>0715</i>	<i>X</i>		<i>Contaminated Soil from Pile 26 of Area B</i>	<i>4</i>
5	<i>CLJ44-CC-044</i>	<i>9/27</i>	<i>0720</i>	<i>X</i>		<i>Contaminated Soil from Pile 27 of Area B</i>	<i>4</i>
6	<i>CLJ44-CC-045</i>	<i>9/27</i>	<i>0725</i>	<i>X</i>		<i>Contaminated Soil from Pile 28 of Area B</i>	<i>4</i>
7	<i>CLJ44-CC-046 -FB</i>	<i>9/27</i>	<i>0730</i>	<i>X</i>		<i>Field Blank</i>	<i>8</i>
8	<i>CLJ44-CC-047 -RB</i>	<i>9/27</i>	<i>0745</i>	<i>X</i>		<i>Rinsate Blank</i>	<i>5</i>
9	<i>CLJ44-CC-048 -TB</i>	<i>9/27</i>				<i>Trap Blank</i>	<i>3</i>
10							

REMARKS

ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME
<i>1-9</i>	<i>[Signature]</i>	<i>Fed Ex</i>	<i>9/27</i>	<i>1200</i>
	<i>Fed Ex</i>	<i>Gretchen Frankeheim Pac</i>	<i>9/28/15</i>	<i>1000</i>

REMARKS

*Send Samples to Pace Lab*

*3 day TAT Sample 4-7 24 hr. TAT*

*Sample 1-3 & 7-9 3days TAT*

*[Signature]*

SAMPLER'S SIGNATURE

Final Page 4



# CHAIN-OF-CUSTODY RECORD

LAB COPY

Form 0015  
Field Technical Service:  
Rev. 08/85

166414

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O.44</b>		PROJECT LOCATION <b>Camp Geiger, NC</b>	
PROJ. NO. <b>16487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

NUMBER OF CONTAINERS

ANALYSIS DESIRED  
(INDICATE SEPARATE CONTAINERS)

*TPH-GRO  
TPH-DRO  
TCMP Metals  
TCMP Volatile  
PCPA Haz Waste Class  
OES  
PCB - Total Lead  
Volatile + BTEX (8245)*

45614

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED	REMARKS
1	CG44-CU-083	10/5	0800	X		Clean Soil from Pile 20 of Area A.	4	X <sup>1</sup> X <sup>3</sup> X X X -9	Please do not analyze
2	CG44-CU-083D	10/5	0800	X		Duplicate Clean Soil from Pile 20 of Area A.	4	X <sup>2</sup> X <sup>6</sup> X X X -10	Rinsate Blank.
3	CG44-CU-084	10/5	0810	X		Clean Soil from Pile 21 of Area A.	4	X <sup>3</sup> X <sup>7</sup> X X X -11	
4	CG44-CU-085	10/5	0815	X		Clean Soil from Pile 22 of Area A.	4	X <sup>4</sup> X <sup>8</sup> X X X -12	
5	CG44-CC-086	10/5	0825	X		Contaminated Soil from Pile 47 of Area A.	4	X X X X	
6	CG44-CC-087	10/5	0830	X		Contaminated Soil from Pile 48 of Area A.	4	X X X X	
7	CG44-CC-088 -RB	10/5	0845	X		Rinsate Blank	5	X X X X X	
8	CG44-CC-089 -TB					Trip Blank		X X X X	
9									
10									

Final Page

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-8	<i>[Signature]</i>	FedEx	10/5	1100	Send Samples to Pace Lab. Items 1-4 3days TAT. Items 5-8 24 hr. TAT.
2		FedEx	<i>[Signature]</i>	10/5	0845	
3						
4						

SAMPLER'S SIGNATURE





# CHAIN-OF-CUSTODY RECORD

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Form 0019  
Field Technical Services  
Rev. 08/89

166416

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune DO 44</b>		PROJECT LOCATION <b>Camp Geiger, NC</b>		NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)		45646								
PROJ. NO. <b>16487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>													
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>													
ITEM NO.	SAMPLE NUMBER	DATE	TIME						COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	TPH-CuRO	TPH-DRO	TELP Metals	TELP Volatile
1	CLJ44-CU-100	10/10	920	X		Clean Soil from Pile 24 of Area A.	X	X	X	X	X	-			Please Do not
2	CLJ44-CC-101	10/10	930	X		Contaminated soil from Pile 56 of Area A.	X	X					X		Analyze Rinsate
3	CLJ44-CC-102	10/10	935	X		Contaminated soil from Pile 57 of Area A.	X	X					X		Blank.
4	CLJ44-CC-103 RB	10/10	945	X		Rinsate Blank	X	X	X	X	X				
5	CLJ44-CC-104 TB	10/10				Trip Blank.	X		X				X		
6															
7															
8															
9															
10															

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-5	<i>[Signature]</i>		10/10	1300	Send samples to Pave LAB Item 1 & 4 3 days TAT Item 2, 3 & 5 24 hr. TAT
2						
3						
4						<i>[Signature]</i> SAMPLER'S SIGNATURE



# CHAIN-OF-CUSTODY RECORD

TRANSFER

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Field Technical Services  
Rev. 08/89

166458

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Lejeune, D.O.44</i>		PROJECT LOCATION <i>Camp Geer, NC</i>	
PROJ. NO. <i>16487</i>	PROJECT CONTACT <i>RAKESH Mishra</i>	PROJECT TELEPHONE NO. <i>410-451-2599</i>	
CLIENT'S REPRESENTATIVE <i>VADA Marshburn</i>		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Sandy Smith</i>	

NUMBER OF CONTAINERS

ANALYSIS DESIRED  
(INDICATE SEPARATE CONTAINERS)

~~Asbestos~~  
~~PCB~~  
~~TCDF~~  
~~TCDF Volatile~~  
~~TCDF Non-Volatile~~  
~~PCB Volatile~~  
~~PCB Non-Volatile~~  
~~Lead~~  
~~Mercury~~  
~~Other~~

45803

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	ANALYSIS DESIRED	REMARKS
1	1544-CC-10-S	10/26	0818		X		X X X X X	
2	1544-CC-10-T3	10/26	0839	X			X X X X X	Please Do Not
3	1544-CC-10-T3	10/26					X X X X X	Analyze Residue
4	1544-CC-10-T3	10/26	0802	X			X X X X X	Blank
5							1 2 3	

Final Page

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-4	<i>James R. Adams</i>	<i>RECEIVED 10/26/02</i>	10/26	12:00	Samples sent to PACE LAB Item # 1-3, 3 day TAT Item # 4, 7 day TAT
2						
3						
4						SAMPLER'S SIGNATURE <i>James R. Adams</i>

**Appendix F**  
**Chain-of-Custody**



OHM Corporation

# CHAIN-OF-CUSTODY RECORD

Form 0019  
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## Nº 116106

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526			
PROJECT NAME <i>Camp Geiger</i>				PROJECT LOCATION <i>Camp Geiger (Jacksonville, NC)</i>					
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Randy Smith</i>		PROJECT TELEPHONE NO. <i>(910) 451-2390</i>		ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)  <i>TPH-GRO TPH-DRO TCLP Metals TCLP Volatiles Sum. - Volatiles P.C.R.A. Areas Waste Char</i>			
CLIENT'S REPRESENTATIVE <i>Vance Marshall</i>				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn</i>					
NUMBER OF CONTAINERS		REMARKS <i>45122</i>							
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	ANALYSIS		
1	<i>CLJ44-BF-101</i>	<i>8/21</i>	<i>16:00</i>	<input checked="" type="checkbox"/>		<i>Composite Sample for backfill soils for Area C from South of Verout</i>	<i>2 402 2 802</i>		
2	<i>CLJ44-BF-102-TB</i>	<i>8/21</i>	<i>16:00</i>		<input checked="" type="checkbox"/>	<i>Field Blank</i>	<i>2 40ml</i>		
3									
4									
5									
6									
7									
8									
9									
10									

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	<i>122</i>	<i>Randy Smith</i>	<i>Fed-X</i>	<i>8/21</i>	<i>8:00</i>	<i>Shipped to Price 3 day T.A.T</i>  <i>[Signature]</i> SAMPLER'S SIGNATURE
2			<i>K. Lawson/Hawth</i>	<i>8/23</i>	<i>09:15</i>	
3						
4						

### Final Page



IM Corporation

# CHAIN-OF-CUSTODY RECORD

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Rev. 08/89

144399

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Levee D.O. 44</b>		PROJECT LOCATION <b>Camp Geiger, NC</b>	
PROJECT NO. <b>6487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)	REMARKS
	<i>TPH - GRD</i> <i>TPH - DRD</i> <i>TCLP Metals, TCLP Semi-Volatile</i> <i>TCLP Volatile</i> <i>PCRA HOC Waste Char.</i> <i>DEGW PCBs Total Lead</i> <i>Volatile + BTEX (8240)</i>	<b>44862</b>

SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED	REMARKS
CLJ44-CC-001	8/2	0645	X		Composite of Contaminated Soil from Pile 1-5 of Area C.	4	X <sup>-1</sup> X <sup>-4</sup> X <sup>-18</sup> X <sup>-19</sup> X <sup>-20</sup> X <sup>-21</sup>	On Trip Blank TCLP Volatile
CLJ44-CC-002- -RB	8/2	0652	X		Rinse Blank of contaminated soil of Area C	5	X <sup>-2</sup> X <sup>-10</sup> X <sup>-31</sup> X <sup>-32</sup> X <sup>-33</sup>	8240-1311 Volatile Constituents only.
CLJ44-CU-003	8/2	0702	X		Composite of Clean Soil from Pile 1 of Area C	4	X <sup>-3</sup> X <sup>-11</sup> X <sup>-20</sup> X <sup>-33</sup>	
CLJ44-CU-004	8/2	0706	X		Composite of Clean Soil from Pile 2 of Area C.	4	X <sup>-4</sup> X <sup>-12</sup> X <sup>-21</sup> X <sup>-21</sup> X <sup>-34</sup>	
CLJ44-CU-005	8/2	0711	X		Composite of Clean Soil from Pile 3 of Area C	4	X <sup>-5</sup> X <sup>-13</sup> X <sup>-22</sup> X <sup>-22</sup> X <sup>-35</sup>	
CLJ44-CU-006- -RB	8/2	0718	X		Rinse Blank of Clean Soil of Area C	5	X <sup>-6</sup> X <sup>-14</sup> X <sup>-23</sup> X <sup>-23</sup> X <sup>-36</sup>	
CLJ44-007-FB	8/2	0728		X	Field Blank	8	X <sup>-7</sup> X <sup>-15</sup> X <sup>-24</sup> X <sup>-24</sup> X <sup>-16</sup>	
CLJ44-008-TB					Trip Blank	3	X <sup>-8</sup> X <sup>-17</sup> X <sup>-17</sup>	

