

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 WA 0 0 9 5 0 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (206) 396 4105	4. Manifest Tracking Number 009475989 JJK
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5. Generator's Name and Mailing Address
 TOC HOLDINGS CO.
 2737 W COMMODORE WAY
 SEATTLE WA 98199-1233
 Generator's Phone: (206) 396 4105

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name
 STEVE FORLER TRUCKING
 U.S. EPA ID Number
 WA 0 0 0 0 0 0 1 2 A 3

7. Transporter 2 Company Name
 U.S. EPA ID Number

8. Designated Facility Name and Site Address
 CVMN, INC
 17629 CEDAR SPRINGS LANE
 ARLINGTON OR 97812-9709
 Facility's Phone: (541) 451 2812

U.S. EPA ID Number
 OR 0 0 8 9 4 5 2 3 5 3

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.	HA3077, HAZARDOUS WASTE, SOLID, H.O.S., 9, PGIII (F027)(PCP, DIOXINS)								
2.									
3.									
4.									

14. Special Handling Instructions and Additional Information
 PROFILE OR302870 PCP DIOXINS
 E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/WM #00N24117

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: _____ Signature: *[Signature]* Month: _____ Day: _____ Year: _____

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____
 Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: _____ Signature: *[Signature]* Month: _____ Day: _____ Year: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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. _____
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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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

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 WA D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone 1 800 424 9300	4. Manifest Tracking Number 002038590 JJK
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5. Generator's Name and Mailing Address TOC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 280-4495	Generator's Site Address (if different than mailing address)
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6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number WA R 0 0 0 0 0 1 2 6 3
7. Transporter 2 Company Name	U.S. EPA ID Number
8. Designated Facility Name and Site Address CYMNW, INC 17625 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 450-2933	U.S. EPA ID Number O R C 0 9 8 4 5 2 3 5 3

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	HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PCB// (F027)(PCP, DIOXINS)	1	ST	20	kg	F027			
2.									
3.									
4.									

14. Special Handling Instructions and Additional Information PROFILE OR302670 PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/AM #00N30117

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 <i>Mark ...</i>	Signature <i>Mark ...</i>	Month	Day	Year

16. International Shipments	<input type="checkbox"/> Import to U.S.	<input type="checkbox"/> Export from U.S.	Port of entry/exit:
Transporter signature (for exports only):		Date leaving U.S.:	

17. Transporter Acknowledgment of Receipt of Materials				
Transporter 1 Printed/Typed Name <i>Dick ...</i>	Signature <i>Dick ...</i>	Month	Day	Year
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		Signature	
Month	Day	Year	

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

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

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038589 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98199-1233

Generator's Site Address (if different than mailing address):
 Generator's Phone: (206) 286-4486

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number: WAD000001263

7. Transporter 2 Company Name

U.S. EPA ID Number:

8. Designated Facility Name and Site Address
CYMMW, INC.
17829 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9789

U.S. EPA ID Number: ORD089452353

Facility's Phone: (541) 464-2613

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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, F+III (F027)(PCP, DIOXINS)			64000	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
PROFILE OR302670. PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/MW #00121117

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: *Mark A. ...* Signature: *[Signature]* Month: 8 Day: 10 Year: 12

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: *Mike McMonigle* Signature: *[Signature]* Month: 8 Day: 16 Year: 12

Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: Signature: Month: Day: Year:

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

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

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WA 0008501207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038587 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO
 2737 W COMMODORE WAY
 SEATTLE WA 98199-1203
 Generator's Phone: (206) 296-4405

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name
STEVE FORLER TRUCKING U.S. EPA ID Number

7. Transporter 2 Company Name U.S. EPA ID Number
WA 0000001283

8. Designated Facility Name and Site Address
CYMINW, INC
 17829 CEDAR SPRINGS LANE
 ARLINGTON OR 97812-9709
 Facility's Phone: (541) 458-2643

U.S. EPA ID Number
OR 0089452353

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	HA3077, HAZARDOUS WASTE, SOLID, N.O.S., Q, POH (P027)(PCP, DIOXINS)	1	D	500	P	5027		
2								
3								
4								

14. Special Handling Instructions and Additional Information
 PROFILE OR302670: PCP DIOXINS
 E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/WM #CCN24117

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: *Steve Forler* Signature: *Steve Forler* Month: 8 Day: 16 Year: 12

16. International Shipments Import to U.S. 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: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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)

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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR

INT'L

TRANSPORTER

IGNATED FACILITY

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

WA0008591207

2. Page 1 of 1

3. Emergency Response Phone

(800) 424-9300

4. Manifest Tracking Number

002038585 JJK

5. Generator's Name and Mailing Address

TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98193-1333

Generator's Site Address (if different than mailing address)

Generator's Phone:

(206) 398-4195

6. Transporter 1 Company Name

STEVE FORLER TRUCKING

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

CYMINW, INC.
17829 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709

U.S. EPA ID Number

Facility's Phone:

(541) 450-2643

OR0089152350

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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)

No.

Type

Quantity

Wt./Vol.

F027

14. Special Handling Instructions and Additional Information

PROFILE OR302670 PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M/M #0002117

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/Officer's Printed/Typed Name

Signature

Month Day Year

16. International Shipments

Import to U.S.

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

Transporter 2 Printed/Typed Name

Signature

Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

Full Rejection

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)

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

Signature

Month Day Year

GENERATOR
TRANSPORTER INT'L
TRANSPORTER
DESIGNATED FACILITY

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038586 JJK
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5. Generator's Name and Mailing Address
**TOC HOLDINGS CO
2737 W COMMODORE WAY
SEATTLE WA 98109-1233**

Generator's Site Address (if different than mailing address)
(206) 286-4495

Generator's Phone:

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
WAD000001263

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
ORD089452363

Facility's Phone:
(503) 454-2033

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. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	DT	64,000	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
**PROFILE OR302670 PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M/M #00N24117**

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 Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038584 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98199-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 288-1405

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
W A R 0 0 0 0 0 1 2 8 3

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
O R D 0 8 9 4 5 2 3 5 3

Facility's Phone: (541) 464-2643

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					
1.	HAZARDOUS WASTE, SOLID, N.O.S. (PCP, DIOXINS)	1			F	PC27		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information
PROFILE OR300670 PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC#M#00N24117

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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR

TRANSPORTER

SIGNED FACILITY

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 WA 0009591207	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 002038582 JJK
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5. Generator's Name and Mailing Address TOC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98198-1233	Generator's Site Address (if different than mailing address)
Generator's Phone: (206) 286-4405	

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number WA 6000001203
7. Transporter 2 Company Name	U.S. EPA ID Number

8. Designated Facility Name and Site Address CAMM, INC 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709	U.S. EPA ID Number OR D080452353
Facility's Phone: (503) 254-2613	

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.	HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027) PCP, DIOXINS	1	D	67.4	P	F027			
2.									
3.									
4.									

14. Special Handling Instructions and Additional Information PROFILE OR302670 PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M #CCN24117
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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.			
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Generator's/Offeror's Printed/Typed Name <i>Walter C. Small</i>	Signature <i>Walter C. Small</i>	Month 5	Day 10	Year 92
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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 signature (for exports only):			

17. Transporter Acknowledgment of Receipt of Materials				
Transporter 1 Printed/Typed Name <i>Steve Forler</i>	Signature <i>Steve Forler</i>	Month 8	Day 17	Year 92
Transporter 2 Printed/Typed Name	Signature	Month	Day	Year

18. Discrepancy				
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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)			
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	Signature	Month	Day Year

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038583 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98199-1233
 Generator's Phone: (206) 281-4435

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name
STEVE FORLER TRUCKING
 U.S. EPA ID Number: W A R 0 0 0 0 0 1 2 6 3

7. Transporter 2 Company Name
 U.S. EPA ID Number:

8. Designated Facility Name and Site Address
CWMINW, INC.
17628 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709
 Facility's Phone: (541) 454-2643
 U.S. EPA ID Number: O R D 0 9 9 4 5 2 3 5 3

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.	HAZARDOUS WASTE, SOLID, NO S, 9, PGIII (P027)(PCP, DIOXINS)	1	DT			F027		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information
PROFILE OR302670: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/MW #CCN2117

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: *Michael ...* Signature: *Michael ...* Month: *01* Day: *11* Year: *2001*

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: *Dick Warlow* Signature: *Dick Warlow* Month: *3* Day: *15* Year: *2001*

