

APPENDIX G
Landfill Disposal Records



**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA ID # ORDO88452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 07:19:58 2013-10-29
ID: 429998 TRK ID: 8
104200 lb S

OUTBOUND
T/D: 07:39:25 2013-10-29
ID: 429998 TRK ID: 8
104200 lb S
60360 lb PT
63840 lb N

NET 31.92 TONS

GENERATOR _____

429998

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871730 JJK						
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221 Generator's Phone: (360) 299-1827				Generator's Site Address (if different than mailing address)							
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028338							
7. Transporter 2 Company Name				U.S. EPA ID Number 12W4							
8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97912-9700 Facility's Phone: (503) 454-2643				U.S. EPA ID Number ORD089452353							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
		1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)		No.	Type	60000	P	K007 WTB2			
		2.									
		3.									
		4.									
14. Special Handling Instructions and Additional Information 1. OR321660 LF01 CONTAMINATED SOIL											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offeror's Printed/Typed Name Port of Anacortes				Signature <i>[Signature]</i>			Month Day Year 10 18 13				
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name Ed Demore				Signature <i>[Signature]</i>			Month Day Year 10 28 13				
Transporter 2 Printed/Typed Name				Signature			Month Day Year				
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	18b. Alternate Facility (or Generator)				Manifest Reference Number:				U.S. EPA ID Number		
	Facility's Phone:				18c. Signature of Alternate Facility (or Generator)				Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1.			2.			3.			4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name Sue McAllen				Signature <i>[Signature]</i>			Month Day Year 10 13 13				

429998

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 011871730 JJK				
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)					
Generator's Phone: (360) 299-1827									
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028338					
7. Transporter 2 Company Name				U.S. EPA ID Number					
8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. 17820 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353					
Facility's Phone: (541) 454-2043									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) BMS 10-20-13		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)		No.	Type	60000	P	X007 WT02	
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information OR321860 LF01 CONTAMINATED SOIL 63840P									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name Port of Anacortes				Signature <i>Brady R</i>		Month Day Year 10 18 13			
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials								
TRANSPORTER	Transporter 1 Printed/Typed Name Ed Demasol				Signature <i>Ed Demasol</i>		Month Day Year 10 28 13		
	Transporter 2 Printed/Typed Name				Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	18b. Alternate Facility (or Generator)				Manifest Reference Number:				U.S. EPA ID Number
	Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H132		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name Sue McAlhreen				Signature <i>Sue McAlhreen</i>		Month Day Year 10 29 13			

BMS



WASTE MANAGEMENT
17629 Cedar Springs Lane
Arlington, OR 97812

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

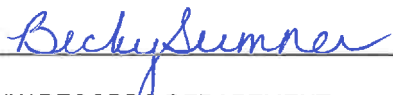
CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR: PORT OF ANACORTES
MANIFEST #: 011871730JJK
CWM TRACKING ID: 429998-01
PROFILE #: OR321660
LINE ITEM: 9b.1
QUANTITY: 1 DT
RECEIVED DATE: 10/29/13

DISPOSAL PROCESS(ES): LANDFILL
FINAL DISPOSAL LOCATION: LANDFILL 14
DISPOSAL DATE: 10/29/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.



CWMNW RECORDS DEPARTMENT
Date: 10/31/13



**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643

EPA ID # ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

11/13/2001
1:00 PM - 1:30 PM
101 S. 20th St.
Portland, OR 97201

11/13/2001
1:00 PM - 1:30 PM
101 S. 20th St.
Portland, OR 97201

11/13/2001

GENERATOR _____

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

439601

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 011871728 JJK				
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)					
Generator's Phone: (360)290-1827									
6. Transporter 1 Company Name R TRANSPORT INC			U.S. EPA ID Number WAH000028338						
7. Transporter 2 Company Name			U.S. EPA ID Number						
8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353					
Facility's Phone: (503)454-2643									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		1. MATERIAL NOT REGULATED BY DOT (LFO1 CONTAMINATED SOIL)		001 DT		65,000	P	X007	WT02
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information <u>1. OR321660: LFO1 CONTAMINATED SOIL</u> 67080 P.									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name Port of Anacortes				Signature 			Month Day Year 10 18 13		
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials								
TRANSPORTER	Transporter 1 Printed/Typed Name Mike Poo			Signature 			Month Day Year 10 18 13		
	Transporter 2 Printed/Typed Name			Signature			Month Day Year		
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	Manifest Reference Number:								
18b. Alternate Facility (or Generator)				U.S. EPA ID Number					
Facility's Phone:									
18c. Signature of Alternate Facility (or Generator)							Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H132		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name Sue McAhren				Signature 			Month Day Year 10 31 13		