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-1	<i>[Signature]</i>		8/2	1325	Send sample to Pace Lab 7 day TAT  <i>[Signature]</i> SAMPLER'S SIGNATURE
2			Betty M. Morrell	8/3/95	1025	
3						
4						

0000348





OHM Corporation

# CHAIN-OF-CUSTODY RECORD

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144108

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Levee DO 44</i>		PROJECT LOCATION <i>Camp Greger</i>	
PROJ. NO. <i>16487</i>	PROJECT CONTACT <i>Randy Smith</i>	PROJECT TELEPHONE NO. <i>(910) 951-1809</i>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn</i>	

NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS <i>44436</i>
	<i>5030/8015</i>	<i>TPH</i>	<i>3550/8015</i>	<i>TPH</i>							

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)
1	CLJ44-AAS-010	6/20	1017		X	Soil Sample from Area A
2	CLJ44-RB	6/20	1019			Resate Blank
3	CLJ44-FB	6/20	1022			Field Blank
4	CLJ44-TB	6/20	1025			Trip Blank
5						
6						
7						
8						
9						
10						

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-4	<i>[Signature]</i>		6/20	1600	<i>48 hr. TAT</i>
2			<i>Betty McMorrell PACE NH</i>	6/21/95	10:00	
3						
4						

*[Signature]*  
SAMPLER'S SIGNATURE

0000038



OHM Corporation

# CHAIN-OF-CUSTODY RECORD

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Rev. 08/1

144100

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Lejeune D.O. 44</i>		PROJECT LOCATION <i>Camp Greiser, NC</i>	
PROJ. NO. <i>16487</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910-451-2599</i>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>	

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)											REMARKS								
								TPH-GRO	TPH-DRO	TCLP Metals	TCLP Volatile	PCRA Haz Waste	OC/G	PCB	Total Lead	Volatile + BTEX (8246)	TPH-GRO	TPH-DRO		TCLP Metals	TCLP Semi-Volatile						
1	CLJ44-CU-016	8/7	1040	X		Composite of clean soil from Pile 4 of Area C.	4	X	X	X	X	X															
2	CLJ44-CU-011	8/7	1050	X		Composite of clean soil from <del>Pile 4</del> Pile 7 of Area C.	4	X	X	X	X	X															
3	CLJ44-CU-015- -RB	8/7	1102			Rinsate Blank of clean soil of Pile 4 & 7 of Area C.	5	X	X	X	X	X															
4	CLJ44-CU-018 -TB	8/7				Trip Blanks	3	X			X					X											
5	CLJ44-CC-020	8/7	1115	X		Composite of contaminated soil from Pile 13 of Area C.	4	1-X	X-5				X-5														44913
6	CLJ44-CC-021	8/7	1121	X		Composite of contaminated soil from Pile 14 of Area C.	4	2-X	X-6				X-6														
7	CLJ44-CC-022	8/7	1132	X		Composite of contaminated soil from Pile 15 of Area C.	4	3-X	X-7	X-7	X-7	X-7	X-7	X-7	X-7	X-7	X-7										
8	CLJ44-CC-023	8/7	1145	X		Composite of contaminated soil from Pile 16 of Area C.	4	4-X	X-8		9		X-8														
9																											
10	<b>F</b>																										

TRANSFER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-8	<i>[Signature]</i>	<i>[Signature]</i>			Send samples to Pace Lab. Samples 1-4 7days TAT. Samples 5-8 24hr. TAT. = 44913
3			<i>[Signature]</i>	8/25	0915	
4						<i>[Signature]</i> SAMPLER'S SIGNATURE

5900066



# CHAIN-OF-CUSTODY RECORD

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**166402**

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O. 44</b>		PROJECT LOCATION <b>Camp Greer, NC</b>	
OJ. NO. <b>6487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS	
							TPH-GRO	TPH-DRO	TCP Metals	RCRA Haz Waste Char.	DEG	PCBs	Total Lead	TCLP Volatile	White + BTEX (P240)	44897		
CLJ44-CU-016	8/4	1030	X		Composite of contaminated soil from pile 1 of Area C	3	X <sup>-1</sup>	X <sup>-13</sup>			X <sup>-13</sup>							
CLJ44-CU-017	8/4	1040	X		Contaminated soil of pile 2 from Area C	3	X <sup>-2</sup>	X <sup>-14</sup>			X <sup>-14</sup>							
CLJ44-CU-018	8/4	1050	X		Contaminated soil of pile 3 from Area C	3	X <sup>-3</sup>	X <sup>-15</sup>			X <sup>-15</sup>							
CLJ44-CU-019	8/4	1100	X		Contaminated soil of pile 4 from Area C	3	X <sup>-4</sup>	X <sup>-16</sup>			X <sup>-16</sup>							
CLJ44-CU-020	8/4	1110	X		Contaminated soil of pile 5 from Area C	3	X <sup>-5</sup>	X <sup>-17</sup>			X <sup>-17</sup>							
CLJ44-CU-021	8/4	1120	X		Contaminated soil of pile 6 from Area C	3	X <sup>-6</sup>	X <sup>-18</sup>			X <sup>-18</sup>							
CLJ44-CU-022	8/4	1130	X		Contaminated soil of pile 7 from Area C	3	X <sup>-7</sup>	X <sup>-19</sup>			X <sup>-19</sup>							
CLJ44-CU-023	8/4	1140	X		Contaminated soil of pile 8 from Area C	3	X <sup>-8</sup>	X <sup>-20</sup>			X <sup>-20</sup>							
CLJ44-CU-024	8/4	1200	X		Contaminated soil of pile 9 from Area C	3	X <sup>-9</sup>	X <sup>-21</sup>			X <sup>-21</sup>							
CLJ44-CU-025	8/4	1210	X		Contaminated soil of pile 10 from Area C	4	X <sup>-10</sup>	X <sup>-22</sup>	X <sup>-23</sup>	X <sup>-24</sup>	X <sup>-22</sup>	X <sup>-23</sup>	X <sup>-24</sup>	X <sup>-25</sup>	X <sup>-26</sup>	X <sup>-27</sup>		

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-10	<i>[Signature]</i>		8/4	1400	Please send samples to fac lab 24 hr TAT
2			<i>[Signature]</i>	8/5/15	1310	
3						
4						

SAMPLER'S SIGNATURE

0000349





# CHAIN-OF-CUSTODY RECORD

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166404

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Leveaux DO 44</i>		PROJECT LOCATION <i>Camp Greer NC</i>	
IOJ. NO. <i>6487</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910451-2597</i>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>	

NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)						REMARKS <i>44898</i>
	<i>TPH-GRO</i>	<i>TPH-DEO</i>	<i>TCLP Metals</i>	<i>TCLP Volatile</i>	<i>PCRA Haz Waste</i>	<i>Semi-Volatile</i>	

SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)
<i>CU44-CU-012</i>	<i>8/4</i>	<i>0630</i>	<i>X</i>		<i>Clean Soil from Pile 5 of Area C.</i>
<i>CU44-CU-013</i>	<i>8/4</i>	<i>0636</i>	<i>X</i>		<i>Clean Soil from Pile 6 of Area C.</i>
<i>CU44-CU-014</i>	<i>8/4</i>	<i>0644</i>	<i>X</i>		<i>Runstate Blank</i>
<i>CU44-CU-015</i>	<i>8/4</i>				<i>Trip Blank</i>

4	X <sub>1</sub>	X <sub>5</sub>	X <sub>7</sub>	X <sub>8</sub>	X <sub>9</sub>													
4	X <sub>2</sub>	X <sub>6</sub>	X <sub>10</sub>	X <sub>11</sub>	X <sub>12</sub>													
5	X <sub>3</sub>	X <sub>4</sub>	X <sub>13</sub>	X <sub>14</sub>	X <sub>15</sub>													
2	X <sub>16</sub>			X <sub>17</sub>														

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME
1	1-4	<i>[Signature]</i>		<i>8/4</i>	<i>1400</i>
2			<i>[Signature]</i>	<i>8/5/95</i>	<i>1200</i>
3					
4					

REMARKS  
*Send samples to Proc Lab*  
*7 days TAT*

*[Signature]*  
SAMPLER'S SIGNATURE

0000351



# CHAIN-OF-CUSTODY RECORD

166405

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME		PROJECT LOCATION		ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)	NUMBER OF CONTAINERS	REMARKS			
PROJ. NO.	PROJECT CONTACT	PROJECT TELEPHONE NO.	CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR		
16487	Rakesh Mishra	910-45-2819	Jim Dunn / Randy Smith						
ITEM NO.	SAMPLE NUMBER	DATE	TIME				COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)
1	CJ44-CC-024	8/8	1102	X		Contaminated Soil from Pile 17 of Area C.			
2	CJ44-CC-025	8/8	1113	X		Contaminated Soil from Pile 18 of Area C.			
3	CJ44-CC-026	8/8	1120	X		Contaminated soil from Pile 19 of Area C.			
4	CJ44-CC-027	8/8	1132	X		Contaminated Soil from Pile 20 of Area C.			
5	CJ44-CC-027D	8/8	1132	X		Duplicate Contaminated soil from Pile 20 of Area C.			
6	CJ44-CC-028-RB	8/8	1140	X		Rinstate Blank of Contaminated Soil Pile 17-20 of Area C.			
7	CJ44-CC-029-TB	8/8				Top Blank			
8									
9									
10									

TPH-GRO  
TPH-DRO  
TCIP Metals, Trip Sample/Volume  
RCRA Haz Waste  
ORG  
P&B, Total Lead  
Volatile + BITEX (8240)

REMARKS 44928

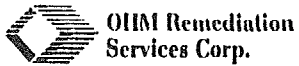
Do Not Analyze Sample #6 (CJ44-CC-028-RB).