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR
TRANSPORTER INTL
TRANSPORTER
DESIGNATED FACILITY

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 WA D 0 0 9 5 9 1 2 0 7		2. Page 1 of 1		3. Emergency Response Phone (800)424-9300		4. Manifest Tracking Number 002038588 JJK			
		5. Generator's Name and Mailing Address TOC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98109-1233						Generator's Site Address (if different than mailing address)			
Generator's Phone: (206)286-4495											
6. Transporter 1 Company Name STEVE FORLER TRUCKING						U.S. EPA ID Number WA R 0 0 0 0 0 1 2 0 3					
7. Transporter 2 Company Name						U.S. EPA ID Number					
8. Designated Facility Name and Site Address CWMNW, INC. 17620 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709						U.S. EPA ID Number OR D 0 9 9 4 5 2 3 5 3					
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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	DT	3000	P	F027					
	2.										
	3.										
	4.										
14. Special Handling Instructions and Additional Information PROFILE OR302870: PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC#CCN24117											
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 <i>Mark ...</i>						Signature <i>Mark ...</i>			Month 8	Day 16	Year 12
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>Wick ...</i>						Signature <i>Wick ...</i>			Month 5	Day 16	Year 12
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						Signature			Month	Day	Year

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038558 JJK
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5. Generator's Name and Mailing Address TUC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98109-1233	Generator's Site Address (if different than mailing address)
Generator's Phone: (206) 286-4495	

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number W A R 0 0 0 0 0 1 2 8 3
7. Transporter 2 Company Name	U.S. EPA ID Number

8. Designated Facility Name and Site Address CVMW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-0700	U.S. EPA ID Number O R D 0 9 9 4 5 2 3 5 3
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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	D	61	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
 PROFILE OR30267D: PCP DIOXINS
 E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/MW #00N24117

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/Offor's Printed/Typed Name <i>Mark A. Spittle</i>	Signature <i>Mark A. Spittle</i>	Month 8	Day 27	Year 07
--	-------------------------------------	------------	-----------	------------

16. International Shipments Import to U.S. 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
Transporter 2 Printed/Typed Name	Signature	Month	Day	Year

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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)

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	Signature	Month	Day	Year
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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

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 421-9300	4. Manifest Tracking Number 002038557 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4195

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
W A R 0 0 0 0 1 2 6 3

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
CYMRW, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709

U.S. EPA ID Number
O R D 0 8 9 4 5 2 3 5 3

Facility's Phone: (541) 454-2613

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		
		No.	Type					
X	1. NA3077, HAZARDOUS WASTE, SOLID N.O.S., 9, P0311 (F027)(PCP, DIOXINS)			2	P	P027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
 PROFILE OR302670 PCP DIOXINS
 E/R/P = CHEMTREC (1-800-421-9300) CHEMTREC/MMA #CCND4117

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
Mark A. Spitzer

Signature
Mark A. Spitzer

Month Day Year
8 29 07

INT'L

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name
Steve Forler

Signature
Steve Forler

Month Day Year
8 29 07

Transporter 2 Printed/Typed Name

Signature

Month Day Year

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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)

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 _____ Signature _____ Month Day Year _____

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
WA0000591207

2. Page 1 of 1

3. Emergency Response Phone
(800) 424-9300

4. Manifest Tracking Number
002038556 JJK

5. Generator's Name and Mailing Address
THE HOLLINGS CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4405

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
WA R 0 0 0 0 0 1 2 8 3

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 97912-9709

U.S. EPA ID Number
OR 0 0 8 9 4 5 2 3 5 3

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		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. N*3077, HAZARDOUS WASTE SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	DRUM	67.4	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information

PROFILE OR302670: PCP, DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC#MM#CCN24117

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: *Mark C. Chandler* Signature: *Mark C. Chandler* Month: 8 Day: 27 Year: 12

16. International Shipments Import to U.S. 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: 8 Day: 27 Year: 12
Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy
18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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)
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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone 1 800 424-9300	4. Manifest Tracking Number 002038555 JJK
	5. Generator's Name and Mailing Address TOC HOLDINGS CO 2797 W COMMODORE WAY SEATTLE WA 98199-1233			

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4495

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number WA 9 0 0 0 0 0 1 2 6 3
--	--

7. Transporter 2 Company Name	U.S. EPA ID Number
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8. Designated Facility Name and Site Address CWMW, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709	U.S. EPA ID Number OR D 0 8 9 4 5 2 3 5 3
--	--

Facility's Phone: (541) 454-2633

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		
		No.	Type					
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9 PGIII (F027)(PCP, DIOXINS)	1	DT	34000	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information

PROFILE OR302670: PCP DIOXINS
E/R/P = CHEMTREC (1-800-124-9300) CHEMTREC/AMM #00N24117

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/Offor's Printed/Typed Name: *Mark Shuttle* Signature: *Mark Shuttle* Month: 8 Day: 24 Year: 12

INT'L

16. International Shipments Import to U.S. 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: *Dick Dawson* Signature: _____ Month: 8 Day: 24 Year: 12

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WA D D 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038554 JJK
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5. Generator's Name and Mailing Address
TDC HOLDINGS CO
2737 W COMMODORE WAY
SEATTLE WA 98109-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4495

6. Transporter 1 Company Name: STEVE FORLER TRUCKING
U.S. EPA ID Number: WA R 0 0 0 0 0 1 2 5 3

7. Transporter 2 Company Name: _____
U.S. EPA ID Number: _____

8. Designated Facility Name and Site Address
CYAMN, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97112-9708

U.S. EPA ID Number: O R D 0 9 9 3 5 2 3 5 3

Facility's Phone: (541) 454-2633

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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)				P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
PROFILE OR 302670: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300); CHEMTREC#AM #CCN21117

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: _____ Signature: _____
Month: 10 Day: 24 Year: 12

16. International Shipments Import to U.S. 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: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____
Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____
Month: _____ Day: _____ Year: _____

GENERATOR
TRANSPORTER INT'L
TRANSPORTER
DESIGNATED FACILITY

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

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WAD009581207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038553 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO
2737 W COMMODORE WAY
SEATTLE WA 98109-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4495

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number WAR000001283
7. Transporter 2 Company Name	U.S. EPA ID Number

8. Designated Facility Name and Site Address
CWMRW, INC
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709

U.S. EPA ID Number
ORD089457353

Facility's Phone: (541) 454-2843

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.	HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (P027) PCP, DIOXINS				P	F027		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information
PROFILE OR302670 PCP DIOXINS
E.R.P. = CHEMTREC (1-800-424-9300) CHEMTREC/WM #CCN24117

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: _____ Signature: *Mark H. Small* Month: 8 Day: 29 Year: 12

16. International Shipments Import to U.S. 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: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR

INT'L

TRANSPORTER

IGNATED FACILITY

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (300) 424-9300	4. Manifest Tracking Number 002038552 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO
2737 W COMMODORE WAY
SEATTLE WA 98109-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4458

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
WAR000001263

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
CYMNW, INC.
17620 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709

U.S. EPA ID Number
ORD099462353

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		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. NA3077, HAZARDOUS WASTE, SOLID, N O S., 9, P3III (F027)(PCP, DIOXINS)	1	D	5800	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
PROFILE OR302670: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M #CCN24117

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: *Walter ...* Signature: *Walter ...* Month: 8 Day: 21 Year: 12

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: *Steve Forler* Signature: *Steve Forler* Month: 8 Day: 21 Year: 12

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR
TRANSPORTER
DESIGNATED FACILITY

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (500) 424-9300	4. Manifest Tracking Number 002038551 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98199-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 256-4495

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
W A R 0 0 0 0 0 1 2 6 3

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
O R D 0 8 9 4 5 2 3 5 3

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. HAZ077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	-		P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
PROFILE OR802670: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M #CCN24117

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: *Mark A Chandler* Signature: *Mark A Chandler* Month: 8 Day: 24 Year: 12

16. International Shipments Import to U.S. 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: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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)

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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR
INTL
TRANSPORTER
IGNATED FACILITY

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 WA0008591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038550 JJK	
5. Generator's Name and Mailing Address TUC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98199-1233				Generator's Site Address (if different than mailing address)		
Generator's Phone: (206) 256-4195						
6. Transporter 1 Company Name STEVE FORLER TRUCKING				U.S. EPA ID Number WA000001283		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address CVMINA, INC 17829 CEDAR SPRINGS LANE ARLINGTON OR 97012-9709				U.S. EPA ID Number OR0089452953		
Facility's Phone: (503) 454-2813						
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			
1.	HA3077, HAZARDOUS WASTE, SOLID, H O S, 9, PGIII (F027)(PCP, DIOXINS)	1	DR	6400	P	F027
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information PROFILE OR302670- PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/AMA #CCN24117						
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 <i>Mark A. ...</i>				Signature <i>Mark A. ...</i>		Month Day Year 8 21 12
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>Ron ...</i>				Signature <i>Ron ...</i>		Month Day Year
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)				Manifest Reference Number: U.S. EPA ID Number		
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)				Signature		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				Signature		Month Day Year

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WA D 0 0 9 5 0 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038549 JJK
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5. Generator's Name and Mailing Address
 TOC HOLDINGS CO
 2737 W COMMODORE WAY
 SEATTLE WA 98199-1233
 Generator's Site Address (if different than mailing address)
 Generator's Phone: (206) 286-4135

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number WA R 0 0 0 0 0 1 2 6 3
7. Transporter 2 Company Name	U.S. EPA ID Number