BMS



RE

NOV 18

BY:

CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
(541) 454-2643
(541) 454-3279 Fax

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871728JJK
CWM TRACKING ID:	429601-01
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/21/13
DISPOSAL PROCESS(ES):	LANDFILL
FINAL DISPOSAL LOCATION:	LANDFILL 13
DISPOSAL DATE:	10/21/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Becky Sumner

CWMNW RECORDS DEPARTMENT

Date: 10/24/13

429602

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 011871729 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)				
Generator's Phone: (360)299-1927								
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028336				
7. Transporter 2 Company Name R Transport Inc				U.S. EPA ID Number WAH000028338				
8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. 17628 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353				
Facility's Phone: (503)454-2643								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		1. MATERIAL NOT REGULATED BY DOT (LF01-CONTAMINATED SOIL)	No. 091	Type DT	42700	P	X007 WT02	
		2.			TS 10-21-13			
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1. OR321660: LF01 CONTAMINATED SOIL 42700 P.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name Port of Anacortes				Signature <i>[Signature]</i>		Month Day Year 10 18 13		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Sarael Harwood				Signature <i>[Signature]</i>		Month Day Year 10 18 13	
	Transporter 2 Printed/Typed Name Troy D. Schmitt				Signature <i>[Signature]</i>		Month Day Year 10 21 13	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Quantity changed by driver on 10-21-13							
	18b. Alternate Facility (or Generator)				Manifest Reference Number: U.S. EPA ID Number			
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H132		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Sue McArthur				Signature <i>[Signature]</i>		Month Day Year 10 21 13		

ams



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
(541) 454-2643
(541) 454-3279 Fax

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR: PORT OF ANACORTES
MANIFEST #: 011871729JJK
CWM TRACKING ID: 429602-01
PROFILE #: OR321660
LINE ITEM: 9b.1
QUANTITY: 1 DT
RECEIVED DATE: 10/21/13

DISPOSAL PROCESS(ES): LANDFILL
FINAL DISPOSAL LOCATION: LANDFILL 13
DISPOSAL DATE: 10/21/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Becky Sumner

CWMNW RECORDS DEPARTMENT
Date: 10/24/13

Chemical Waste Management
Of The Northwest



17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA ID # ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 07-50:00 2013-10-21
ID: 429602 TRK 10: 12
85000 LB G

OUTBOUND
T/D: 08:18 09 2013-10-21
ID: 429602 TRK 10: 12
85000 LB G
429600 LB PY
429600 LB H

NET 21.75 TONS

GENERATOR _____

Chemical Waste Management
Of The Northwest



17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA ID # ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 07-51:02 2013-10-23
ID: 429601 TRK 10: 4
105800 LB G

OUTBOUND
T/D: 08-16:00 2013-10-21
ID: 429602 TRK 10: 4
199600 LB G
385200 LB PY
67080 LB H

NET 33.54 TONS

GENERATOR _____



**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA I.D.# ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND

T/D: 14:56:11 2013-10-17
ID: 429545 TRK ID: 8
109900 lb G

OUTBOUND

T/D: 15:21:03 2013-10-17
ID: 429545 TRK ID: 8
109900 lb G
40360 lb PT
69540 lb N

NET 34.77 TONS

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

427545

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871613 JJK		
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)			
Generator's Phone: (360) 299-1827							
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028330			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD013242353			
Facility's Phone: (541) 454-2643							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	64000 P		WT02	X007
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. OR321660 LF01 CONTAMINATED SOIL							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name				Signature		Month Day Year	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Ed Darwood				Signature Ed Darwood		Month Day Year 10 17 13	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Sue McAhren				Signature Sue McAhren		Month Day Year 10/17/13	