Temp Met, VOA+ORG+Haz Waste ARE Job# 44929

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-7	<i>[Signature]</i>		8/8	1500	
2			<i>[Signature]</i>	8/19/95	0255	
3						
4						<i>[Signature]</i> SAMPLER'S SIGNATURE

100001

Final



# CHAIN-OF-CUSTODY RECORD

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Rev. 08/89

166406

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526														
PROJECT NAME <i>Camp Lejeune D.O. 44</i>				PROJECT LOCATION <i>Camp Greer, NC</i>																
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>		PROJECT TELEPHONE NO. <i>910-451-2599</i>																
CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>																
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS		
								<div style="display: flex; justify-content: space-around;"> <span>TPH-GRO</span> <span>TPH-DRO</span> </div>												
1	CLJ44-CS-001	8/9	1045		X	Sample from left west wall of excavation Area C.	3	X	X	14										
2	CLJ44-CS-002	8/9	1308		X	Sample from west wall of excavation Area C.	3	X	X	15										
3	CLJ44-CS-003	8/9	1102			Sample from south wall of excavation Area C.	3	X	X	16										
4	CLJ44-CS-004	8/9	1110			Sample from south wall of excavation Area C.	3	X	X	17										
5	CLJ44-CS-005	8/9	1115			Sample from east wall of excavation Area C.	3	X	X	18										
6	CLJ44-CS-006	8/9	1128			Sample from east wall of excavation Area C.	3	X	X	19										
7	CLJ44-CS-007	8/9	1135			Sample from North wall of excavation Area C.	3	X	X	20										
8	CLJ44-CS-008	8/9	1141			Sample from North wall of excavation Area C.	3	X	X	21										
9	CLJ44-CS-009	8/9	1148			Sample from North wall of excavation Area C.	3	X	X	22										
10	CLJ44-CS-010	8/9	1157			Sample from South wall of excavation Area C.	3	X	X	23										
TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS												
1	1-10	<i>[Signature]</i>		<i>[Signature]</i>		8/9	1500	Sand Samples to Pac Lab 3 days TAT NEESA C  <i>[Signature]</i> SAMPLER'S SIGNATURE												
2						8/9	1000													
3																				
4																				

0000031



# CHAIN-OF-CUSTODY RECORD

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Rev. 08/89

166408

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526														
PROJECT NAME <i>Camp Lejeune D.O.44</i>				PROJECT LOCATION <i>Camp Peeler, NC</i>																
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>		PROJECT TELEPHONE NO. <i>910-451-2599</i>																
CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>																
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS		
								<i>TPH-GRO TPH-DRO</i>												
1	<i>CLJ44-CS-002D</i>	<i>8/9</i>	<i>1157</i>		<i>X</i>	<i>Duplicate sample from east west wall of excavation Area C.</i>	<i>3</i>	<i>X</i>	<i>X</i>	<i>24</i>										
2	<i>CLJ44-CS-011-RB</i>	<i>8/9</i>	<i>1208</i>			<i>Rinsate Blank</i>	<i>5</i>	<i>X</i>	<i>X</i>	<i>25</i>										
3	<i>CLJ44-CS-012-TB</i>					<i>Trip Blank</i>	<i>2</i>	<i>X</i>	<i>X</i>	<i>13</i>										
4																				
5																				
6																				
7																				
8																				
9																				
10																				
TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS												
1	<i>1-3</i>	<i>[Signature]</i>		<i>[Signature]</i>		<i>8/9</i>	<i>1500</i>	<i>send samples to Pace Lab</i>												
2				<i>[Signature]</i>		<i>8/10/95</i>	<i>1000</i>	<i>3 days TAT</i>												
3								<i>NEESA-C</i>												
4								<i>[Signature]</i> SAMPLER'S SIGNATURE												

Final Page

0000032





# CHAIN-OF-CUSTODY RECORD

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**166409**

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O. 44</b>		PROJECT LOCATION <b>Camp Greger, NC</b>	
PROJ. NO. <b>16487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)	REMARKS
	<div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg); display: inline-block;"> TPH-RO TPH-DRD OEG </div>	

SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED	REMARKS
CG44-CC-032	8/10	1334	X		Contaminated Soil from Pile 21 of Area C.	4	1-X X X	Do not Analyze
CG44-CC-031	8/10	1339	X		Contaminated Soil from Pile 22 of Area C.	4	2-X X X	Rinsate Blank.
CG44-CC-032	8/10	1345	X		Contaminated Soil from Pile 23 of Area C.	4	3-X X X	
CG44-CC-033 -RB	8/10	1355			Rinsate Blank	5		
CG44-CC-034 -TB	8/10				Trap Blank	2	4-X	

Final Page

ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1		<i>[Signature]</i>	8/10	1500	Send Samples to Pace Lab. 24 hr. TAT.
2		<i>[Signature]</i>	8/10	1025	
3					
4					

*[Signature]*  
SAMPLER'S SIGNATURE

0000012



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166410

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526										
PROJECT NAME <i>Camp Lejeune D.O. 44</i>					PROJECT LOCATION <i>Camp Greer, NC</i>					NUMBER OF CONTAINERS  <i>TPH-GDD</i> <i>TPH-DRO</i>  <div style="font-size: 2em; font-weight: bold;">45513</div>
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>			PROJECT TELEPHONE NO. <i>910-451-2599</i>					
CLIENT'S REPRESENTATIVE					PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>					
ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)		REMARKS	
1	<i>CLJ44-CS-013</i>	<i>9/27</i>	<i>0715</i>		<i>X</i>	<i>Sample from North wall of excavation Area B.</i>	<i>X</i>	<i>X</i>		
2	<i>CLJ44-CS-014 -TB</i>	<i>9/27</i>					<i>X</i>	<i>3</i>		
3										
4										
5										
6										
7										
8										
9										
10										

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	<i>1-2</i>	<i>[Signature]</i>	<i>Fed Ex</i>	<i>9/27</i>	<i>1230</i>	<i>Send samples to Pace Lab</i>
2		<i>Fed Ex</i>	<i>Gretchen Frankheim</i>	<i>9/28/00</i>	<i>1000</i>	<i>3 days TAT</i>
3						<i>[Signature]</i>
4						SAMPLER'S SIGNATURE

First Page

0000037

CHAIN-OF-CUSTODY RECORD

166411

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O. 44</b>		PROJECT LOCATION <b>Camp Greiger, NC</b>	
PROJ. NO. <b>16487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-457-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR	

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS				
								TPH-GRO	TPH-DRO	TPH-Metals	TPH-Volatiles	PCRA Max. Waste	DEG	PCB	Volatiles	Total Lead	BTEX (B246)					
1	CLJ44-CC-049	9/28	0650	X		Clean Soil from Pile 12 of Area B	4	X	X	X	X	X										Please do not
2	CLJ44-CC-050	9/28	0700	X		Clean Soil from Pile 13 of Area B	4	X	X	X	X	X										Analyze Rinseate Blank.
3	CLJ44-CC-051	9/28	0710	X		Contaminated soil from Pile 29 of Area B	4	X	X					X								
4	CLJ44-CC-052	9/28	0720	X		Contaminated Soil from Pile 30 of Area B	4	X	X	X	X	X	X	X	X							
5	CLJ44-CC-053	9/28	0730	X		Contaminated soil from Pile 31 of Area B	4	X	X					X								
6	CLJ44-CC-054	9/28	0740	X		Contaminated Soil from Pile 32 of Area B	4	X	X					X								
7	CLJ44-CC-055	9/28	0750	X		Contaminated soil from Pile 33 of Area B	4	X	X					X								
8	CLJ44-CC-056 -TB	9/28		X		Trip Blank	3	X	X	X	X	X									X	
9	CLJ44-CC-057 -RB	9/28	0810	X		Rinseate Blank	5	X	X	X	X	X										
10																						

TRANSFER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
		<i>Field Exp</i>	<i>Gregory J. ... (ES) FedEx</i>	9/28	1515	
			<i>Gregory J. ... (ES) FedEx</i>			
						<i>Rakesh Mishra</i> SAMPLER'S SIGNATURE

0000150

# CHAIN-OF-CUSTODY RECORD

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O. 44</b>					PROJECT LOCATION <b>Camp Geiger, NC</b>					NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)								REMARKS												
PROJ NO <b>16487</b>		PROJECT CONTACT <b>Rakesh Mishra</b>			PROJECT TELEPHONE NO. <b>910-451-2599</b>								TPH-CRO			TPH-DRO		TCLP Metals		TCLP Volatile		RCRA Haz Waste		DEG		PCB		Volatile + BTEX (8240)			
CLIENT'S REPRESENTATIVE					PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>											TCLP Semi-Volatile		TCLP Waste Char.		Total Lead											
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)																									
1	CLJ44-CC-010	10/3	0640	X		Clean Soil from Pile 17 of Area A					4	(X)	(X)	(X)	(X)	(X)												Please do not Anal.			
2	CLJ44-CC-071	10/3	0650	X		Contaminated Soil from Pile 41 of Area A					4	(X)	(X)															Rinsate Blank.			
3	CLJ44-CC-072	10/3	0655	X		Contaminated Soil from Pile 42 of Area A					4	(X)	(X)																		
4	CLJ44-CC-073	10/3	0700	X		Contaminated Soil from Pile 43 of Area A					4	(X)	(X)																		
5	CLJ44-CC-074 -RB	10/3	0705	X		Rinsate Blank					5	X	X	X	X	X															
6	CLJ44-CC-075 -TB					Trip Blank					3	(X)		X																	

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-6	<i>Rakesh Mishra</i>		10/3	1100	Send samples to Gen Lab Sample 1 3 days TAT Sample 2-6 24 hr. TAT
2						
3						
4						

*Rakesh Mishra*  
SAMPLER'S SIGNATURE

# CHAIN-OF-CUSTODY RECORD

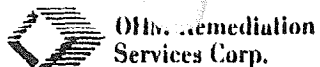
166413

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O. 44</b>		PROJECT LOCATION <b>Camp Geiger, NC</b>	
PROJECT NO. <b>6487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS					
							TPH-GRO	TPH-DRO	TELP Metals	TELP Volatile	TELP Semi-Volatile	PCB	Total Lead	Asbestos	Other	Other		Other	Other			
CU44-CU-016	10/4	0640	X		Clean Soil from Pile 18 of Area A.	4	X	X	X	X	X											
CU44-CU-017	10/4	0645	X		Clean Soil from Pile 19 of Area A.	4	X	X	X	X	X											
CU44-CC-018	10/4	0655	X		Contaminated Soil from Pile 44 of Area A.	4	X	X				X										
CU44-CC-019	10/4	0700	X		Contaminated Soil from Pile 45 of Area A.	4	X	X	X	X	X	X	X	X	X							
CU44-CC-020	10/4	0705	X		Contaminated Soil from Pile 46 of Area A.	4	X	X				X										
CU44-CC-021-RB	10/4	0715	X		Rinsate Blank	5	X	X	X	X	X											
CU44-CC-022-TB	10/4				Trip Blank	3	X			X												

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-7	<i>[Signature]</i>		10/4	1100	Send Samples to Pace Lab Items 1, 2 & 4 3 days TAT Items 3, 5, 6, 7 24 hr. TAT
2						
3						
4						<i>[Signature]</i> SAMPLER'S SIGNATURE



# CHAIN-OF-CUSTODY RECORD

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Rev.