8. Designated Facility Name and Site Address
 GWINN, INC
 17628 CEDAR SPRINGS LANE
 ARLINGTON OR 97112-9709
 Facility's Phone: (541) 454-2013
 U.S. EPA ID Number
 OR D 0 8 9 4 5 2 3 5 3

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.	HAZD77, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP DICHINS)	1	DR	2.000	P	F027		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information
 PROFILE OR302670 PCP DICHINS
 ERP = CHEMTREC (1-800-424-9300) CHEMTREC#M #00124117

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/Offeor's Printed/Typed Name: *Steve Forler* Signature: *[Signature]* Month: 0 Day: 23 Year: 12

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: *Dick Warlow* Signature: *[Signature]* Month: 3 Day: 25 Year: 12
 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy
 18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY

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 WA D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 4 2 4 - 9 3 0 0	4. Manifest Tracking Number 002038548 JJK
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5. Generator's Name and Mailing Address TCC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98109-1233	Generator's Site Address (if different than mailing address)
Generator's Phone: (206) 286-1105	

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number WA R 0 0 0 0 0 1 2 6 3
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 O R D 0 8 9 4 5 2 3 5 3
Facility's Phone: (511) 454-2613	

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. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027 (PCP, DIOXINS))					F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information PROFILE OR302670: PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC#MM#00N21117

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 <i>Mark A. Wheeler</i>	Signature <i>Mark A. Wheeler</i>	Month 5	Day 1	Year 98
--	-------------------------------------	------------	----------	------------

16. International Shipments	<input type="checkbox"/> Import to U.S.	<input type="checkbox"/> Export from U.S.	Port of entry/exit: _____
Transporter signature (for exports only): _____		Date leaving U.S.: _____	

17. Transporter Acknowledgment of Receipt of Materials				
Transporter 1 Printed/Typed Name <i>Steve Forler</i>	Signature <i>Steve Forler</i>	Month 5	Day 1	Year 98
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	Signature	Month	Day	Year

GENERATOR
INT'L
TRANSPORTER
GNATED FACILITY

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 4 2 4 - 9 3 0 0	4. Manifest Tracking Number 002038547 JJK		
5. Generator's Name and Mailing Address TDC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233		Generator's Site Address (if different than mailing address)					
Generator's Phone: (206) 2 8 6 - 4 1 9 5							
6. Transporter 1 Company Name STEVE FORLER TRUCKING		U.S. EPA ID Number W A R 0 0 0 0 1 2 0 3					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address CYMINW, INC. 17520 CEDAR SPRINGS LANE ARLINGTON OR 97912-9709		U.S. EPA ID Number O R 0 0 3 9 4 5 2 3 5 3					
Facility's Phone: (5 4 1) 4 5 4 - 2 6 4 3							
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.	HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PCBII (P027 (PCP, DIOXINS))	1	3		P	P027	
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information PROFILE OR302670: PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/AMM #CCND4117							
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/Offeor's Printed/Typed Name <i>Mark A. Spittle</i>		Signature <i>Mark A. Spittle</i>			Month 0	Day 35	Year 12
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>N...</i>		Signature <i>N...</i>			Month	Day	Year
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)		Manifest Reference Number:			U.S. EPA ID Number		
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)		Signature			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		Signature			Month	Day	Year

GENERATOR

INT'L

TRANSPORTER

SIGNATED FACILITY

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: **WAD009591207**

2. Page 1 of: **1**

3. Emergency Response Phone: **(800) 424-9300**

4. Manifest Tracking Number: **002038545 JJK**

5. Generator's Name and Mailing Address: **TOC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98199-1233**

Generator's Site Address (if different than mailing address):

Generator's Phone: **(206) 288-4406**

6. Transporter 1 Company Name: **STEVE FORLER TRUCKING**

U.S. EPA ID Number: **WAR000001263**

7. Transporter 2 Company Name:

U.S. EPA ID Number:

8. Designated Facility Name and Site Address: **CWMNW, INC 17626 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709**

U.S. EPA ID Number: **ORD089452353**

Facility's Phone: **(541) 454-2641**

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		
		No.	Type					
X	1. NA3077, HAZARDOUS WASTE, SOLID, N O S, 9, PGIII (F027)(PCP, DIOXINS)	1	LT		P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information: **PROFILE OR302670 PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M/M #CCN24117**

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/Offor's Printed/Typed Name: *Mark A. Charles* Signature: *Mark A. Charles* Month: **8** Day: **23** Year: **12**

INT'L

16. International Shipments Import to U.S. 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038544 JJK
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5. Generator's Name and Mailing Address: **TOU HOLDINGS CO.**
 2737 W COMMODORE WAY
 SEATTLE WA 98199-1233
 Generator's Site Address (if different than mailing address):

Generator's Phone: (206) 286-1195

6. Transporter 1 Company Name: **STEVE FORLER TRUCKING** U.S. EPA ID Number: **WAD000001203**

7. Transporter 2 Company Name: U.S. EPA ID Number:

8. Designated Facility Name and Site Address: **CWMRW/INC.**
 17629 CEDAR SPRINGS LANE
 ARLINGTON OR 97812-0700 U.S. EPA ID Number: **ORD039152393**

Facility's Phone: (511) 450-2643

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. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, 6000 (F027)(PCP, DIOXINS)	1	27	270	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
 PROFILE OR 302670 PCP DIOXINS
 E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC #OCN24117

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: *Mark A. ...* Signature: *Mark A. ...* Month: 9 Day: 2 Year: 12

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: *Steve Forler* Signature: *Steve Forler* Month: 8 Day: 27 Year: 12
 Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:

18. Discrepancy
 18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: Signature: Month: Day: Year:

GENERATOR
INTL
TRANSPORTER
DESIGNATED FACILITY

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 WA D 0 0 9 5 9 1 2 0 7		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 002038543 JJK					
		5. Generator's Name and Mailing Address TOC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98109-1233 Generator's Phone: (206) 286-4405						Generator's Site Address (if different than mailing address)					
6. Transporter 1 Company Name STEVE FORLER TRUCKING						U.S. EPA ID Number WA R 0 0 0 0 0 1 2 8 3							
7. Transporter 2 Company Name						U.S. EPA ID Number							
8. Designated Facility Name and Site Address CWMNW, INC. 17620 CEDAR SPRINGS LANE ARLINGTON OR 97112-9709 Facility's Phone: (503) 454-2643						U.S. EPA ID Number O R D 0 8 9 4 5 2 3 5 3							
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			
						No.	Type						
		1. 1X3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027) (PCP, DIOXINS)								P	F027		
		2.											
		3.											
	4.												
14. Special Handling Instructions and Additional Information PROFILE OR302670 PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M/M #CCN24117													
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 <i>Walter Chandler</i>						Signature <i>Walter Chandler</i>			Month 9	Day	Year		
INTL	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						Signature			Month	Day	Year	
	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: _____									Month	Day	Year		
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						Signature			Month	Day	Year		

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038542 JJK
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5. Generator's Name and Mailing Address TDC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98190-1233	Generator's Site Address (if different than mailing address)
Generator's Phone: (206) 286-4495	

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number W A R 0 0 0 0 0 1 2 6 3
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 O R D 0 8 9 4 6 2 3 5 3
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		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, P-III (F027)(PCF, DIOXINS)				P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information PROFILE OR302670: PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTRECAAM #CCN21117
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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 <i>Mark A. Charles</i>	Signature <i>Mark A. Charles</i>	Month 8	Day 2	Year 11
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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.:
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17. Transporter Acknowledgment of Receipt of Materials				
Transporter 1 Printed/Typed Name	Signature	Month	Day	Year
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	Signature	Month	Day	Year

GENERATOR
INTL
TRANSPORTER
DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WA 0000591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038541 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO
 2737 W COMMODORE WAY
 SEATTLE WA 98109-1233
 Generator's Phone: (206) 296-1195

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
WA 0000001203

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
CYMRW, INC
 17629 CEDAR SPRINGS LANE
 ARLINGTON OR 97812-0709
 Facility's Phone: (541) 464-2613

U.S. EPA ID Number
OR 0099152353

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. RA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	DR	1.23	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
 PROFILE OR302670 PCP DIOXINS
 E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/AM #00N24117

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: *Michael D. Chandler* Signature: *Michael D. Chandler* Month: 10 Day: 27 Year: 12

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: *Rod Smith* Signature: _____ Month: 10 Day: 27 Year: 12

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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)

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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

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
WA D 0 0 9 5 9 1 2 0 7

2. Page 1 of 1

3. Emergency Response Phone
(800) 424-9300

4. Manifest Tracking Number
002038540 JJK

5. Generator's Name and Mailing Address
TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98199-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4405

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
WA R 0 0 0 0 0 1 2 6 3

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
CWMNW, INC.
17029 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709

U.S. EPA ID Number
OR 0 0 0 4 6 2 3 5 3

Facility's Phone: (541) 454-2613

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		
		No.	Type					
X	1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	241	P		F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information

PROFILE OR 302670: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC#AM #00N2117