GENERATOR

INT'L

TRANSPORTER

ALTERNATE FACILITY

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

Form Approved. OMB No. 2050-0039

429545

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 011871613 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)				
Generator's Phone: (360)299-1827				RECEIVED OCT 24 2013		U.S. EPA ID Number WAH000028338		
6. Transporter 1 Company Name R TRANSPORT INC						U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		U.S. EPA ID Number OR0089452353		
8. Designated Facility Name and Site Address CWM NV, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-8709				U.S. EPA ID Number		Facility's Phone: (503)454-2649		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)			001 DT		64000 P		WT02 X007
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. OR321600: LF01 CONTAMINATED SOIL 69540P								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name JENKINS DOSSON, PORT OF ANACORTES				Signature 		Month 10	Day 15	Year 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Ed Darwood				Signature 		Month 10	Day 17	Year 13
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
18b. Alternate Facility (or Generator) U.S. EPA ID Number								
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H132		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Doree McAhren				Signature 		Month 10	Day 17	Year 13

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

10/18

BMS



RECEIVED
OCT 28 2013
BY:

CHEMICAL WASTE MANAGEMENT OF THE NW
17629 Cedar Springs Lane
Arlington, OR 97812
(541) 454-2643
(541) 454-3279 Fax

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871613JJK
CWM TRACKING ID:	429545-01
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/17/13
DISPOSAL PROCESS(ES):	LANDFILL
FINAL DISPOSAL LOCATION:	LANDFILL 13
DISPOSAL DATE:	10/17/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Becky Sumner

CWMNW RECORDS DEPARTMENT

Date: 10/22/13



**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA I.D.# ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 15:07:58 2013-10-17
ID: 4 TRK ID: 429548
102640 lb G

OUTBOUND
T/D: 15:29:10 2013-10-17
ID: 4 TRK ID: 429548
102640 lb G
38460 lb PT
64180 lb N
NET 32.09 TONS

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

47797

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 011871612 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221 Generator's Phone: (360) 292-1827				Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028338				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMINW, INC 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2643				U.S. EPA ID Number ORD059752353				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)		001	DT	650	WT02	X007
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information OR321680 LF01 CONTAMINATED SOIL								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name KENNEDY, DOSSON, Port of Anacortes				Signature <i>[Signature]</i>		Month	Day	Year
						10	15	2015
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name <i>[Name]</i>				Signature <i>[Signature]</i>		Month	Day
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
	Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name DUE MAFKEN				Signature <i>[Signature]</i>		Month	Day	Year
						10	17	15

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

Form Approved. OMB No. 2050-0039

429548

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871612 JJK		
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)			
Generator's Phone: (360) 209-1827							
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028338			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMI, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9702				U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 454-2643							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	65.000	P	WT02	X007
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information OR321660: LF01 CONTAMINATED SOIL							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name JENKINS DOSSER, PORT OF ANACORTES				Signature <i>[Signature]</i>		Month Day Year 10 15 2013	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name M.K. Be				Signature <i>[Signature]</i>		Month Day Year 10 17 13	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Sue McAhren				Signature <i>[Signature]</i>		Month Day Year 10 17 13	

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

10/18

BMS



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
(541) 454-2643
(541) 454-3279 Fax

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871612JJK
CWM TRACKING ID:	429548-01
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/17/13
DISPOSAL PROCESS(ES):	LANDFILL
FINAL DISPOSAL LOCATION:	LANDFILL 13
DISPOSAL DATE:	10/17/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

CWMNW RECORDS DEPARTMENT

Date: 10/22/13



**Chemical Waste Management
of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643

EPA ID # ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 07:42:45 2013-10-09
ID: 429108 TRK ID: 6
104740 lb G

OUTBOUND
T/D: 08:04:55 2013-10-09
ID: 429108 TRK ID: 6
104740 lb G
38120 lb PT
66520 lb N