166414

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O. 44</b>		PROJECT LOCATION <b>Camp Geiger, NC</b>	
IOJ. NO. <b>6487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

NUMBER OF CONTAINERS

ANALYSIS DESIRED  
(INDICATE SEPARATE CONTAINERS)

TPH-GRO  
 TPH-DRO  
 TCLP Metals  
 TCLP Volatile  
 RCRA Haz Waste  
 PCBs  
 Volatile + BTEX  
 Total Lead  
 BTEX (B24D)

SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED	REMARKS
CJ44-CU-083	10/5	0800	X		Clean Soil from Pile 20 of Area A.	4	TPH-GRO, TPH-DRO, TCLP Metals, TCLP Volatile, RCRA Haz Waste, PCBs, Volatile + BTEX, Total Lead, BTEX (B24D)	Please Do not analyze
CJ44-CU-083D	10/5	0800	X		Duplicate Clean Soil from Pile 20 of Area A.	4	TPH-GRO, TPH-DRO, TCLP Metals, TCLP Volatile, RCRA Haz Waste, PCBs, Volatile + BTEX, Total Lead, BTEX (B24D)	Rinse Blank.
CJ44-CU-084	10/5	0810	X		Clean Soil from Pile 21 of Area A.	4	TPH-GRO, TPH-DRO, TCLP Metals, TCLP Volatile, RCRA Haz Waste, PCBs, Volatile + BTEX, Total Lead, BTEX (B24D)	
CJ44-CU-085	10/5	0815	X		Clean Soil from Pile 22 of Area A.	4	TPH-GRO, TPH-DRO, TCLP Metals, TCLP Volatile, RCRA Haz Waste, PCBs, Volatile + BTEX, Total Lead, BTEX (B24D)	
CJ44-CC-086	10/5	0825	X		Contaminated Soil from Pile 47 of Area A.	4	TPH-GRO, TPH-DRO, TCLP Metals, TCLP Volatile, RCRA Haz Waste, PCBs, Volatile + BTEX, Total Lead, BTEX (B24D)	
CJ44-CC-087	10/5	0830	X		Contaminated Soil from Pile 48 of Area A.	4	TPH-GRO, TPH-DRO, TCLP Metals, TCLP Volatile, RCRA Haz Waste, PCBs, Volatile + BTEX, Total Lead, BTEX (B24D)	
CJ44-CC-088-RB	10/5	0845	X		Rinse Blank	5	TPH-GRO, TPH-DRO, TCLP Metals, TCLP Volatile, RCRA Haz Waste, PCBs, Volatile + BTEX, Total Lead, BTEX (B24D)	
CJ44-CC-089-TB					Trip Blank		TPH-GRO, TPH-DRO, TCLP Metals, TCLP Volatile, RCRA Haz Waste, PCBs, Volatile + BTEX, Total Lead, BTEX (B24D)	

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-8	<i>[Signature]</i>		10/5	1100	Send Samples to Pace Lab. Items 1-4 3 days TAT. Items 5-8 24 hr. TAT.
2						
3						
4						

*[Signature]*  
SAMPLER'S SIGNATURE

CHAIN-OF-CUSTODY RECORD

166415

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526			
PROJECT NAME <i>Camp Lejeune D.O. 44</i>				PROJECT LOCATION <i>Camp Greer, NC</i>					
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>		PROJECT TELEPHONE NO. <i>910-451-2599</i>		ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS) <i>TPH-GRO</i> <i>TPH-DRO</i> <i>TCUP Metals</i> <i>TCUP Volatile</i> <i>Repa. Haz Waste Char.</i> <i>D.G.</i> <i>PCB, Total Lead</i> <i>Volatile + BTEX</i>			
CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>					
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB			SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS
1	<i>CLJ44-CC-078</i>	<i>10/9</i>	<i>0700</i>	<i>X</i>		<i>Clean Soil from Pile 23 of Area A.</i>	<i>4</i>		
2	<i>CLJ44-CC-079</i>	<i>10/9</i>	<i>0715</i>	<i>X</i>		<i>Contaminated soil from Pile 49 of Area A.</i>	<i>4</i>		
3	<i>CLJ44-CC-072</i>	<i>10/9</i>	<i>0720</i>	<i>X</i>		<i>Contaminated Soil from Pile 50 of Area A.</i>	<i>4</i>		
4	<i>CLJ44-CC-073</i>	<i>10/9</i>	<i>0725</i>	<i>X</i>		<i>Contaminated Soil from Pile 51 of Area A.</i>	<i>4</i>		
5	<i>CLJ44-CC-074</i>	<i>10/9</i>	<i>0730</i>	<i>X</i>		<i>Contaminated Soil from Pile 52 of Area A.</i>	<i>4</i>		
6	<i>CLJ44-CC-075</i>	<i>10/9</i>	<i>0735</i>	<i>X</i>		<i>Contaminated Soil from Pile 53 of Area A.</i>	<i>4</i>		
7	<i>CLJ44-CC-076</i>	<i>10/9</i>	<i>0740</i>	<i>X</i>		<i>Contaminated Soil from Pile 54 of Area A.</i>	<i>4</i>		
8	<i>CLJ44-CC-077</i>	<i>10/9</i>	<i>0745</i>	<i>X</i>		<i>Contaminated Soil from Pile 55 of Area A.</i>	<i>4</i>		
9	<i>CLJ44-CC-078</i> <i>-RB</i>	<i>10/9</i>	<i>0801</i>	<i>X</i>		<i>Roadside Blank</i>	<i>5</i>		
10	<i>CLJ44-CC-079</i> <i>-TB</i>	<i>10/9</i>				<i>Trip Blank</i>	<i>3</i>		
TRANSFER NUMBER		ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS
1		<i>-10</i>	<i>[Signature]</i>		<i>Fed. Ex</i>		<i>10/9</i>	<i>1300</i>	<i>Send Samples to Peer Lab.</i>
2			<i>Fed. EP</i>		<i>Griffin Trans. Mem</i>		<i>10/10/9</i>	<i>0930</i>	<i>Item 1 3 days TAT</i>
3									<i>Item 2-10 24hr. TAT (except TCUP analysis)</i>
4									<i>[Signature]</i> SAMPLER'S SIGNATURE

0000024

Final Page



# CHAIN-OF-CUSTODY RECORD

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Rev. 08/89

166416

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Lejeune DO 44</i>		PROJECT LOCATION <i>Camp Greger, NC</i>		ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)
PROJ. NO. <i>16487</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910-451-2599</i>		
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>		

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED											REMARKS
								TPH-CRO	TPH-DRO	TEP-Metals	TEP-Volatile	RCRA Haz Waste	OCG	PCB, Total Lead	Volatile + BTX (8240)				
1	<i>CLJ44-CU-100</i>	<i>10/10</i>	<i>920</i>	<i>X</i>		<i>Clean soil from pile 24 of Area A.</i>		<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>						<i>Please Do not</i>	
2	<i>CLJ44-CC-101</i>	<i>10/10</i>	<i>930</i>	<i>X</i>		<i>Contaminated soil from pile 56 of Area A</i>	<i>1</i>	<i>X</i>	<i>X</i>	<i>4</i>				<i>X-4</i>				<i>Analyze Rinsate</i>	
3	<i>CLJ44-CC-102</i>	<i>10/10</i>	<i>935</i>	<i>X</i>		<i>Contaminated soil from pile 57 of Area A.</i>	<i>2</i>	<i>X</i>	<i>X</i>	<i>5</i>				<i>X-5</i>				<i>Blank.</i>	
4	<i>CLJ44-CC-103 RB</i>	<i>10/10</i>	<i>945</i>	<i>X</i>		<i>Rinsate Blank</i>		<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>							
5	<i>CLJ44-CC-104 TB</i>	<i>10/10</i>				<i>Trip Blank.</i>	<i>3</i>	<i>X</i>			<i>X-6</i>				<i>X-6</i>				
6																			
7																			
8																			
9																			
10																			

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
	<i>1-5</i>	<i>[Signature]</i>		<i>10/10</i>	<i>1300</i>	<i>Send samples to FIVE LAB</i>
	<i>2</i>		<i>[Signature]</i>	<i>10/10</i>	<i>0930</i>	<i>Item 1 &amp; 4 3 days TAT</i>
	<i>3</i>					<i>Item 2, 3, 4, 5 24 hr. TAT</i>
						<i>[Signature]</i> SAMPLER'S SIGNATURE

Final Page

0000023




# CHAIN-OF-CUSTODY RECORD

166417

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune D.O.44</b>		PROJECT LOCATION <b>Camp Geiger, NC</b>	
PROJ NO. <b>16487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

ITEM NO	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS				
								TPH-GRO	TPH-DRO													
1	C1544-CS-015	10/10	1000	X		See Graph Map - <del>002</del> AG 015	2	X	X													
2	C1544-CS-016	10/10	1005	X		See Graph Map - <del>003</del> AG 016	2	X	X													
3	C1544-CS-017	10/10	1010	X		See Graph Map - <del>004</del> AG 017	2	X	X													
4	C1544-CS-018	10/10	1015	X		See Graph Map - <del>005</del> AG 018	2	X	X													
5	C1544-CS-019	10/10	1020	X		See Map - <del>006</del> AG 019	2	X	X													
6	C1544-CS-020	10/10	1025	X		See Map - <del>007</del> AG 020	2	X	X													
7	C1544-CS-021	10/10	1030	X		See Map - <del>008</del> AG 021	2	X	X													
8	C1544-CS-022	10/10	1035	X		See Map - <del>009</del> AG 022	2	X	X													
9																						
10																						

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
2						
3						
4						 SAMPLER'S SIGNATURE

**CHAIN-OF-CUSTODY RECORD**

166422

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Levene D.O.44</i>		PROJECT LOCATION <i>Camp Geiger, NC</i>		ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)	<i>TPH-GRO TPH-DRO Trace Metals TCF Volatile RCRA Haz Waste D/G PCB Volatile + BTEX (8240)</i>						
PROJ. NO. <i>16487</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910-451-2599</i>									
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>									
ITEM NO.	SAMPLE NUMBER	DATE	TIME								
1	CLJ44-CC-105	10/19	1035		X	Contaminated Soil from Pile 58 of Area A.	1	X X Z X Z			
2	CLJ44-CC-106 -RB	10/19	1045	X		Rinsate Blank	2	X X X X X	-10 metals		
3	CLJ44-CC-107 -TB					Trip Blank		X X X			
4	CLJ44-SB03-4	10/20	0815		X	Soil Sample at 4' from Area D	3	X X			
5	CLJ44-SB01-4	10/20	0825		X	Soil Sample at 4' from Area D	1	X X			
6	CLJ44-SB02-4	10/20	0835		X	Soil Sample at 4' from Area D	5	X X			
7	CLJ44-SB04-4	10/20	0845		X	Soil Sample at 4' from Area D	6	X X			
8											
9											
10											

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
	1-7	<i>[Signature]</i>	FED EX Air Bil. #	10/20	1300	Send samples to Pace Lab. Items 1, 2 & 4-7 24hr. TAT = 45748
	3		<i>[Signature]</i>	10/21/05	1200	Item #3 3 days TAT
	4					<i>[Signature]</i> SAMPLER'S SIGNATURE

Final Page

# CHAIN-OF-CUSTODY RECORD

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Lejeune DO 44</i>		PROJECT LOCATION <i>Camp Geiger, NC</i>		NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS) <i>TPH-GRD</i> <i>TPH-DRD</i>  <b>45750</b> REMARKS																	
PROJ. NO. <i>16487</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910-451-2599</i>																				
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>																				
ITEM NO.	SAMPLE NUMBER	DATE	TIME												COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)					
1	<i>CLJ44-CS-023</i>	<i>10/20</i>	<i>0900</i>		<i>X</i>	<i>See Map - 010</i>					<i>1-X</i>	<i>X</i>										
2	<i>CLJ44-CS-024</i>	<i>10/20</i>	<i>0905</i>		<i>X</i>	<i>See Map - 011</i>					<i>2-X</i>	<i>X</i>										
3	<i>CLJ44-CS-025</i>	<i>10/20</i>	<i>0910</i>		<i>X</i>	<i>See Map - 012</i>					<i>3-X</i>	<i>X</i>										
4																						
5																						
6																						
7																						
8																						
9																						
10																						