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: *Michael Chandler* Signature: *Michael Chandler* Month: 8 Day: 2 Year: 2002

TRANSPORTER

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: *Tom Green* Signature: *Tom Green* Month: Day: Year:
Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:

DESIGNATED FACILITY

18. Discrepancy
18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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)
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: Signature: Month: Day: Year:

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 002038539 JJK
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5. Generator's Name and Mailing Address TOC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233	Generator's Site Address (if different than mailing address)
Generator's Phone: (206) 286-4495	

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number W A R 0 0 0 0 0 1 2 8 3
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7. Transporter 2 Company Name	U.S. EPA ID Number
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8. Designated Facility Name and Site Address CAMINW, INC 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709	U.S. EPA ID Number O R D 0 8 9 4 6 2 3 5 3
Facility's Phone: (541) 454-2612	

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.	HAZARDOUS WASTE, SOLID, N.O.S., 9. POH (F027)(PCP, DIOXINS)	1	DT	64.00	P	F027		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information PROFILE OR302670 PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M/M #00124117
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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 <i>Mark A. Chandler</i>	Signature <i>Mark A. Chandler</i>	Month 3	Day 2	Year 12
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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.:
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17. Transporter Acknowledgment of Receipt of Materials				
Transporter 1 Printed/Typed Name <i>Dick Warlow</i>	Signature <i>Dick Warlow</i>	Month 8	Day 7	Year 12
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
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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	Signature	Month	Day	Year

GENERATOR

INTL

TRANSPORTER

IGNATED FACILITY

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 WA D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038538 JJK		
		5. Generator's Name and Mailing Address TOC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233				Generator's Site Address (if different than mailing address)	
		Generator's Phone: (206) 286-4195					
6. Transporter 1 Company Name STEVE FORLER TRUCKING				U.S. EPA ID Number WA R 0 0 0 0 0 1 2 0 3			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17620 CEDAR SPRINGS LANE ARLINGTON OR 97812-9708				U.S. EPA ID Number OR D 0 0 9 4 5 2 3 5 3			
		Facility's Phone: (541) 454-2043					
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. NA3077, HAZARDOUS WASTE, SOLID, N O S . 9. PGIII (F027)(PCP, DIOXINS)				P	F027	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information PROFILE OR302670: PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC #00CN0117							
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 <i>Mark A. Charles</i>				Signature <i>Mark A. Charles</i>		Month Day Year 	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <i>Steve Forler</i>				Signature <i>Steve Forler</i>		Month Day Year 	
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) 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				Signature		Month Day Year	

GENERATOR

TRANSPORTER INT'L

GENERATED FACILITY

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 WA D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone 1 800 424-9300	4. Manifest Tracking Number 002038537 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO
2737 W COMMODORE WAY
SEATTLE WA 98190-1233

Generator's Site Address (if different than mailing address)
Generator's Phone: (206) 286-4105

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
WA R 0 0 0 0 0 1 2 6 3

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
CWMW, INC
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97912-9709

U.S. EPA ID Number
OR D 0 3 9 2 5 2 3 5 3

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		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
1.	HAZARDOUS WASTE, SOLID, NOT S.S. (P027) (PCP, DIOXINS)				P	P027		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information
PROFILE OR302670 PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTRECAAM #DCN24117

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: *David ...* Signature: *David ...* Month: 8 Day: 21 Year: 12

16. International Shipments Import to U.S. 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: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: **WA D 0 0 8 5 9 1 2 0 7**

2. Page 1 of 1

3. Emergency Response Phone: **(800) 424-9300**

4. Manifest Tracking Number: **002038536 JJK**

5. Generator's Name and Mailing Address: **TOC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98109-1233**

Generator's Site Address (if different than mailing address):

Generator's Phone: **(206) 236-4195**

6. Transporter 1 Company Name: **STEVE FORLER TRUCKING**

U.S. EPA ID Number: **WA R 0 0 3 0 0 1 2 6 3**

7. Transporter 2 Company Name:

U.S. EPA ID Number:

8. Designated Facility Name and Site Address: **CYMMW, INC 17620 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709**

U.S. EPA ID Number: **OR D 0 8 9 4 5 2 3 5 3**

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		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., D. P0311 (F027)(PCP, DIOXINS)				P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information: **PROFILE OR302670 PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC MAIL #02N23117**

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: *Mark J. [Signature]*

Signature: *[Signature]* Month: *8* Day: *20* Year: *1991*

16. International Shipments: Import to U.S. Export from U.S.

Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: *Karl [Signature]*

Signature: *[Signature]* Month: *8* Day: *20* Year: *1991*

Transporter 2 Printed/Typed Name: _____

Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR TRANSPORTER INT'L

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

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038535 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO
2737 W COMMODORE WAY
SEATTLE WA 98196-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4495

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
W A R 0 0 0 0 0 1 2 8 3

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
O R D 0 8 9 4 5 2 3 5 3

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		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	D	1	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
PROFILE OR302670: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/AM #00CN20117

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
Mark J. Howard

Signature
Mark J. Howard

Month Day Year
9 | 21 | 12

INT'L

16. International Shipments Import to U.S. 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
Steve Forler

Signature
Steve Forler

Month Day Year
9 | 21 | 12

Transporter 2 Printed/Typed Name

Signature

Month Day Year

/GNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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 _____
Signature _____
Month Day Year

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038534 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98199-1233

Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 286-4495

6. Transporter 1 Company Name
STEVE FORLER TRUCKING

U.S. EPA ID Number
W A R 0 0 0 0 0 1 2 8 0

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
CWMNW, INC.
17620 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709

U.S. EPA ID Number
O R D 0 8 9 4 5 2 3 5 3

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		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9. PGIII (F027)(PCP, DIOXINS)				P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information

PROFILE OR302670 PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/MW #00020117

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: *Mark A. Harrison* Signature: *Mark A. Harrison* Month: 8 Day: 20 Year: 12

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY

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 WA D 0 0 9 5 2 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038533 JJK			
5. Generator's Name and Mailing Address TOC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98108-1233				Generator's Site Address (if different than mailing address)				
Generator's Phone: (206) 286-4495								
6. Transporter 1 Company Name STEVE FORLER TRUCKING			U.S. EPA ID Number WA R 0 0 0 0 0 1 2 6 3					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address CWMN, INC 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number OR D 0 8 9 1 5 2 3 6 3				
Facility's Phone: (541) 451-2611								
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.	HAZARDOUS WASTE, SOLID, NOS., 9. PGIII (P027)(PCP, DIOXINS)	1	2	21	6	P027		
2.								
3.								
4.								
14. Special Handling Instructions and Additional Information PROFILE OR302670 PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300); CHEMTREC/MAN #CDN24117								
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/Offeor's Printed/Typed Name <i>Steve Forler</i>				Signature <i>Steve Forler</i>		Month 9	Day 20	Year 12
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>Steve Forler</i>				Signature <i>Steve Forler</i>		Month 9	Day 20	Year 12
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) Manifest Reference Number: _____ U.S. EPA ID Number _____								
Facility's Phone: _____						Month	Day	Year
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				Signature		Month	Day	Year

GENERATOR

TRANSPORTER INT'L

IGNATED FACILITY

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

Form Approved. OMB No. 2050-0036

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WA 0009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038532 JJK
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5. Generator's Name and Mailing Address: **YSC HOLDINGS CO.**
2737 W COMMODORE WAY
SEATTLE WA 98199-1233

Generator's Site Address (if different than mailing address):

Generator's Phone: **(206) 296-1495**

6. Transporter 1 Company Name: **STEVE FORLER TRUCKING** U.S. EPA ID Number: **WA R 0 0 0 0 0 1 2 6 3**

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 97912-9709 U.S. EPA ID Number: **OR D 0 9 8 4 5 2 3 5 3**

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. HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (PCP, DIOXINS)	1	DT	24,300	P	FD27		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
PROFILE OR302970: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTRECAWM #DCN24117

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: *Wesley D. Lawrence* Signature: *Wesley D. Lawrence* Month: **3** Day: **20** Year: **2000**

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: *Wesley D. Lawrence* Signature: *Wesley D. Lawrence* Month: **3** Day: **20** Year: **2000**

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038531 JJK		
5. Generator's Name and Mailing Address TOC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98198-1233		Generator's Site Address (if different than mailing address)					
Generator's Phone: (206) 286-4426							
6. Transporter 1 Company Name STEVE FORLER TRUCKING				U.S. EPA ID Number W A R 0 0 0 0 0 1 2 6 3			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CYMNW, INC 17620 CEDAR SPRINGS LANE ARLINGTON OR 97112-9709				U.S. EPA ID Number O R D 0 8 9 4 5 2 3 5 8			
Facility's Phone: (503) 451-2613							
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.	HAZARDOUS WASTE SOLID, N.O.S. 9. POIS (F027)(PCP, DIOXINS)	1	D	1	P	F027	
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information PROFILE OR302670 PCP DIOXINS E/R/P = CHEMTREC (1 800 424 9300) CHEMTREC/MHA #001121117							
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 <i>Walt A. ...</i>				Signature <i>Walt A. ...</i>		Month Day Year <i>9 - 12</i>	
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>ROD ...</i>				Signature <i>ROD ...</i>		Month Day Year <i>8 21 12</i>	
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) Manifest Reference Number: _____ 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)							
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				Signature		Month Day Year	