NET 33.51 TONS

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

439108

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871609 JJK		
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)			
Generator's Phone: (360) 298-1827		6. Transporter 1 Company Name R TRANSPORT INC		U.S. EPA ID Number WAH000028338			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMW, INC 17628 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 484-2612							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
1.	MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	66000	P	WT92	K007
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information 1. OR321680: LF01 CONTAMINATED SOIL 66620 P							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES		Signature <i>Jenkins</i>		Month Day Year 10 8 13			
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Transporter signature (for exports only): Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Anthony Pearl		Signature <i>Anthony Pearl</i>		Month Day Year 10 8 13			
Transporter 2 Printed/Typed Name		Signature		Month Day Year			
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Sue McAhren		Signature <i>Sue McAhren</i>		Month Day Year 10 09 13			

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

ams

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

Form Approved. OMB No. 2050-0039

429108

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (360) 202 1927	4. Manifest Tracking Number 011871609 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)				
Generator's Phone: (360) 202 1927		6. Transporter 1 Company Name R TRANSPORT INC		U.S. EPA ID Number WAH000028338				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMNW, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD080452353				
Facility's Phone: (541) 451 2813								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	66,000	P	WT02	X007	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. OR321680: LF01 CONTAMINATED SOIL								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES				Signature <i>[Signature]</i>		Month 10	Day 10	Year 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Anthony Pearl				Signature <i>[Signature]</i>		Month 10	Day 8	Year 13
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number:								
18b. Alternate Facility (or Generator)						U.S. EPA ID Number		
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.	2.	3.	4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Sue McAlhrea				Signature <i>[Signature]</i>		Month 10	Day 09	Year 13

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
541 454 2643

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871609JJK
CWM TRACKING ID:	42910801
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/09/13

DISPOSAL PROCESS(ES):	LANDFILL	
FINAL DISPOSAL LOCATION:	LANDFILL	13
DISPOSAL DATE:	10/09/13	

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Bobbi Jo Galvin

CWMNW RECORDS DEPARTMENT

Date: 10/15/13



**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA I.D.# ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 10:50:17 2013-10-09
ID: 429126 TRK ID: 5
100360 lb G

OUTBOUND
T/D: 11:04:21 2013-10-09
ID: 429126 TRK ID: 5
100360 lb G
38000 lb PT
62360 lb N

NET 31 LB TONS

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

429126

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043600	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871608 JJK		
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)			
Generator's Phone: (360) 290-1827							
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028338			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMINW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 454-2842							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WT./Vol.	13. Waste Codes	
		No.	Type				
X.	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	66.000	P	WT02	X007
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. OR321660: LF01 CONTAMINATED SOIL							62360P
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES				Signature <i>[Signature]</i>		Month Day Year 10 8 13	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Klayt Long				Signature <i>[Signature]</i>		Month Day Year 10 8 13	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Sue McAhren				Signature <i>[Signature]</i>		Month Day Year 10 9 13	

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

BMS

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

Form Approved. OMB No. 2050-0039

429126

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871608 JJK		
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221 Generator's Phone: (360) 299-1827				Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028338			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 451-2543				U.S. EPA ID Number ORD089452353			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WT./Vol.	13. Waste Codes	
		No.	Type				
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	66.000	P	WT02	K007
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. OR321660: LF01 CONTAMINATED SOIL							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name PORT OF ANACORTES				Signature <i>[Signature]</i>		Month Day Year 10 8 13	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Klaus Long				Signature <i>[Signature]</i>		Month Day Year 10 8 13	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Sue McAhren				Signature <i>[Signature]</i>		Month Day Year 10 9 13	

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
541 454 2643

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871608JJK
CWM TRACKING ID:	42912601
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/09/13

DISPOSAL PROCESS(ES):	LANDFILL	
FINAL DISPOSAL LOCATION:	LANDFILL	13
DISPOSAL DATE:	10/09/13	

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Bobbi Johnson

CWMNW RECORDS DEPARTMENT

Date: 10/15/13



**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643

EPA ID # ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 07:16:49 2013-10-09
ID: 429106 TRK ID: 51
107840 lb G

OUTBOUND
T/D: 07:38:14 2013-10-09
ID: 429106 TRK ID: 51
107840 lb G
41080 lb RT
66760 lb N