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	<i>1-3</i>	<i>[Signature]</i>	<i>FEDEX AIRBIL#</i>			<i>send samples to Pace Lab</i>
2		<i>FedEx</i>	<i>[Signature]</i>	<i>12/19/05</i>	<i>1200</i>	<i>7 days TAT</i>
3						<i>[Signature]</i>
4						GAMPEER'S SIGNATURE

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0000031

CHAIN-OF-CUSTODY RECORD

166445

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME		PROJECT LOCATION		NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)	REMARKS
PROJ. NO.	PROJECT CONTACT	PROJECT TELEPHONE NO.	CLIENT'S REPRESENTATIVE			
PROJECT MANAGER/SUPERVISOR						
ITEM NO.	SAMPLE NUMBER	DATE	TIME			
Camp Lejeune D.O. 44		Camp Greer, NC				
16487	Rakesh Mishra	910-451-2599				
Jim Dunn / Randy Smith						
1	CLJ44-CU-035	8/14	1310	X		Clean soil from Pile 3 from Area C.
2	CLJ44-CU-036 -RB	8/14	1316			Rinsate Blank from clean soil
3	CLJ44-CC-037	8/14	1330			Contaminated soil from Pile 24 of Area C & B.
4	CLJ44-CC-038	8/14	1335			Contaminated soil from Pile 25 of Area B.
5	CLJ44-CC-039 -TB	8/14				Top Blank
6						
7						
8						
9						
10						

TPH-GRO  
 TPH-DRO  
 TCLP Metals  
 TCLP Volatile  
 RCRA HAZ  
 O&G  
 PCB  
 Volatile  
 Total Lead  
 Volatile + BTEX (8240)

44991-134-7

000137

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-5			8/14		send samples to Pace lab.
2				8/14		Samples 1-2 7days TAT
3						Samples 3-5 24 hr TAT (except TCLP analytes)
4						 SAMPLER'S SIGNATURE

CHAIN-OF-CUSTODY RECORD

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526		
PROJECT NAME Camp Lejeune, D.O.44				PROJECT LOCATION Camp Geiger, NC				
PROJ. NO. 16487		PROJECT CONTACT RAKESH Mishra		PROJECT TELEPHONE NO. 910-451-2599				
CLIENT'S REPRESENTATIVE VANN Marshburn				PROJECT MANAGER/SUPERVISOR Jim Dunn / Randy Smith				
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)	
1	CLJ44-CC-108	10/26	0818		X	Contaminated Soil from Pile 59 of AREA A	TPH-GRO TPH-PRO TCLP metals TCLP Volatile RCRA HAZ D+G PCB Volatile + Total Lead	
2	CLJ44-CC-109-RB	10/26	0839	X		Rinseate Blank		
3	CLJ44-CC-110-TB	10/26				Trip BLANK		
4	CLJ44-CU-111	10/26	0802	X		Clean soil from Pile 25 of AREA A		
5								
6								
7								
8								
9								
10								
TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS
1	1-4	Coron R. Acorn		FED-EX # 6921490925		10/26	1700	Samples sent to PACE LAB Item # 1-3, 24 hour TAT Item # 4, 7 day TAT
2				K. Harrison Pace NH		10/27/85	1300	
3								
4								
								SAMPLER'S SIGNATURE Coron R. Acorn

NUMBER OF CONTAINERS

TPH-GRO  
TPH-PRO  
TCLP metals  
TCLP Volatile  
RCRA HAZ  
D+G  
PCB  
Volatile + Total Lead

45802  
REMARKS

Please Do NOT Analyze Rinseate Blank

6NF 10/27/85  
\* Not Reg. (E19)

Final Page

0000021

# CHAIN-OF-CUSTODY RECORD

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526												
PROJECT NAME <i>Camp Lejeune</i>				PROJECT LOCATION <i>Camp Geiger, NC.</i>														
PROJ NO <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>		PROJECT TELEPHONE NO. <i>(910) 451-2599</i>														
CLIENT'S REPRESENTATIVE <i>VANN Marshburn</i>				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>														
ITEM NO	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS
								DRO	GRD									
1	CL544-CU-041				X	Stockpile # 10 Clean	1-4oz	X	X									<p style="font-size: 2em; font-weight: bold;">}</p> <p>For original Times Dates and original Refer to original C.O.C.'s</p>
2	CL544-CU-058				X	Stockpile # 14 Clean	1-4oz	X	X									
3	CL544-CU-059				X	Stockpile # 15 Clean	1-4oz	X	X									
4	CL544-CU-060				X	Stockpile # 16 Clean	1-4oz	X	X									
5	CL544-CU-076				X	Stockpile # 18 Clean	1-4oz	X	X									
6	CL544-CU-077				X	Stockpile # 19 Clean	1-4oz	X	X									
7	CL544-CU-93				X	Stockpile # 20 Clean	1-4oz	X	X									
8	CL544-CU-083D				X	Stockpile # 20D Clean	1-4oz	X	X									
9	CL544-CU-090				X	Stockpile # 23 Clean	1-4oz	X	X									
10																		
TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS										
1	1-9	<i>Robert R. Acorn</i>		FEDEX # 6921490936		10/31	1700	24 hour TAT. Please fax Data To (910) 451-1809										
2																		
3																		
4								SAMPLER'S SIGNATURE <i>Robert R. Acorn</i>										

# CHAIN-OF-CUSTODY RECORD

1 of 2

166464

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME		PROJECT LOCATION		NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)					REMARKS
Camp Lejeune D.O. 44		Camp Geiger, N.C.			TPH-GRO	TPH-PRO	TCLP METALS	TCLP Volatile	PCRA HAZ waste char.	
PROJ NO.	PROJECT CONTACT	PROJECT TELEPHONE NO.								
16487	Alan Whitt	910-451-2599								
CLIENT'S REPRESENTATIVE			PROJECT MANAGER/SUPERVISOR							
Van Marshburn			Jim Dunn/Alan Whitt							
ITEM NO	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)				
1	CLJ44-CU-001A	11/15	0815	X		Composite of 6 grabs from grid #1				2-4oz 2-8oz
2	CLJ44-CU-002A	11/15	0830	X		Composite of 6 grabs from grid #2				2-4oz 2-8oz
3	CLJ44-CU-003A	11/15	0835	X		Composite of 6 grabs from grid #3				2-4oz 2-8oz
4	CLJ44-CU-004A	11/15	0845	X		Composite of 6 grabs from grid #4				2-4oz 2-8oz
5	CLJ44-CU-005A	11/15	0900	X		Composite of 6 grabs from grid #5				2-4oz 2-8oz
6	CLJ44-CU-006A	11/15	0905	X		Composite of 6 grabs from grid #6				2-4oz 2-8oz
7	CLJ44-CU-007A	11/15	0920	X		Composite of 6 grabs from grid #7				2-4oz 2-8oz
8	CLJ44-CU-008A	11/15	0945	X		Composite of 6 grabs from grid #8				2-4oz 2-8oz
9	CLJ44-CU-009A	11/15	1001	X		Composite of 6 grabs from grid #9				2-4oz 2-8oz
10	CLJ44-CU-010A	11/15	1017	X		Composite of 6 grabs from grid #10				2-4oz 2-8oz

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-10	Gregory R. Aron	Fed-EX 6921490973	11/15	1700	Need Results by the 21 <sup>st</sup> of November. Please Fax Results to (910) 451-1809. Thanks.  Samples sent to ASC LAB
2						
3						



# CHAIN-OF-CUSTODY RECORD

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Form 0019  
Field Technical Services  
Rev. 08/89

166687

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <b>Camp Lejeune DO44</b>		PROJECT LOCATION <b>Camp Greger, NC</b>	
PROJ. NO. <b>16487</b>	PROJECT CONTACT <b>Rakesh Mishra</b>	PROJECT TELEPHONE NO. <b>910-451-2599</b>	
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <b>Jim Dunn / Randy Smith</b>	

ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)										REMARKS					
								TPH - GRC	TPH - DRG	TCLP Metals	TCLP Volatile	RCA Haz Waste	DEG	PCB	Volatile + Total Lead	Volatile + BTEx (8240)							
1	C1544-CC-058	10/2	0645	X		Clean Soil from Pile 14 of Area A	4	X	X	X	X	X											
2	C1544-CC-059	10/2	0650	X		Clean Soil from Pile 15 of Area A	4	X	X	X	X	X											
3	C1544-CC-060	10/2	0700	X		Clean Soil from Pile 16 of Area A	4	X	X	X	X	X											
4	C1544-CC-061	10/2	0715	X		Contaminated Soil from Pile 34	4	X	X				X										
5	C1544-CC-062	10/2	0720	X		Contaminated Soil from Pile 35	4	X	X	X	X	X	X	X	X	X							
6	C1544-CC-063	10/2	0725	X		Contaminated soil from Pile 36	4	X	X				X										
7	C1544-CC-064	10/2	0730	X		Contaminated soil from Pile 37	4	X	X				X										
8	C1544-CC-065	10/2	0735	X		Contaminated soil from Pile 38	4	X	X				X										
9	C1544-CC-066	10/2	0740	X		Contaminated soil from Pile 39	4	X	X				X										
10	C1544-CC-067	10/2	0745	X		Contaminated soil from Pile 40	4	X	X	X	X	X	X	X	X	X							

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1-10	<i>Rakesh Mishra</i>	Fed Ex	10/2	1330	Send Samples to Pace Lab Item # 1-3 3days TAT Item # 4-10 24 hr. TAT (except TCLP analysis)
2		Fed Ex	Gratche-Tier 1 main PAC	10/31/95	0915	
3						<i>Rakesh Mishra</i> SAMPLER'S SIGNATURE
4						

0000238





# CHAIN-OF-CUSTODY RECORD

LAB COPY

Form 0019  
Field Technical Services  
Rev. 08/89

166688

O. H. MATERIALS CORP. • P. O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Lepuna D.D.44</i>		PROJECT LOCATION <i>Camp Greer, NC</i>		NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)  <div style="display: flex; justify-content: space-around; font-size: 10pt;"> <span>TPH - G RO</span> <span>TPH - DRO</span> <span>TCUP Metals</span> <span>TCUP Volatile</span> <span>RCRA Haz Waste</span> <span>DLG</span> <span>PCB</span> <span>Total Lead</span> <span>Volatile + BTEX (8246)</span> </div>																	
PROJ. NO. <i>16457</i>	PROJECT CONTACT <i>Rakesh Mishra</i>	PROJECT TELEPHONE NO. <i>910-451-2599</i>																				
CLIENT'S REPRESENTATIVE		PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>																				
ITEM NO.	SAMPLE NUMBER	DATE	TIME									COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)								
1	<i>CLJ44-CC-068 -BB</i>	<i>10/2</i>	<i>0805</i>	<i>X</i>		<i>Rinsate Blank</i>		5	<i>X X X X X</i>													
2	<i>CLJ44-CC-069 -TB</i>					<i>Trip Blank</i>		3	<i>X</i>												<i>X</i>	
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