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone 1 800 424-9300	4. Manifest Tracking Number 002038530 JJK
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5. Generator's Name and Mailing Address TOE HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233	Generator's Site Address (if different than mailing address)
---	--

Generator's Phone: (206) 286-4495

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number W A R 0 0 0 0 0 1 2 8 3
--	---

7. Transporter 2 Company Name	U.S. EPA ID Number
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8. Designated Facility Name and Site Address CWMAN, INC 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709	U.S. EPA ID Number O R D 0 8 9 1 5 2 3 5 9
---	---

Facility's Phone: (541) 159-2613

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.	HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9 PGIII (F027)(POP, DIOXINS)	1	P	6	P	F027		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information
PROFILE OR300670 POP DIOXINS
E/R/P - CHEMTREC (1-800-424-9300) CHEMTREC/M #CCN26117

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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

16. International Shipments Import to U.S. 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
Transporter 2 Printed/Typed Name	Signature	Month	Day	Year

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

GENERATOR

INT'L

TRANSPORTER

IGNATED FACILITY

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 W A D 0 0 8 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone 1 800 424-9300	4. Manifest Tracking Number 002038529 JJK
	5. Generator's Name and Mailing Address TOC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98109-1233			

Generator's Site Address (if different than mailing address)	
Generator's Phone: 1 206 286-2195	

6. Transporter 1 Company Name STEVE FORLER TRUCKING	U.S. EPA ID Number W A R 0 0 0 0 0 1 2 6 3
--	---

7. Transporter 2 Company Name	U.S. EPA ID Number
-------------------------------	--------------------

8. Designated Facility Name and Site Address CWMWINC 17829 CEDAR SPRINGS LANE ARLINGTON OR 97912-9700	U.S. EPA ID Number O R D 0 5 9 1 5 2 3 5 3
Facility's Phone: 1 541 454-2633	

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.	HA3077, HAZARDOUS WASTE SOLID, N.O.S., 9 PCB (F027)(POP. DIOXINS)	1			D	F027		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information PROFILE OR302670 POP DIOXINS E/R/P = CHEMTREC (1-800-421-9300) CHEMTREC/CWMM #DCN24117

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 <i>John A. ...</i>	Signature <i>John A. ...</i>	Month 0	Day 17	Year 12
--	---------------------------------	------------	-----------	------------

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>Steve Forler</i>	Signature <i>Steve Forler</i>	Month	Day	Year
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	Signature	Month	Day	Year

GENERATOR
TRANSPORTER INTL
TRANSPORTER
DESIGNATED FACILITY

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: WA 0000581207
2. Page 1 of 1
3. Emergency Response Phone: (206) 268-4105
4. Manifest Tracking Number: 002038591 JJK

5. Generator's Name and Mailing Address: TOC HOLDINGS CO, 2737 W COMMODORE WAY, SEATTLE WA 98108-1233
Generator's Site Address (if different than mailing address):

6. Transporter 1 Company Name: STEVE FORLER TRUCKING
U.S. EPA ID Number: WA R 000 001 2 5 3

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 97912-9709
U.S. EPA ID Number: OR 000 001 5 2 3 5 3
Facility's Phone: (503) 451-2643

Table with 5 columns: 9a. HM, 9b. U.S. DOT Description, 10. Containers (No., Type), 11. Total Quantity, 12. Unit Wt./Vol., 13. Waste Codes. Row 1: HAZARDOUS WASTE, SOLID, H.O.S., 9 PCBs (PCB/PCP, DIOXINS); 1 container, Type 1, Total Qty 1, Unit F, Waste Code 6032.

14. Special Handling Instructions and Additional Information: PROFILE OR302870: PCB DIOXINS, E/R/F = CHEMTREC (1-800-424-9300), CHEMTREC/CWM #CCN24117

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.

Generator's/Offor's Printed/Typed Name: [Signature]
Signature: [Signature]
Month: 7, Day: 1, Year: 92

16. International Shipments: [] Import to U.S., [] 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]
Signature: [Signature]
Month: 8, Day: 12, Year: 92

Transporter 2 Printed/Typed Name: [Signature]
Signature: [Signature]
Month: , Day: , Year:

18. Discrepancy

18a. Discrepancy Indication Space: [] Quantity, [] Type, [] Residue, [] Partial Rejection, [] 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:
Signature:
Month: , Day: , Year:

GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 002038546 JJK		
		5. Generator's Name and Mailing Address TOC HOLDINGS CO. 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 286-4495				Generator's Site Address (if different than mailing address)	
6. Transporter 1 Company Name STEVE FORLER TRUCKING				U.S. EPA ID Number WAR000001263			
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)454-2643				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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	DT	6900	P	F027	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information PROFILE OR302670: PCP DIOXINS E/R/P = CHEMTREC (1-900-424-9300) CHEMTREC/M/M #CCN24117							
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 <i>Mark A. Chandler</i>				Signature <i>Mark A. Chandler</i>		Month Day Year 8 26 12	
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>Bob Gavin</i>				Signature <i>Bob Gavin</i>		Month Day Year 8 23 12	
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) 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				Signature		Month Day Year	

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038527 JJK		
5. Generator's Name and Mailing Address TOC HOLDINGS CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 286-4195				Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name STEVE FORLER TRUCKING				U.S. EPA ID Number W A R 0 0 0 0 0 1 2 0 3			
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) 454-2643				U.S. EPA ID Number O R D 0 8 9 4 5 2 3 5 3			
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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	DT	64000	P	F027	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information PROFILE OR302670. PCP DIOXINS E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/WM #CCN23117							
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 <i>Mark A. Smith</i>				Signature <i>Mark A. Smith</i>		Month Day Year 9 18 12	
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 EARLY E. RYANLEY				Signature <i>Early E. Ryanley</i>		Month Day Year 9 19 12	
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				Signature		Month Day Year	

WET/MAKES

CWMW AJ

422372

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 WA D 0 0 9 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038602 JJK
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5. Generator's Name and Mailing Address
TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98108-1233
Generator's Site Address (if different than mailing address)

Generator's Phone: (206) 256-4485

6. Transporter 1 Company Name
STEVE FORLER TRUCKING
U.S. EPA ID Number
WA R 0 0 0 0 0 1 2 8 3

7. Transporter 2 Company Name
U.S. EPA ID Number

8. Designated Facility Name and Site Address
CWMW, INC.
17829 CEDAR SPRINGS LANE
ARLINGTON OR 97812-8708
U.S. EPA ID Number
O R D 0 8 9 4 5 2 3 5 3

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. NA2077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII (F027)(PCP, DIOXINS)	1	DT	66,000	P	F027		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
PROFILE OR802670: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/M #CCN24117
69980P

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
Mack A. Chandler
Signature
Mack A. Chandler
Month Day Year
10 16 12

16. International Shipments
 Import to U.S. Export from U.S.
Port of entry/exit:
Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name
Tyler McManis
Signature
Tyler McManis
Month Day Year
10 16 12

Transporter 2 Printed/Typed Name
Signature
Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection 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 McArren
Signature
Sue McArren
Month Day Year
10 17 12

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

10/18

BMS

10/17/12

CWM 45

422373

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WA D 0 0 8 5 9 1 2 0 7	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002038604 JJK
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5. Generator's Name and Mailing Address: TOC HOLDINGS CO.
2737 W COMMODORE WAY
SEATTLE WA 98108-1233
Generator's Site Address (if different than mailing address):
Generator's Phone: (206) 288-4495

6. Transporter 1 Company Name: STEVE FORLER TRUCKING
U.S. EPA ID Number: WA R 0 0 0 0 0 1 2 8 3

7. Transporter 2 Company Name: _____
U.S. EPA ID Number: _____

8. Designated Facility Name and Site Address: CWMW, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-8709
U.S. EPA ID Number: O R D 0 8 9 4 5 2 3 5 3
Facility's Phone: (541) 454-2843

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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 8, PGIII (F027)(PCP, DIOXINS)	1	DT	61000 64K 57.0-17.2		F027	
	2.						
	3.						
	4.						