NET 33.38 TONS

RECEIVED
OCT 16 2013
BY: _____

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

429106

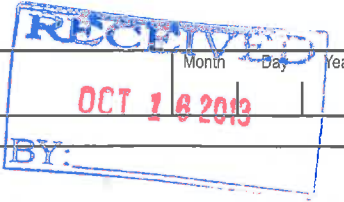
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (900) 424-9300	4. Manifest Tracking Number 011871607 JJK	
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221 Generator's Site Address (if different than mailing address) Generator's Phone: (360) 200-1827						
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028339		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2013				U.S. EPA ID Number ORD089452353		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity
				No.	Type	12. Unit Wt./Vol.
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)			001	DT	63.000
	2.					P
	3.					
	4.					
13. Waste Codes WT02 X007						
14. Special Handling Instructions and Additional Information 1. OR321680: LF01 CONTAMINATED SOIL						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES				Signature <i>[Signature]</i>		Month Day Year 11 1 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Tye Lee				Signature <i>[Signature]</i>		Month Day Year 10 8 13
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.	BY: <i>[Signature]</i>		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Bobbie Graham				Signature <i>[Signature]</i>		Month Day Year 10 9 13

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY



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

Form Approved. OMB No. 2050-0039

429106

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871607 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)				
Generator's Phone: (360) 200-1827				U.S. EPA ID Number WAH000029338				
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMNW, INC 17628 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353				
Facility's Phone: (511) 451-2643								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	63.000	P	WT02	X007	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. OR321880: LF01 CONTAMINATED SOIL 66760P								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES				Signature <i>Jenkins Dossion</i>		Month 10	Day 8	Year 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name TYE LEE				Signature <i>[Signature]</i>		Month 10	Day 8	Year 13
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number:								
18b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H132	2.	3.	4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Bobbin Gialun				Signature <i>[Signature]</i>		Month 10	Day 9	Year 13

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

WMS



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
541 454 2643

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR: PORT OF ANACORTES
MANIFEST #: 011071607JJK
CWM TRACKING ID: 42910601
PROFILE #: OR321660
LINE ITEM: 9b.1
QUANTITY: 1 DT
RECEIVED DATE: 10/09/13

DISPOSAL PROCESS(ES): LANDFILL
FINAL DISPOSAL LOCATION: LANDFILL 13
DISPOSAL DATE: 10/09/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

CWMNW RECORDS DEPARTMENT

Date: 10/15/13



**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643

EPA I.D.# ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND

T/D: 07:39:05 2013-10-09

ID: 429109 TRK ID: 7

107040 lb G

OUTBOUND

T/D: 08:03:07 2013-10-09

ID: 429109 TRK ID: 7

107040 lb G

39540 lb PT

67500 lb N

NET 33.75 TONS

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

439109

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800)424-9310	4. Manifest Tracking Number 011871606 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)				
Generator's Phone: (206) 209-1927								
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028239				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353				
Facility's Phone: (503) 454-2643								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DOT	64,000	P	WT02	X007	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. OR321660: LF01 CONTAMINATED SOIL.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES				Signature <i>Jenkins Dossion</i>		Month 10	Day 0	Year 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Pat Turner				Signature <i>Pat Turner</i>		Month 10	Day 8	Year 13
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number:								
18b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H1B2		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Sue McAhren				Signature <i>Sue McAhren</i>		Month 10	Day 09	Year 13

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR

bms

14

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

Form Approved. OMB No. 2050-0039

439109

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 011871606 JJK		
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221 Generator's Phone: (360) 299-1927				Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name B TRANSPORT INC				U.S. EPA ID Number WAH000028338			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 451-2843				U.S. EPA ID Number ORD08942353			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	1500	P	WT02	X007
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. OR321660 LF01 CONTAMINATED SOIL							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name JENNIFER DESSON PORT OF ANACORTES WA 10/8/13				Signature <i>Jennifer Desson</i>		Month Day Year 10 8 13	
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Pat Turner				Signature <i>Pat Turner</i>		Month Day Year 10 8 13	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Sue McAhren				Signature <i>Sue McAhren</i>		Month Day Year 10 09 13	

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
541 454 2643

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871606JJK
CWM TRACKING ID:	42910901
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/09/13
DISPOSAL PROCESS(ES):	LANDFILL
FINAL DISPOSAL LOCATION:	LANDFILL 13
DISPOSAL DATE:	10/09/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.