First Page

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	<i>1-2</i>	<i>Rakesh Mishra</i>	<i>Fed. Ex. - Gretchen Frankham</i>	<i>10/2</i>	<i>1330</i>	<i>Send samples to Pace Lab Item # 1-2 3 days TAT</i>
2		<i>Fed Ex</i>	<i>Gretchen Frankham</i>	<i>10/2/88</i>	<i>0915</i>	
3						 SAMPLER'S SIGNATURE
4						

0000239



# CHAIN-OF-CUSTODY RECORD

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Form 0019  
Field Technical Services  
Rev. 08/89

166725

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526	
PROJECT NAME <i>Camp Lejeune D.O. 44</i>				PROJECT LOCATION <i>Camp Greger, NC</i>			
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Rakesh Mishra</i>		PROJECT TELEPHONE NO. <i>910-451-2599</i>		ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)	TPH-GRO TPH-DRO TCLP Metals - TCLP Semi-Volatile RCRA Haz Waste PCB, Total Lead Volatile + BTEX (240)
CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn / Randy Smith</i>			
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB		
1	<i>CU44-CU-040</i>	<i>9/27</i>	<i>0645</i>	<i>X</i>		<i>Clean Soil from Pile 9 of Area (C&amp;B).</i>	4
2	<i>CU44-CU-041</i>	<i>9/27</i>	<i>0655</i>	<i>X</i>		<i>Clean Soil from Pile 10 of Area B.</i>	4
3	<i>CU44-CU-042</i>	<i>9/27</i>	<i>0705</i>	<i>X</i>		<i>Clean Soil from Pile 11 of Area B.</i>	4
4	<i>CU44-CC-043</i>	<i>9/27</i>	<i>0715</i>	<i>X</i>		<i>Contaminated Soil from Pile 26 of Area B</i>	4
5	<i>CU44-CC-044</i>	<i>9/27</i>	<i>0720</i>	<i>X</i>		<i>Contaminated Soil from Pile 27 of Area B</i>	4
6	<i>CU44-CC-045</i>	<i>9/27</i>	<i>0725</i>	<i>X</i>		<i>Contaminated soil from Pile 28 of Area B</i>	4
7	<i>CU44-CC-046 -FB</i>	<i>9/27</i>	<i>0730</i>	<i>X</i>		<i>Field Blank</i>	8
8	<i>CU44-CC-047 -RB</i>	<i>9/27</i>	<i>0745</i>	<i>X</i>		<i>Rinsate Blank</i>	5
9	<i>CU44-CC-048 -TB</i>	<i>9/27</i>				<i>Tap Blank</i>	3
10							
REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS
							45515
TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME
<i>1-9</i>		<i>[Signature]</i>		<i>Fed Ex</i>		<i>9/27</i>	<i>1200</i>
		<i>Fed Ex</i>		<i>Gretchen Franheim Pac</i>		<i>9/28/95</i>	<i>1000</i>
REMARKS <i>send samples to Pace Lab</i> <i>3 day TAT Sample 4-7 <sup>(E11)</sup> 24 hr. TAT</i> <i>Sample 1-3 &amp; 7-9 3days TAT</i> <i>(E11) Corrected per Rakesh Mishra.</i>							
SAMPLER'S SIGNATURE <i>[Signature]</i>							

1100000



OHM Corporation

# CHAIN-OF-CUSTODY RECORD

For Field Technical S  
Re  
144102

O.H. MATERIALS CORP. • P.O. BOX 551 • FINDLAY, OH 45839-0551 • 419-423-3526

PROJECT NAME <i>Camp Geiser (Change Order)</i>				PROJECT LOCATION <i>Camp Geiser</i>				NUMBER OF CONTAINERS <i>2</i>	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS) <i>24hr</i>					
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Randy Smith</i>		PROJECT TELEPHONE NO. <i>(910) 451-2390</i>										
CLIENT'S REPRESENTATIVE <i>Vance Marshburn</i>				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn R.S.</i>										
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)								
1	<i>001 Water Sample</i>	<i>8/2</i>	<i>14:30</i>	<input checked="" type="checkbox"/>		<i>Water Sample</i>								
2														
3														
4														
5														
6														
7														
8														
9														
10														

TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY	TRANSFERS ACCEPTED BY	DATE	TIME	REMARKS
1	1	<i>Randy Smith</i>	<i>Fed X</i>	<i>8/2</i>	<i>17:30</i>	<i>24hr TAT please FAX AS SOON AS POSS. 60.</i>
2						<i>(910) 451-1809</i>
3						
4						SAMPLER'S SIGNATURE <i>Jim Dunn #785</i>



OHM Corporation

# CHAIN-OF-CUSTODY RECORD

LAB COPY

Form 0019  
Field Technical Services  
Rev. 08/89

144107

O.H. MATERIALS CORP.		P.O. BOX 551		FINDLAY, OH 45839-0551		419-423-3526															
PROJECT NAME <i>Camp Lejeune DO44</i>				PROJECT LOCATION <i>Camp Geiger</i>																	
PROJ. NO. <i>16487</i>		PROJECT CONTACT <i>Randy Smith</i>		PROJECT TELEPHONE NO. <i>(910) 451-1809</i>																	
CLIENT'S REPRESENTATIVE				PROJECT MANAGER/SUPERVISOR <i>Jim Dunn</i>																	
ITEM NO.	SAMPLE NUMBER	DATE	TIME	COMP	GRAB	SAMPLE DESCRIPTION (INCLUDE MATRIX AND POINT OF SAMPLE)	NUMBER OF CONTAINERS	ANALYSIS DESIRED (INDICATE SEPARATE CONTAINERS)													
								<div style="display: flex; justify-content: space-between;"> <span>5030/8015 TPH</span> <span>3550/8015 TPH</span> </div>													
							44436 REMARKS														
1	CLT44-ACS-001	6/20	929		X	Soil Sample from Area C	1	X	X	-1											
2	CLT44-ACS-002	6/20	932		X	Soil Sample from Area C	1	X	X	-2											
3	CLT44-ABS-003	6/20	951		X	Soil Sample from Area B	1	X	X	-3											
4	CLT44-ABS-004	6/20	955		X	Soil Sample from Area B	1	X	X	-4											
5	CLT44-AAS-005	6/20	1000		X	Soil Sample from Area A	1	X	X	-5											
6	CLT44-AAS-006	6/20	1003		X	Soil Sample from Area A	1	X	X	-6											
7	CLT44-AAS-007	6/20	1007		X	Soil Sample from Area A	1	X	X	-7											
8	CLT44-AAS-008	6/20	1010		X	Soil Sample from Area A	1	X	X	-8											
9	CLT44-AAS-009	6/20	1013		X	Soil Sample from Area A	1	X	X	-9											
10	CLT44-AAS-009D	6/20	1013		X	Soil Sample from Area A	1	X	X	-10											
TRANSFER NUMBER	ITEM NUMBER	TRANSFERS RELINQUISHED BY		TRANSFERS ACCEPTED BY		DATE	TIME	REMARKS													
1	1-10	<i>[Signature]</i>				6/20	1600	48 hr. TAT  <i>[Signature]</i> SAMPLER'S SIGNATURE													
2				Betty M <sup>c</sup> Morrill PASENH		6/21/25	10:00														
3																					
4																					

0000037

**Appendix G**  
**QC Documentation**

16032-4.5

**QC MEETING MINUTES  
NAVY LANTDIV CONTRACT N62470-93-D03032  
MCB CAMP LEJEUNE**

September 12, 1995

<b>Attendees:</b>	Vann Marshburn	ROICC
	Capt. Cheryl Hanson	ROICC
	John Cotton	ROICC
	Neal Paul	IRD/EMD
	Alan Whitt	OHM Site Superintendent
	Mike Haugen	OHM Project Accountant
	Dave Mueller	OHM Project Accountant
	Chuck Lawrence	SWEC QC

A QC Meeting was conducted at 1300 hours in conjunction with a review of Camp Lejeune Delivery Order production activities. The following are the minutes from this meeting for each delivery order.



Chuck Lawrence

CC: LANTDIV (Jerry Haste, Code 0524)  
 LANTDIV (Katherine Landman, Code 18232)  
 LANTDIV (Lance Laughmiller)  
 Jim Dunn (OHM Proj Mngr)  
 Mike Gilman (Mike Gilman)

D.O. 44 - JOB 16487 - GEIGER TPEH SOLCS

1. Alan noted that to date 1,986 tons of soil had been transported offsite.
2. Vann stated that NORTHDIV money may be available for work at Geiger.
3. John Cotton was asked to check the conditions at the borrow pit and Area C.

**PRODUCTION ACTIVITIES REPORT  
CAMP LEJEUNE  
LANTDIV Contract W62476-93-D-3032**

May 23, 1995

**Attendees:** Jerry Haste, COTR  
Vann Marshburn, ROICC  
John Cotton, ROICC  
Neal Paul, IRD/EMD  
Jim Dunn, OHM Project Manager  
Chuck Lawrence, SWEC GC

Delivery Order 62:

Jim Dunn reviewed the status of AOC's 1-4. He also discussed transportation and disposal costs for PCB and pesticide contaminated soils. Cleanup of AOC's 2-4 can be accomplished with present funding.

Neal Paul will verify whether or not a less stringent action limit than .37 micrograms/kilogram can be applied to AOC 1 for PCB's. Excavation and loadouts from AOC 1 have been halted, pending an answer to this question.

Jim Dunn will provide justification for a Gas Chromatograph (GC) to be purchased by Camp Lejeune.

Delivery Order 15:

Jim Dunn presented data on SVE operations to date. Data presented was based on samples taken from wells, not from probes.

Vann requested OHM pull soil samples after three months of operation and run on the on site GC.

Neal Paul plans to examine SVE data on an as submitted basis.

Vann noted that he does not think that the Groundwater Treatment Plant will be operational by October. He also mentioned concerns for the quality of masonry work and recommended strongly that we monitor the masonry contractor very closely.

Delivery Order 44:

OHM expects to begin work at Camp Geiger at the end of June.

Jim Dunn stated that this job involved only TPH-contaminated soils.

Delivery Order 23:

Jerry Haste asked about the Closeout Report for this delivery order. Jim Dunn stated that this report was submitted in January 1995. Jerry asked Vann to prepare a final inspection letter and CCASS evaluation.