14. Special Handling Instructions and Additional Information:
PROFILE OR302870: PCP DIOXINS
E/R/P = CHEMTREC (1-800-424-9300) CHEMTREC/MW #00N24117
61,280P

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/Offeor's Printed/Typed Name: *Mark A. Chandler*
Signature: *Mark A. Chandler*
Month Day Year: 10 | 16 | 12

16. International Shipments: Import to U.S. Export from U.S.
Port of entry/exit: _____
Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: *Brian Banks*
Signature: *Brian Banks*
Month Day Year: 10 | 16 | 12

Transporter 2 Printed/Typed Name: _____
Signature: _____
Month Day Year: _____

18. Discrepancy

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection 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: *Sue McAhren*
Month Day Year: 10 | 17 | 12

10/18

ALCOB

VH

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 WAD009591207	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968221 FLE
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5. Generator's Name and Mailing Address
TIME OIL CO
 2737 W COMMODORE WAY
 SEATTLE WA 98199-1233
 Generator's Phone: (206) 286-4495

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name
R-TRANSPORT
 U.S. EPA ID Number
 WA H000028338

7. Transporter 2 Company Name
UPRR
 U.S. EPA ID Number
 INED001792910

8. Designated Facility Name and Site Address
CWMNW, INC.
 17629 CEDAR SPRINGS LANE
 ARLINGTON OR 97812-9709
 Facility's Phone: (541) 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
		No.	Type			
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III (PCP, DIOXINS)	1	CM	31000 10000	P	F027
	2.			8-12-16-11		
	3.					
	4.					

14. Special Handling Instructions and Additional Information
1. PROFILE OR302670- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM
 CONTAINER # ~~SWA447146~~ JB CWMU 8501
~~CWMU 7144~~ JB 31000P

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/Officer's Printed/Typed Name
MARK CHANDLER
 Signature

 Month Day Year
 12 7 2011

INT'L

16. International Shipments
 Import to U.S. 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
JSSC BURT
 Signature

 Month Day Year
 12 7 11

Transporter 2 Printed/Typed Name
SATM
 Signature

 Month Day Year
 12 7 11

DESIGNATED FACILITY

18. Discrepancy
 18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection
 Section 10, 11, 12 completed, Quant ity changed per Jessica Brown/Sunderath 8-12-16-11
 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. H112	2.	3.	4.
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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

 Month Day Year
 12 16 11

BMS

416680

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator ID Number WAD 009591207	22. Page 2 of 2	23. Manifest Tracking Number 003963221 FLE
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24. Generator's Name
Time Oil Co

25. Transporter 3 Company Name CRLRC U.S. EPA ID Number LORD 987173457

26. Transporter _____ Company Name U.S. EPA ID Number

27.a. HM	27.b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					

32. Special Handling Instructions and Additional Information

33. Transporter 3 Acknowledgment of Receipt of Materials
 Printed/Typed Name: A Timmerman Signature: A Timmerman Month: 11 Day: 29 Year: 11

34. Transporter Acknowledgment of Receipt of Materials
 Printed/Typed Name: Signature: Month: Day: Year:

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

GENERATOR
TRANSPORTER
DESIGNATED FACILITY

416699

VAE CWMII

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WAD009591207	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968165 FLE
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5. Generator's Name and Mailing Address
**TIME OIL CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233**

Generator's Site Address (if different than mailing address):
SEATTLE WA 98199-1233

Generator's Phone: **(206) 286-4495**

6. Transporter 1 Company Name: **R-TRANSPORT** U.S. EPA ID Number: **WA H000028338**

7. Transporter 2 Company Name: **UP Railroad** U.S. EPA ID Number: **NE0001792910**

on 12-12-11 per Cindi Cresp/UPRR

8. Designated Facility Name and Site Address
**CWMNW, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709**

Facility's Phone: **(541) 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
		No.	Type			
X	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)	1	CM	30080 40000	P	F027
2.						
3.						
4.						

*on 12-16-11
on 12-12-11
per Jessica Brown/Sound Earth.*

14. Special Handling Instructions and Additional Information
1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM

CONTAINER # CWMW 8124

30080P

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/Officer's Printed/Typed Name: **MARK CHANDLER** Signature: *Mark Chandler* Month: **12** Day: **7** Year: **11**

TRANSPORTER INT'L

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **Jesse BURT** Signature: *Jesse Burt* Month: **12** Day: **7** Year: **11**

Transporter 2 Printed/Typed Name: **Cindi Cresp** Signature: *Cindi Cresp* Month: **12** Day: **7** Year: **11**

DESIGNATED FACILITY

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection
Section 10, 11, 12 corrected, quantity changed per Jessica Brown/Sound Earth. on 12-16-11

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. **H112** 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: **12** Day: **16** Year: **11**

AMS

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator ID Number WAD009591207	22. Page 2 of 2	23. Manifest Tracking Number 003968165 FLE
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24. Generator's Name
Time Oil Co

25. Transporter 3 Company Name **CRLRC** U.S. EPA ID Number **LORD987173457**

26. Transporter _____ Company Name _____ U.S. EPA ID Number _____

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					

32. Special Handling Instructions and Additional Information

33. Transporter 3 Acknowledgment of Receipt of Materials
 Printed/Typed Name **A Timmerman** Signature **A Timmerman** Month **11** Day **29** Year **11**

34. Transporter _____ Acknowledgment of Receipt of Materials
 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

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

416702

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WA D 0 0 8 5 9 1 2 0 7		2. Page 1 of 2		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003968166 FLE			
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 288-4495						Generator's Site Address: (if different than mailing address)					
6. Transporter 1 Company Name MP Environmental Services						U.S. EPA ID Number CAT 000624247					
7. Transporter 2 Company Name						U.S. EPA ID Number					
8. Designated Facility Name and Site Address CWMW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2643						U.S. EPA ID Number ORD 0 8 9 4 5 2 3 5 3					
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	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (PCP, DIOXINS)	1	Drum	30	Y	F027					
14. Special Handling Instructions and Additional Information 1. PROFILE OR302670- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # CWMV8040 29760 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 MARK CHANDLER						Signature <i>Mark Chandler</i>			Month Day Year 12 7 11		
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 Seth Simard Signature <i>SS</i> Month Day Year 12 7 11 Transporter 2 Printed/Typed Name Cindi Crespo Signature <i>Cindi Crespo</i> Month Day Year 12 7 11											
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 _____					
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. H12		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: Janice Stuard Signature: <i>Janice Stuard</i> Month Day Year: 12 15 11											

GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

BMS

416702

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)

21. Generator ID Number WAD009591207

22. Page 2 of 2

23. Manifest Tracking Number 003968166 FLE

24. Generator's Name Time Oil Co

25. Transporter 3 Company Name CRURC U.S. EPA ID Number 987 ORD 97173457

26. Transporter Company Name U.S. EPA ID Number 815 12-16-11

27a HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					

32. Special Handling Instructions and Additional Information

33. Transporter 3 Acknowledgment of Receipt of Materials
Printed/Typed Name A Timmerman Signature [Signature] Month 12 Day 9 Year 11

34. Transporter Acknowledgment of Receipt of Materials
Printed/Typed Name Signature Month Day Year

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

GENERATOR
TRANSPORTER
DESIGNATED FACILITY

11/02/11

CWMW4

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: WAD009591207
 2. Page 1 of 2
 3. Emergency Response Phone: (800) 424-9300
 4. Manifest Tracking Number: 003968162 FLE

5. Generator's Name and Mailing Address: TIME OIL CO, 2737 W COMMODORE WAY, SEATTLE, WA 98199-1233
 Generator's Site Address (if different than mailing address):
 Generator's Phone: (206) 286-4495

6. Transporter 1 Company Name: R Transport Inc
 U.S. EPA ID Number: WAH000028338

7. Transporter 2 Company Name: Union Pacific Railroad
 U.S. EPA ID Number: NE0001792910

8. Designated Facility Name and Site Address: CWMW, 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		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (PCP, DIOXINS)	1	CM	30000	P	F027

14. Special Handling Instructions and Additional Information: 1. PROFILE ORS02870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # CWMU7363
 30120P

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: MARK CHANDLER
 Signature: [Signature]
 Month Day Year: 12/15/11

INT'L

16. International Shipments: Import to U.S. 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: Curtis Currie
 Signature: [Signature]
 Month Day Year: 12/15/11

Transporter 2 Printed/Typed Name: [Signature]
 Signature: [Signature]
 Month Day Year: 12/15/11

DISCREPANCY

18. Discrepancy

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection
 Manifest Reference Number:

DESIGNATED FACILITY

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. H12 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: Janice Strand
 Signature: [Signature]
 Month Day Year: 12/21/11

BMS

416021

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number		22. Page	23. Manifest Tracking Number	
		WAD009591207		2 of 2	003968162 FLE	
24. Generator's Name Time Oil Co						
25. Transporter <u>3</u> Company Name CRLRC					U.S. EPA ID Number ORD 987173457	
26. Transporter _____ Company Name					U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
22. Special Handling Instructions and Additional Information						
33. Transporter <u>3</u> Acknowledgment of Receipt of Materials Printed/Typed Name: <u>A Timmerman</u> Signature: <u>A Timmerman</u> Month: <u>12</u> Day: <u>17</u> Year: <u>11</u>						
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

416860

13 NEWMI

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number W A D 0 0 0 5 9 1 2 0 7	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968167 FLE
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5. Generator's Name and Mailing Address
TIME OIL CO.
2737 W COMMODORE WAY
SEATTLE WA 98199-1233
 Generator's Site Address (if different than mailing address):
 Generator's Phone: (206) 286-4495

6. Transporter 1 Company Name
R Transport Inc
 U.S. EPA ID Number
 WAH000028338

7. Transporter 2 Company Name
Union Pacific Railroad
 U.S. EPA ID Number
 NED001792910

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) 454-2843

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	
		No.	Type				
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (PCP, DIOXINS)	1	CM	38000 30000	P	F027	
	2.			<i>sm B-28-11</i>			
	3.						
	4.						