CWMNW RECORDS DEPARTMENT

Date: 10/15/13



**Chemical Waste Management
of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA ID # ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 07:21:35 2013-10-09
ID: 429107 TRK ID: 8
103780 lb B

OUTBOUND
T/D: 07:44:03 2013-10-09
ID: 429107 TRK ID: 8
103780 lb B
40000 lb PT
63780 lb N

NET 31.89 TONS

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

429107

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (909) 424-0300	4. Manifest Tracking Number 011871605 JJK		
5. Generator's Name and Mailing Address FORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)			
Generator's Phone: (360) 209-1977							
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000028338			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD088452353			
Facility's Phone: (541) 454-2643							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	64.004	P	WT02	X007
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. OR321660: LF01 CONTAMINATED SOIL							63780P
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name PORT OF ANACORTES				Signature <i>[Signature]</i>		Month Day Year 10 8 13	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Ed Darwood				Signature <i>[Signature]</i>		Month Day Year 10 8 13	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Robbi J. Galvin				Signature <i>[Signature]</i>		Month Day Year 10 9 13	

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

10/10
BMS

429107

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871605 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221 Generator's Phone: (360) 290-1877				Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name R TRANSPORT INC			U.S. EPA ID Number WAH000028338					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address CWMI, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2813				U.S. EPA ID Number ORD089452353				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	6400	P	WT02	X037	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. OR321680: LF01 CONTAMINATED SOIL								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES				Signature <i>Jenkins Bosson</i>		Month 10	Day 8	Year 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Ed Demcoff				Signature <i>Ed Demcoff</i>		Month 10	Day 8	Year 13
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____								
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.	2.	3.	4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Kobbiel Alvin				Signature <i>Kobbiel Alvin</i>		Month 10	Day 9	Year 13

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
541 454 2643

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871605JJK
CWM TRACKING ID:	42910701
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/09/13
DISPOSAL PROCESS(ES):	LANDFILL
FINAL DISPOSAL LOCATION:	LANDFILL 13
DISPOSAL DATE:	10/09/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Bobbi Johnson

CWMNW RECORDS DEPARTMENT

Date: 10/15/13



**Chemical Waste Management
The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA I.D.# ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 07:03:14 2013-10-10
ID: 429176 TRK ID: 51
107240 lb G

OUTBOUND
T/D: 07:26:28 2013-10-10
ID: 429176 TRK ID: 51
107240 lb G
41080 lb PT
66160 lb N

NET 33.08 TONS

RECEIVED
OCT 16 2013
BY: _____

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

429176

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800)424-6300	4. Manifest Tracking Number 011871604 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221 Generator's Phone: (360) 299-1927				Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name R TRANSPORT INC				U.S. EPA ID Number WAH000022338				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (503)454-2812				U.S. EPA ID Number ORD089452353				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)		001 DT		63,000	P	WT02 X007
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1. OR321660: LF01 CONTAMINATED SOIL 66160 P.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offorer's Printed/Typed Name: PORT OF ANACORTES Signature: Jenkins Dossom Date: 10/10/13 Month: 10 Day: 8 Year: 13								
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: Port of Anacortes Date leaving U.S.:							
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: TVE LLC Signature: [Signature] Month: 10 Day: 9 Year: 13 Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:							
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number:							
	18b. Alternate Facility (or Generator) Facility's Phone:				U.S. EPA ID Number			
	18c. Signature of Alternate Facility (or Generator)						Month: Day: Year:	
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name: Bobb Jofalvin Signature: [Signature] Month: 10 Day: 10 Year: 13								

BMS

10/11

427776

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871604 JJK					
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221 Generator's Phone: (360) 299-1827									
6. Transporter 1 Company Name R TRANSPORT INC			U.S. EPA ID Number WAH000028338						
7. Transporter 2 Company Name			U.S. EPA ID Number						
8. Designated Facility Name and Site Address CYMINW, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2813			U.S. EPA ID Number ORD089452353						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	63.000	P	WT02 X007		
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 1. OR321660: LF01 CONTAMINATED SOIL									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES Jenkins Dossom						Signature		Month Day Year 10 8 13	
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials								
TRANSPORTER	Transporter 1 Printed/Typed Name THE LLC					Signature		Month Day Year 10 9 13	
	Transporter 2 Printed/Typed Name					Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	18b. Alternate Facility (or Generator)						Manifest Reference Number:		U.S. EPA ID Number
	Facility's Phone:						18c. Signature of Alternate Facility (or Generator)		Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.		2.		3.		4.		RECEIVED OCT 16 2013 BY:	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name Boris Kabanov						Signature		Month Day Year 10 10 13	