**QC MEETING MINUTES  
CAMP LAJEUNE  
All Delivery Orders  
LANTDIV Contract H62470-93-D-3032**

May 23, 1995

**Attendees:** Jerry Haste, COTR  
Vann Marshburn, ROICC  
John Cotton, ROICC  
Neal Paul, IRD/EMD  
Jim Dunn, OHM Project Manager  
Chuck Lawrence, SWEC QC

A QC Meeting was conducted in conjunction with a review of Camp Lajeune delivery order production activities.

At this meeting Jerry Haste reviewed several quality requirements. These were:

- 1) A Contractor Quality Control Report is to be submitted for work on each delivery order. Jerry stated that the format called out in the contract should be used. Chuck provided samples of the format he has used and this was acceptable to Jerry. Jerry added that if Chuck is not on site, then another person, such as the site supervisor, could be designated to perform the QC function and to submit the CQC Report.
- 2) A Submittal Register, which lists all required submittals and which is annotated with submittals made to date, is to be maintained. Jerry added that equipment submittals needed to go to Baker Environmental. Jerry requested that Vann Marshburn ensure that LANTDIV Transmittal Forms were available.
- 3) A QC review of submittals by a qualified person is required, and each submittal is to receive a QC stamp. This stamp is to be formatted as called out in the contract. Chuck Lawrence mentioned that he had these stamps and had used them in preparing submittals for Cherry Point work. Jerry commented that it might be necessary to allocate some QC hours for office time to perform these reviews.
- 4) Jerry also stated that the Submittal Register and other such documentation should be maintained by a clerk. The amount of time spent by QC in performing administrative functions should be minimized.
- 5) Jerry stated that the QC Meeting Minutes should be kept separate from production notes. Keeping minutes on both is fine, but QC Meeting Minutes should address quality issues and should be separated by delivery order. Future minutes should also be prepared in the format established in the specification/contract.

During the course of this discussion, Jim Dunn and Chuck Lawrence identified concerns regarding Quality Control implementation. A summary of their concerns and plans is provided below.

#### DELIVERY ORDER 15

- 1) There are insufficient QC hours authorized to maintain full time QC support on site. The contract assumes full time QC support in order to perform daily inspections, submit daily reports, maintain as-built documentation, review and stamp submittals, and to keep up the submittal register.
- 2) Because full time QC support is not funded, the QC Engineer must travel to the site to provide coverage, and he can only provide coverage for the most critical work activities. Chuck and Jim explained that they work closely in order to make the most effective use of the available hours. The most recent schedule of planned QC visits and the associated expenditures was provided to the attendees.
- 3) There is no authorized travel budget for the QC Engineer. Any travel expenses, i.e., airline tickets, rental car, per diem, or personal vehicle mileage must be paid for from the labor budget. This reduces the available labor budget and further limits the QC Engineer's ability to provide service at the site.
- 4) The QC Engineer will prepare and submit a Contractor Quality Control (CQC) Report, in accordance with the format established in contract N62470-93-D-3032, upon completion of each site visit.
- 5) The QC Engineer will prepare and submit QC Meeting Minutes in accordance with the format established in contract N62470-93-D-3032 whenever quality meetings are held with subcontractors or the ROICC.
- 6) During these periods when the QC Engineer is not at the site, the Site Supervisor will function in the QC Engineer role. During these periods the Site Supervisor will provide inspection coverage for major work activities. He will prepare and submit CQC Reports to the ROICC in the established format, but only for those days that he provides actual inspection coverage.
- 7) As-built drawings will be maintained at the OHM Norcross office.

**DELIVERY ORDER 62**

- 1) The QC Engineer will prepare and submit a Contractor Quality Control Report, in accordance with the format established in contract N62470-93-D-3032, upon completion of each site visit.
- 2) The QC Engineer will prepare and submit QC Meeting Minutes in accordance with the format established in contract N62470-93-D-3032 whenever a meeting is conducted with the ROICC concerning quality issues related to this delivery order.
- 3) Due to the limited nature of the quality activities and meetings associated with this delivery order, the Site Supervisor will not be expected to submit CQC Reports or QC Meeting Minutes when the QC Engineer is not present at the site.
- 4) As-built drawings will be maintained at the OHM Norcross office.

12.1  
ALL JOBS #

**QC MEETING MINUTES  
NAVY LANTDIV CONTRACT N62470-93-D-3032  
MCB CAMP LEJEUNE**

August 1, 1995

<b>Attendees:</b>	<b>Vann Marshburn</b>	<b>ROICC</b>
	<b>John Cotton</b>	<b>ROICC</b>
	<b>Neal Paul</b>	<b>IRD/EMD</b>
	<b>Jim Dunn</b>	<b>OHM Project Manager</b>
	<b>Randy Smith</b>	<b>OHM Superintendent</b>
	<b>Mike Haugen</b>	<b>OHM Project Accountant</b>
	<b>Dave Mueller</b>	<b>OHM Project Accountant</b>
	<b>Ed Baker</b>	<b>SWEC QC</b>

A QC Meeting was conducted at 1300 hours in conjunction with a review of Camp Lejeune Delivery Order production activities. The following are the minutes from this meeting for each delivery order.

**CC: LANTDIV (Jerry Haste, Code 0524)**  
**LANTDIV (Katherine Landman, Code 18232)**  
**LANTDIV (Lance Laughmiller)**  
**QC Manager (Mike Gilman)**

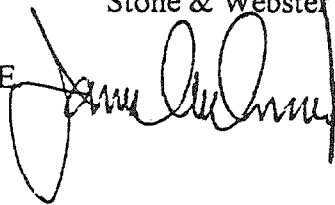
## D.O. 44

1. Randy stated that OHM excavated approximately 770 CY of loose soil yesterday, 300 of which was clean soil and the rest contaminated. Field analysis is determining that the clean soil is really clean and that contaminated soil is very contaminated. The upper right corner is very clean and the lower top left corner is very hot going towards the river where the fence is located. Vann requested that OHM prescreen the hot areas to approximate the additional excavation requirements.
2. Randy stated that the first excavation (Area C) will probably be complete by the end of Thursday and the second excavation (Area B) will take approximately one week. From what OHM is seeing on the sidewalls of the excavation, there is a good chance that the excavation will need to be extended. This will require additional funding. Jim asked if OHM could be doing anything for this situation. Vann stated that as soon as OHM realizes that Area C is going to be larger than anticipated, Kate and Linda should be informed for fund appropriation. Jim stated that there is a possibility that Areas B and C are connected.
3. Randy requested that OHM be allowed to work five 12 hour days to minimize startup and cleanup time each day and to maximize use of trucks and equipment. Vann responded that this was acceptable as long as there is no loss in productivity. This type of schedule is contrary to what is typically done in this type of weather and OHM is still responsible for its budget.
4. There was discussion concerning the type of technologies for the remediation of OU10. UVB, Pump and Treat, and Funnel and Gate were the options discussed. Further investigation is required before this ROD can be submitted for signature.

# WEEKLY PROGRESS MEETING NAVY LANTIV CONTRACT N 62470-93-D-3032

AUGUST 15, 1995

Attendees:	Vann Marshburn	AROICC
	Jim Dunn	OHM Project Manager
	Alan Whitt	OHM Construction Manager
	Randy Smith	OHM Site Supervisor
	Mike Haugen	OHM Project Accountant
	Todd Stamm	OHM Project Accountant
	Ed Baker	Stone & Webster QC Engineer

Submitted By: James A. Dunn, Jr., P.E. 

**General:**

MCB Camp Lejeune is currently in Condition 3 due to the approach of hurricane Felix. Vann Marshburn advised that the conditions at the base are as follows:

- Condition 3            Pick up what will blow - be prepared to tie down materials and equipment - basically be alert to the possibility
- Condition 2            Tie everything down - board windows - stay in contact with emergency coordinator
- Condition 1            Base closure

**Delivery Order 15 - Job 16032 - Groundwater Treatment Plant**

1. Clean up building construction site - debris is getting out of hand. Another contractor was shut down last Friday for improper housekeeping.
2. Building status - installing masonry units between the joists - plan to grout Thursday  
Plan to commence roof deck installation Monday 8/21/95
3. The ROICC Office needs copies of all Northeast change orders to date and advance notice of any future change requests for any subcontractors prior to approval by OHM.

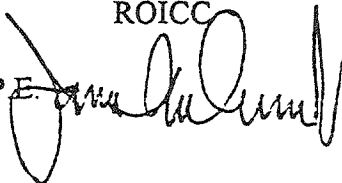
**Delivery Order 44 - Job 16487**

1. Stop all excavation activities until the delivery order can be modified.
2. Upon receipt of satisfactory analytical data, place rubble from previous contractor in the base of Area 'C'.
3. The borrow pit for this project is located on Verona Loop.
4. Approval of the recycling firm's contaminated soils profile will be granted upon receipt of TCLP metals data from Pace Laboratories.
5. DRMO Geiger (Mr. Appleton) should be capable of receiving all piping and rails excavated from Area 'C'.
6. The base landfill (Gene Price) should be capable of receiving all railroad ties.

# SUPPLEMENTAL PROGRESS MEETING NAVY LANTIV CONTRACT N 62470-93-D-3032

AUGUST 17, 1995

Attendees:	Neal Paul	EMD/IR
	Vann Marshburn	AROICC
	Jim Dunn	OHM Project Manager
	Alan Whitt	OHM Construction Manager
	Randy Smith	OHM Site Supervisor
	John Cotton	ROICC

Submitted By: James A. Dunn, Jr., P.E. 

## Delivery Order 44 - Job 16487 - Camp Geiger TPH Soils Removal

1. Start backfilling Area 'C' with borrow materials from Verona Loop. John Cotton will take Randy Smith to the borrow site this afternoon after checking status of borrow area with Bill Micks.
2. OHM will press for timely turnaround of clean soil pile data from Pace Laboratories.
3. To satisfy agreements with NCDOT, all contaminated soil above the seasonal high groundwater table must be removed. The soils between Areas 'A' and 'B' will require excavation and be the subject of a subsequent modification.
4. The requirement to stockpile soils in discernable 200 CY piles was deleted. Clean or contaminated materials may be commingled; sampling frequencies and parameters remain as stipulated in the Work Plan.
5. Neal will try to have John Riggs attend next Tuesday's progress meeting at 1300 hours.

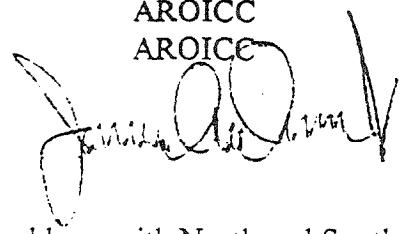


4.5

# WEEKLY PROGRESS MEETING NAVY LANTIV CONTRACT N 62470-93-D-3032

SEPTEMBER 6, 1995

Attendees:	Vann Marshburn	AROICC
	Jim Dunn	OHM Project Manager
	Alan Whitt	OHM Site Supervisor
	Neal Paul	EMD/TRD
	Kate Landman	LANTDIV RPM
	Junior Johnson	AROICC
	Bill Ward	AROICC



**General:**

Initial discussion centered around problems with North and South Treatment Plants built by O'Brien and Gere for contaminated groundwater. Current persisting problems include sand entering the treatment train from the wells and calcium content of the influent. Don Joiner of Baker Environmental together with Ron Crowson and Jerome Hall of OB & G will jointly investigate the problems today and provide recommendations in the morning. Ron will be inserting a camera into the well to determine slot sizing and to look through the slots at the formation to try to determine the cause of sand particles flowing into the wells.