14. Special Handling Instructions and Additional Information
1. PROFILE OR302670- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM
CONTAINER # CWMU8021
 38000P

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
MARK CHANDLER
 Signature
Mark Chandler
 Month Day Year
 12 | 16 | 11

TRANSPORTER INTL

16. International Shipments
 Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials
 Transporter signature (for exports only): _____

Transporter 1 Printed/Typed Name
Carsten Currie
 Signature
Carsten Currie
 Month Day Year
 12 | 16 | 11

Transporter 2 Printed/Typed Name
Seth
 Signature
Seth
 Month Day Year
 12 | 16 | 11

DESIGNATED FACILITY

18. Discrepancy
 18a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection Full Rejection
Quantity changed per Jessica Brown/Kand Earth sm B-28-11
 Manifest Reference Number: _____ U.S. EPA ID 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. **H112** 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
Jessica Stand
 Signature
Jessica Stand
 Month Day Year
 12 | 27 | 11

AMS

416860

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)

21. Generator ID Number
WAD 009591207

22. Page
20F2

23. Manifest Tracking Number
0059168167 FLE

24. Generator's Name
Time Oil Co

25. Transporter 3 Company Name
CRLRC

U.S. EPA ID Number
1 ORD 987173457

26. Transporter _____ Company Name

U.S. EPA ID Number

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			

32. Special Handling Instructions and Additional Information

33. Transporter 3 Acknowledgment of Receipt of Materials

Printed/Typed Name <u>A Timmerman</u>	Signature <u>A Timmerman</u>	Month <u>11</u>	Day <u>17</u>	Year <u>11</u>
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34. Transporter _____ Acknowledgment of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
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35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

GENERATOR
TRANSPORTER
DESIGNATED FACILITY

416863

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WAD009591207	2. Page 1 of 21	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968163 FLE
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5. Generator's Name and Mailing Address
**TIME OIL CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233**

Generator's Site Address (if different than mailing address):
(206) 286-4495

6. Transporter 1 Company Name
R Transport Inc

U.S. EPA ID Number
WAH000028338

7. Transporter 2 Company Name
Union Pacific Railroad

U.S. EPA ID Number
NE0001792910

8. Designated Facility Name and Site Address
**CWMIW, INC.
17828 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		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes
		No.	Type			
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)	1	CM	3750 3350 P Sm 12-28-11 Sm 12-29-11		F027
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # WMRU910311

28540P, 13780P

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: **MARK CHANDLER**

Signature: *Mark Chandler*

Month: **12** Day: **15** Year: **11**

INT'L

16. International Shipments: Import to U.S. 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: **Carstina Currie**

Signature: *Carstina Currie*

Month: **12** Day: **15** Year: **11**

Transporter 2 Printed/Typed Name: **Carli Cress**

Signature: *Carli Cress*

Month: **12** Day: **15** Year: **11**

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection

Quantity changed per Jessica Brown/Sand Earth Sm 12-28-11 Not Needed Sm 12-29-11

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. **H112** 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: **Janice Strand**

Signature: *Janice Strand*

Month: **12** Day: **23** Year: **11**

Sm 12-29-11

416863

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator ID Number WAD009591207	22. Page 2 of 2	23. Manifest Tracking Number 003968163 FLE
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24. Generator's Name
Time Oil Co

25. Transporter 3 Company Name **CRLRC** U.S. EPA ID Number **ORD 987173457**

26. Transporter _____ Company Name _____ U.S. EPA ID Number _____

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			

32. Special Handling Instructions and Additional Information

33. Transporter 3 Acknowledgment of Receipt of Materials
 Printed/Typed Name **A Timmerman** Signature **A Timmerman** Month **12** Day **17** Year **11**

34. Transporter _____ Acknowledgment of Receipt of Materials
 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

GENERATOR
TRANSPORTER
DESIGNATED FACILITY

416877

13

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968220 FLE		
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 286-4495			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 Union Pacific Railroad			U.S. EPA ID Number NED001792910				
8. Designated Facility Name and Site Address CWMIW, INC. 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 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
	X	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (PCP, DIOXINS)	1	CM	35180 30000	P	F027
					8-12-11		
14. Special Handling Instructions and Additional Information 1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # ^{US} 77 CWMI 7144 35180P							
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/Officer's Printed/Typed Name MARK CHANDLER		Signature <i>Mark Chandler</i>		Month 12		Day 16	
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 Cristina Curcio		Signature <i>Cristina Curcio</i>		Month 12		Day 16	
Transporter 2 Printed/Typed Name Cande Crey		Signature <i>Cande Crey</i>		Month 12		Day 16	
18. Discrepancy							
18a. Discrepancy Indication Space Weight change per Jessica Brown Sound Earth 8-12-11		<input checked="" 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	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H112		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 Junice Stuard		Signature <i>Junice Stuard</i>		Month 12		Day 20	

BM'S

416577

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator ID Number WAD 009591207	22. Page 2 of 2	23. Manifest Tracking Number 003968320 FLE
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24. Generator's Name
Time Oil Co

25. Transporter 3 Company Name CRLRC U.S. EPA ID Number 1ORD987173457

26. Transporter _____ Company Name U.S. EPA ID Number

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					

32. Special Handling Instructions and Additional Information

GENERATOR	33. Transporter <u>3</u> Acknowledgment of Receipt of Materials		
	Printed/Typed Name <u>A Timmerman</u>	Signature <u>A Timmerman</u>	Month Day Year <u>12 20 11</u>
TRANSPORTER	34. Transporter _____ Acknowledgment of Receipt of Materials		
	Printed/Typed Name	Signature	Month Day Year

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

116674

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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968179 FLE
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5. Generator's Name and Mailing Address
TIME OIL CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233
 Generator's Phone: (206) 286-4495

Generator's Site Address (if different than mailing address):

6. Transporter 1 Company Name: **MP ENVIRONMENTAL** U.S. EPA ID Number: **CAT 000624247**

7. Transporter 2 Company Name: **UPRR** U.S. EPA ID Number: **WED 001792910**

8. Designated Facility Name and Site Address
CWMNW, INC.
17829 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709
 Facility's Phone: (541) 454-2643

U.S. EPA ID Number: **ORD 0 8 9 4 5 2 3 5 3**

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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)	1	CH	10000 45000	P R	F027
	2.					
	3.					
	4.					

8m 12-9-11 per Jessica Brown/Sound Earth

14. Special Handling Instructions and Additional Information
1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM
CONTAINER # CWMI 8128

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/Offereor's Printed/Typed Name: **MARK CHANDLER** Signature: *Mark Chandler* Month: 12 Day: 6 Year: 11

16. International Shipments: Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **Scott Smith** Signature: *Scott Smith* Month: 12 Day: 6 Year: 11

Transporter 2 Printed/Typed Name: **John** Signature: *John* Month: 12 Day: 6 Year: 11

18. Discrepancy

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection
Quantity changed per Jessica Brown/Sound Earth on 12-9-11

18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. H112	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: **Janice Strand** Signature: *Janice Strand* Month: 12 Day: 14 Year: 11

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

AMS

4/16/94

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number <i>WAD 009591207</i>	22. Page <i>2 of 2</i>	23. Manifest Tracking Number <i>003968179 FLE</i>		
24. Generator's Name <i>Time Oil Co</i>						
25. Transporter <i>3</i> Company Name <i>CRLRC</i>				U.S. EPA ID Number <i>LOD 987173457</i>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
32. Special Handling Instructions and Additional Information						
33. Transporter <i>3</i> Acknowledgment of Receipt of Materials						
Printed/Typed Name		Signature		Month	Day	Year
<i>A Timmerman</i>		<i>A Timmerman</i>		<i>11</i>	<i>8</i>	<i>11</i>
34. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name		Signature		Month	Day	Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

WT

A16615

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 WA 0009591207	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968180 FLE	
5. Generator Name and Address TIME CHURCH 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 286-4495			Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name R-TRANSPORT			U.S. EPA ID Number WA H0000 28338			
7. Transporter 2 Company Name UPRR			U.S. EPA ID Number NED001792110 ORD 937173457			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2643			U.S. EPA ID Number ORD 089452353 AT 12/9/11			
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.
	X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)	1	CM	45,000 31640	P
		2.				
		3.				
		4.				
13. Waste Codes F027						
14. Special Handling Instructions and Additional Information 1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # CHIU255075 31640 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/Officer's Printed/Typed Name MARK CHANDLER			Signature <i>Mark Chandler</i>		Month	Day Year
					12	7 11
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 JESSE BURT			Signature <i>Jesse Burt</i>		Month	Day Year
					12	7 11
Transporter 2 Printed/Typed Name Cindi Cresp			Signature <i>Cindi Cresp</i>		Month	Day Year
					12	7 11
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 per Jessica Brown/Southern on 12-15-11						
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. H12		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 Janice Strand			Signature <i>Janice Strand</i>		Month	Day Year
					12	15 11