RECEIVED
OCT 24 2013
BY:

CHEMICAL WASTE MANAGEMENT OF THE NW
17629 Cedar Springs Lane
Arlington, OR 97812
(541) 454-2643
(541) 454-3279 Fax

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871604JJK
CWM TRACKING ID:	429176-01
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/10/13
DISPOSAL PROCESS(ES):	LANDFILL
FINAL DISPOSAL LOCATION:	LANDFILL 13
DISPOSAL DATE:	10/10/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Becky Sumner

CWMNW RECORDS DEPARTMENT
Date: 10/15/13





**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643

EPA I.D.# ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 15:28:04 2013-10-09
ID: 429165 TRK ID: 72
104000 lb G

OUTBOUND
T/D: 15:47:52 2013-10-09
ID: 429165 TRK ID: 72
104000 lb G
39580 lb PT
64420 lb N

NET 32.21 TONS

GENERATOR _____

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

Form Approved. OMB No. 2050-0039

429165

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 011871603 JJK			
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)				
Generator's Phone: (360) 200-1927		6. Transporter 1 Company Name R TRANSPORT INC			U.S. EPA ID Number WAH000028338			
7. Transporter 2 Company Name		U.S. EPA ID Number			8. Designated Facility Name and Site Address CWMNW, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709			
Facility's Phone: (541) 451-2642		U.S. EPA ID Number ORD080452353			9a. HM			
9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DT	69,000	P	WT02 X007		
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. OR321880: LF01 CONTAMINATED SOIL								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES, WA 10-9-13				Signature <i>Jenkins Boston</i>		Month	Day	Year
						10	8	13
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Don Chish				Signature <i>Don Chish</i>		Month	Day	Year
						10	9	13
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number:								
18b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Sue McAhren				Signature <i>Sue McAhren</i>		Month	Day	Year
						10	09	13

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

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

Form Approved. OMB No. 2050-0039

429165

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone (206) 209-1927	4. Manifest Tracking Number 011871603 JJK										
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site Address (if different than mailing address)											
Generator's Phone: (360) 209-1927		6. Transporter 1 Company Name R TRANSPORT INC		U.S. EPA ID Number WAH000028338											
7. Transporter 2 Company Name				U.S. EPA ID Number											
8. Designated Facility Name and Site Address CWMNW, INC 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353											
Facility's Phone: (541) 454-2613		9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes			
1.		X		MATERIAL NOT REGULATED BY DOT (LFD1 CONTAMINATED SOIL)		001 DT		64,000		P		WT02 X007			
2.															
3.															
4.															
14. Special Handling Instructions and Additional Information 1 OR321860: LFD1 CONTAMINATED SOIL 64420 P.															
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.															
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES										Signature <i>Jenkins Dossan</i>		Month Day Year 10 8 13			
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____															
17. Transporter Acknowledgment of Receipt of Materials															
Transporter 1 Printed/Typed Name BOB CHURCH										Signature <i>Bob Church</i>		Month Day Year 10 9 13			
Transporter 2 Printed/Typed Name										Signature		Month Day Year			
18. Discrepancy															
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection															
Manifest Reference Number:															
18b. Alternate Facility (or Generator) U.S. EPA ID Number															
Facility's Phone:															
18c. Signature of Alternate Facility (or Generator)										Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)															
1. H132				2.				3.				4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a															
Printed/Typed Name Sue McAhren										Signature <i>Sue McAhren</i>		Month Day Year 10 09 13			

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

10/10

DESIGNATED FACILITY TO GENERATOR

BMS



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
541 454 2643

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221


CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR: PORT OF ANACORTES
MANIFEST #: 011871603JJK
CWM TRACKING ID: 42916501
PROFILE #: OR321660
LINE ITEM: 9b.1
QUANTITY: 1 DT
RECEIVED DATE: 10/09/13

DISPOSAL PROCESS(ES): LANDFILL
FINAL DISPOSAL LOCATION: LANDFILL 13
DISPOSAL DATE: 10/09/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.