Lt. Cheryl Hansen was unable to attend today's meeting due to a scheduling conflict. Vann is handing off all RAC Contract work to Lt. Hansen and her availability will be vastly improved in the near future.

Neal Paul will be out for the rest of the week.

Vann led a discussion regarding preparation of future modification requests. OHM is to provide a summary estimate that includes labor, equipment, third party services and materials and include supervision and overhead items in a format that is user friendly such that the construction office can verify/check that the request meets their expectations. The formal complete estimate in the WBS system will be used to track the expenditure and should be an inclusion or attachment to the above described summary.

**Delivery Order 44 - Job 16487 - TPH Soils Removal - Camp Geiger**

1. Neal Paul needs to advise the State Department of Transportation when the project is scheduled to be completed. All understand that this will be an estimate based upon future funding availability. Kate will correspond with Neal. Jim advised that the remaining excavation activities could be completed in a three to four week time frame.
2. Funding authorization increased the quantities of contaminated soil to be recycled and the quantities of backfill to be placed by 2883 cubic yards. This quantity increase falls short of the estimated yardage in Area A.
3. OHM advised that the transportation and disposal of the 5200 cubic yards of contaminated soils previously excavated would commence Thursday, September 7, 1995. Loading will be performed six days a week to accelerate the process. OHM plans to utilize 15-20 tractor trailer dump vehicles for this operation.
4. All agreed that OHM should resume excavation operations commencing at the area between Areas A and B and attempt to quantify the excess quantities that will be encountered at the earliest possible date. For estimating purposes \$200-\$250,000 should be requested from NAVFAC and Kate will expedite this request. The tentative date for resumption of excavation operations is between September 18 and 25, 1995.
5. After a thorough discussion, it was agreed that OHM could place soils determined to be clean through field immuno-assay testing utilizing the Petroflag test kits directly into the excavation. Confirmation sampling will continue to be performed at an offsite laboratory to verify the results of the field screening.
6. Neal and Vann will converse with Jackson Provost of the NCDOT local office to get an update on the tentative highway construction schedule. Additionally, Neal will recontact the Raleigh office of the NCDOT concerning the schedule.

QC MEETING MINUTES  
NAVY LANTDIV CONTRACT N62470-93-D-3032  
MCB CAMP LEJEUNE

October 3, 1995

Attendees: Vann Marshburn	ROICC
John Cotton	ROICC
L.L. Cheryl Hausen	ROICC
Neal Paul	IRD/EMD
Alan Whitt	OHM Superintendent

A QC Meeting was conducted at 1300 hours in conjunction with a review of Camp Lejeune Delivery Order production activities. The following are the minutes from this meeting for each delivery order.

CC: LANTDIV (Jerry Haste, Code 0524)  
LANTDIV (Katherine Landman, Code 18232)  
LANTDIV (Lance Laughmiller)  
QC Manager (Mike Gilman)

D.O. 44

1. Alan stated that Area B has been excavated. 2160 cubic yards of soil were excavated. OHM is currently excavating Area A. 3045 cubic yards have been excavated as of 10/2/95 and approximately 4500 cubic yards remain to be excavated. Vann says to keep the PA on top of the budget and stop when OHM is close to surpassing it.

2. Alan stated that the asphalt is being sent to Morton Trucking to be recycled at \$20 per load. Neal said to check with Jim Dunn concerning disposal because all waste must go to a CERCLA approved landfill. Alan said that he will contact Jim Dunn.

3. At 1615 Alan called Vann and informed him that after today we will probably have excavated the original estimate from Area A. Alan asked Vann if he wanted to continue excavating using money from backfill and disposal to keep from stopping excavation. Vann said to continue excavation..

QC MEETING MINUTES  
NAVY LANTDIV CONTRACT N62470-93-D-3032  
MCB CAMP LEJEUNE

October 17, 1995

Attendees:	Vann Marshburn	ROICC
	John Cotton	ROICC
	Lt. Cheryl Hansen	ROICC
	Jim Dunn	OHM
	Alan Whitt	OHM

A QC Meeting was conducted at 1300 hours in conjunction with a review of Camp Lejeune Delivery Order production activities. The following are the minutes from this meeting for each delivery order.

CC: LANTDIV (Jerry Haste, Code 0524)  
 LANTDIV (Katherine Landman, Code 18232)  
 LANTDIV (Lance Laughmiller)  
 QC Manager (Mike Gilman)

D.O. 44

1. J. Dunn stated that OHM is currently backfilling the excavated area. Also, V. Marshburn gave his approval to excavate the additional 150-200 CY of soil outside the original footprint of area A.
2. J. Dunn said that OHM is waiting on a CERCLA approval letter from Lee Brick before T&D can take place.
3. V. Marshburn said that he should have approval on the Mod for the additional soil soon.

*Jim Dunn*

12.1

QC MEETING MINUTES  
NAVY LANTDIV CONTRACT N62470-93-D03032  
MCB CAMP LEJEUNE

October 24, 1995

Attendees:	Vann Marshburn	ROICC
	Lt. Cheryl Hanson	ROICC
	John Cotton	ROICC
	Alan Whitt	OHM Site Superintendent
	Randy Smith	OHM Supervisor
	Chuck Lawrence	SWEC QC

A QC Meeting was conducted at 1300 hours in conjunction with a review of Camp Lejeune Delivery Order production activities. The following are the minutes from this meeting for each delivery order.



Chuck Lawrence

CC: LANTDIV (Jerry Haste, Code 0524)  
LANTDIV (Katherine Landman, Code 18232)  
LANTDIV (Lance Laughmiller)  
Jim Dunn (OHM Proj Mngr)  
Chuck Lawrence (SWEC QC)  
Mike Gilman (SWEC QC Manager)

**D.O. 44 - Job 16487 - Geiger TPH Soils**

1. Vann is still waiting on information from Lee Brick concerning requirements for T & D.
2. Vann stated that he will visit the site tomorrow (10/25) to determine the extent of backfill.
3. Vann stated that his office would check with Neal Paul to ensure that asphalt can go to the base landfill. Alan noted that CERCLA disposal requirements will not be a problem in this case because Camp Lejeune is considered to be only one CERCLA site.



WEEKLY SUMMARY  
10/28/95  
CAMP LEJEUNE

WWTP 16032

- OHM completed the ladders for the electrical manholes.
- OHM received valves and blind flanges for the HDPE lines.
- OHM installed valves and blind flanges to the 2", 3", and 4" HDPE lines. Trying to locate an 8" butt welder for the 8" valve.
- OHM received analytical results from soil samples for the SVE unit. Results showed hits of PCE. ← W4E2J
- Hatcher Construction started work on Monday installing piping for the WWTP.
- Northeast Construction continues painting the building. Estimate them to finish painting by Wednesday of next week. Northeast's electrician was onsite for one day and will return to finish next week after the parking area is put to grade. Northeast worked Saturday and did not inform OHM to schedule oversite.
- Southerland Electric continues roughing in electrical.
- Located paint for the acid tank containment area(3 days to ship) and the piping at Sherwin Williams(in stock).

CAMP GEIGER 16487

- Completed excavation of Area A and backfilling of stockpiled soils. Still require additional backfill from the borrow pit.
- Informed by R. Mishra(OHM) that 8 out of the 14 clean stockpiles used as backfill failed DRO limits. Mishra received the first of the analytical on 10/10 and informed Whitt, Dunn, and Smith on 10/24. Backfilling activities commenced on 10/12. Mishra requested Pace Labs to rerun the extracts. Received analytical on 10/27 from the reruns which corresponded with the initial results.
- S. Grant continues to work with Lee Brick and BFI for disposal. Lee Brick is waiting on CERCLA letter and reinstatement of permit. BFI is waiting on CERCLA letter, C&R paperwork, and a signed waste profile.

- Rhem Insulation removed asbestos from metal piping on 10/27.

**SITE 69 17849**

- Started working on the road and installation of culvert on 10/25.

**QC MEETING MINUTES  
NAVY LANTDIV CONTRACT N62470-93-D-3032  
MCB CAMP LEJEUNE**

**November 14, 1995**

<b>Attendees: Vann Marshburn</b>	<b>ROICC</b>
<b>John Cotton</b>	<b>ROICC</b>
<b>Neal Paul</b>	<b>ROICC</b>
<b>Lt. Cheryl Hansen</b>	<b>ROICC</b>
<b>Alan Whitt</b>	<b>OHM</b>

A QC Meeting was conducted at 1300 hours in conjunction with a review of Camp Lejeune Delivery Order production activities. The following are the minutes from this meeting for each delivery order.

**CC: LANTDIV (Jerry Haste, Code 0524)  
LANTDIV (Katherine Landman, Code 18232)  
LANTDIV (Lance Laughmiller)  
QC Manager (Mike Gilman)**

**D. O. 44**

- A. Whitt said that OHM will begin T&D tomorrow up to 1900 tons. V. Marshburn said that he is awaiting funding for the mod.
- A. Whitt said that BFI can dispose of the asphalt and concrete debris for the same price as he soils. OHM cannot use Barrus Construction because they are not a CERCLA approved disposal facility. N. Paul said that the base landfill will not accept the asphalt. V. Marshburn said that he will talk to the base landfill before disposing of the asphalt to BFI.

**QC MEETING MINUTES  
NAVY LANTDIV CONTRACT N62470-93-D-3032  
MCB CAMP LEJEUNE**

**November 1, 1995**

<b>Attendees:</b> Vann Marshburn	<b>ROICC</b>
John Cotton	<b>ROICC</b>
Neal Paul	<b>ROICC</b>
Jim Dunn	<b>OHM</b>
Alan Whitt	<b>OHM</b>
Randy Smith	<b>OHM</b>

A QC Meeting was conducted at 1300 hours in conjunction with a review of Camp Lejeune Delivery Order production activities. The following are the minutes from this meeting for each delivery order.

**CC: LANTDIV (Jerry Haste, Code 0524)  
LANTDIV (Katherine Landman, Code 18232)  
LANTDIV (Lance Laughmiller)  
QC Manager (Mike Gilman)**

**D. O. 44**

- J. Dunn said that off-site analytical from the clean stockpiles exceeded DRO limits in 8 of 14 samples. These results do not correspond with on-site Petroflag analysis. OHM has sent these samples to ACS for confirmation. These stockpiles have already been backfilled into Area A. J. Dunn and N. Paul will discuss the issue with LANTDIV, EPA, and the state during next weeks partnering session.
- N. Paul will check and see if the base landfill can accept asphalt.
- V. Marshburn will visit the site to determine the area to backfill.