CWMNW RECORDS DEPARTMENT

Date: 10/15/13



**Chemical Waste Management
Of The Northwest**

17629 Cedar Springs Lane
Arlington, Oregon 97812
541-454-2643
EPA I.D.# ORDO89452353

LOAD NO. _____

MANIFEST DOC. NO. _____

INBOUND
T/D: 08:38:41 2013-10-09
ID: 429114 TRK ID: 53
108940 1b G

OUTBOUND
T/D: 08:56:21 2013-10-09
ID: 429114 TRK ID: 53
108940 1b G
39040 1b PT
69900 1b N

NET 34.95 TONS

RECEIVED
OCT 16 2013
BY: _____

GENERATOR _____

429-114

CWMI

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAH000043500	2. Page 1 of 1	3. Emergency Response Phone	4. Manifest Tracking Number 011871602 JJK	
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221			Generator's Site Address (if different than mailing address)			
Generator's Phone: (303) 299-1827			U.S. EPA ID Number			
6. Transporter 1 Company Name R TRANSPORT INC			U.S. EPA ID Number WAH000022338			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709			U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 454-2643						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
	1.	MATERIAL NOT REGULATED BY DOT (LF01 CONTAMINATED SOIL)	001	DOT	69900	P
	2.				LBC 10-7-13	
	3.					
	4.					
13. Waste Codes WTF02 4007						
14. Special Handling Instructions and Additional Information 1. OR321660: LF01 CONTAMINATED SOIL						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name PORT OF ANACORTES				Signature <i>Jenkins Doss</i>		Month Day Year 10 8 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name <i>Leon Carroll</i>			Signature <i>Leon Carroll</i>		Month Day Year 10 8 13
	Transporter 2 Printed/Typed Name			Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection <i>Quantity changed by driver sm 10-9-13</i>					
	Manifest Reference Number:					
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number		
	Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)					Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H132		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <i>Sue McAhren</i>				Signature <i>Sue McAhren</i>		Month Day Year 10 9 13

BMS

427114

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number 011871602 JJK				
5. Generator's Name and Mailing Address PORT OF ANACORTES 202 U AVENUE ANACORTES WA 98221				Generator's Site-Address (if different than mailing address)					
6. Transporter 1 Company Name P TRANSPORT INC				U.S. EPA ID Number					
7. Transporter 2 Company Name				U.S. EPA ID Number					
8. Designated Facility Name and Site Address CYMINW INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353					
9a. HM				9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
				No.	Type				
1.		MATERIAL NOT REGULATED BY DOT LF01 CONTAMINATED SOIL		001	DT		P	WT02 1007	
2.									
3.									
4.									
14. Special Handling Instructions and Additional Information 1. OR321660 LF01 CONTAMINATED SOIL									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offoror's Printed/Typed Name PORT OF ANACORTES				Signature			Month	Day	Year
							10	01	13
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name				Signature			Month	Day	Year
							10	05	13
Transporter 2 Printed/Typed Name				Signature			Month	Day	Year
18. Discrepancy									
18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection <i>Quantity changed by driver 10-7-13</i>									
Manifest Reference Number: _____									
18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone: _____									
18c. Signature of Alternate Facility (or Generator)						Month Day Year			
						RECEIVED			
						OCT 16 2013			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						BY: _____			
1.		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name Sue Mahren				Signature			Month	Day	Year
							10	09	13



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
541 454 2643

PORT OF ANACORTES
WAH000043500
202 U AVENUE
ANACORTES WA 98221

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	PORT OF ANACORTES
MANIFEST #:	011871602JJK
CWM TRACKING ID:	42911401
PROFILE #:	OR321660
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/09/13
DISPOSAL PROCESS(ES):	LANDFILL
FINAL DISPOSAL LOCATION:	LANDFILL 13
DISPOSAL DATE:	10/09/13

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Bobbi Galm

CWMNW RECORDS DEPARTMENT

Date: 10/15/13