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UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number <i>WAD 009591207</i>	22. Page <i>2 of 2</i>	23. Manifest Tracking Number <i>003968180 FLE</i>			
24. Generator's Name <i>Time Oil Co</i>							
25. Transporter <i>3</i> Company Name <i>CRLRC</i>			U.S. EPA ID Number <i>ORD987173457</i>				
26. Transporter _____ Company Name			U.S. EPA ID Number				
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
32. Special Handling Instructions and Additional Information							
33. Transporter <i>3</i> Acknowledgment of Receipt of Materials							
Printed/Typed Name <i>A Timmerman</i>		Signature <i>A Timmerman</i>		Month Day Year <i>11/21/11</i>			
34. Transporter _____ Acknowledgment of Receipt of Materials							
Printed/Typed Name		Signature		Month Day Year			
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

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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 W A D 0 0 9 5 9 1 2 0 7	2. Page 1 of 2-1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968181 FLE			
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233			Generator's Site Address (if different than mailing address)					
Generator's Phone: (206) 286-4495								
6. Transporter 1 Company Name MP ENVIRONMENTAL				U.S. EPA ID Number CAT 000629247				
7. Transporter 2 Company Name WPRR				U.S. EPA ID Number WED001792910				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD 0 8 9 4 5 2 3 5 3				
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.	13. Waste Codes
	X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III. (PCP, DIOXINS)		1 CM		45000 35840	P	F027
		2.		Sum-12-9-11 per Jessica Brown/Saunders Sum-12-15-11				
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # CHZU255074 35840 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/Officer's Printed/Typed Name MARK CHANDLER				Signature Mark Chandler			Month Day Year 12 7 2011	
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 1 Printed/Typed Name SETH SMITH				Signature [Signature]			Month Day Year 12 7 11	
Transporter 2 Printed/Typed Name SETH				Signature [Signature]			Month Day Year 12 7 11	
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 Section 10, 11 and 12 completed, weight changed per Jessica Brown/Saunders Sum-12-15-11 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. H112		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 Janice Strand				Signature [Signature]			Month Day Year 12 15 11	

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number WAD 0095911207	22. Page 2 of 2	23. Manifest Tracking Number 003968181 FLE		
24. Generator's Name Time Oil Co						
25. Transporter <u>3</u> Company Name CRLRC			U.S. EPA ID Number ORD 987173457			
26. Transporter _____ Company Name			U.S. EPA ID Number			
27a HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
32. Special Handling Instructions and Additional Information						
33. Transporter <u>3</u> Acknowledgment of Receipt of Materials						
Printed/Typed Name A Timmerman				Signature A Timmerman		Month Day Year 11 29 11
34. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

46677

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WAD009591207	2. Page 1 of 2	3. Emergency Response Phone (800)424-9300	4. Manifest Tracking Number 003968223 FLE
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5. Generator's Name and Mailing Address
TIME OIL CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233
 Generator's Phone: (208) 286-4495

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name
R-TRANSPORT
 U.S. EPA ID Number
WA H000028338

7. Transporter 2 Company Name
UPRR
 U.S. EPA ID Number
NED001792910
BMS 12-15-11 per Liz Sathre / UPRR

8. Designated Facility Name and Site Address
CWMMW, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709
 Facility's Phone: (541) 454-2643

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	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)	1	CM	29940 45000 <i>Sm 12-12-11</i>	P	F027

14. Special Handling Instructions and Additional Information
1. PROFILE OR302670- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM
CONTAINER # CWMV7080
29940 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
MARK CHANDLER
 Signature
Mark Chandler
 Month Day Year
 12 7 11

16. International Shipments
 Import to U.S. Export from U.S.
 Port of entry/exit: _____
 Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name
JESSE BURT
 Signature
Jesse Burt
 Month Day Year
 12 7 11

Transporter 2 Printed/Typed Name
Sathre
 Signature
Sathre
 Month Day Year
 12 7 11

18. Discrepancy

18a. Discrepancy Incipation Space
 Quantity Type Residue Partial Rejection Full Rejection
Quantity changed by Jessica Brown/Kaune/earth Sm 12-12-11
 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. H112	2.	3.	4.
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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
 12 12 11

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number WAD 009591307		22. Page 2 of 2		23. Manifest Tracking Number 003968223 FILE				
24. Generator's Name Time Oil Co										
25. Transporter <u>3</u> Company Name CRIRC			U.S. EPA ID Number 10RD 987173457							
26. Transporter _____ Company Name U.S. EPA ID Number										
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
32. Special Handling Instructions and Additional Information										
TRANSPORTER	33. Transporter <u>3</u> Acknowledgment of Receipt of Materials Printed/Typed Name: A Timmerman Signature: A Timmerman Month: 12 Day: 9 Year: 11									
	34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____									
DESIGNATED FACILITY	35. Discrepancy									
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD009591207	2. Page 1 of 2	3. Emergency Response Phone (800) 424-8300	4. Manifest Tracking Number 003968216 FLE		
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233			Generator's Site Address: (if different than mailing address)				
Generator's Phone: (206) 286-4495							
6. Transporter 1 Company Name MP ENVIRONMENTAL		U.S. EPA ID Number CAT 000 620 247					
7. Transporter 2 Company Name UPRR		U.S. EPA ID Number NED 001792910					
8. Designated Facility Name and Site Address CWMI, INC. 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709			U.S. EPA ID Number ORD 088452353				
Facility's Phone: (541) 454-2643							
9a HM	Sb. 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	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III (PCP, DIOXINS) OR302870	1	CM	19160 <i>45558 Sm 12-11 20</i>	P Y	F027	
				<i>Sm 12-9-11 per Jessica Brown/Sanderson</i>			
14. Special Handling Instructions and Additional Information 1. PROFILE OR302870- TCE CONTAMINATED SOIL CUTTINGS CONTAINER # CWMI 716'S 19160 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 MARK CHANDLER		Signature <i>Mark Chandler</i>			Month	Day	Year
					12	7	11
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 Scott Smity		Signature <i>Scott Smity</i>			Month	Day	Year
					12	7	11
Transporter 2 Printed/Typed Name Cindi Cressp		Signature <i>Cindi Cressp</i>			Month	Day	Year
					12	7	11
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 per Jessica Brown/Sanderson Sm 12-9-11							
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. H112	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
					12	12	11

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number WAD 009591207	22. Page 2 of 2	23. Manifest Tracking Number 0039623216 FILE		
24. Generator's Name Time Oil Co						
25. Transporter <u>3</u> Company Name CRLRC			U.S. EPA ID Number ORD 987173457			
26. Transporter _____ Company Name			U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
32. Special Handling Instructions and Additional Information						
TRANSPORTER	33. Transporter <u>3</u> Acknowledgment of Receipt of Materials					
	Printed/Typed Name A Timmerman	Signature A Timmerman	Month 11	Day 29	Year 11	
DESIGNATED FACILITY	34. Transporter _____ Acknowledgment of Receipt of Materials					
	Printed/Typed Name	Signature	Month	Day	Year	
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

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 WA D 0 0 9 5 9 1 2 0 7	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968222 FLE	
5. Generator Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233		Generator's Site Address (if different than mailing address) (206) 286-4495				
6. Transporter 1 Company Name R-TRANSPORT		U.S. EPA ID Number WA H0000 28338				
7. Transporter 2 Company Name UPRR		U.S. EPA ID Number WED 001792910				
8. Designated Facility Name and Site Address CWMU, INC. 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709		U.S. EPA ID Number ORD 0 8 9 4 5 2 3 5 3				
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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)	1	CM	15020 40000 8m-12-15-11	P.	F027
	2.			8m-12-15-11 per Jessica Brown Soundearth		
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. PROFILE OR302670- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # CWMU 7249 190208						
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 MARK CHANDLER		Signature <i>Mark Chandler</i>			Month Day Year 12 7 11	
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 Jesse Burt		Signature <i>Jesse Burt</i>			Month Day Year 12 7 11	
Transporter 2 Printed/Typed Name Cindi Cresco		Signature <i>Cindi Cresco</i>			Month Day Year 12 7 11	
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 per Jessica Brown/Soundearth 8m-12-16-11						
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. H112		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 Janice Strand		Signature <i>Janice Strand</i>			Month Day Year 12 15 11	

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UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number WAD009591207	22. Page 2 of 2	23. Manifest Tracking Number 003968222 FLE			
24. Generator's Name Time Oil Co							
25. Transporter <u>3</u> Company Name CRLRC				U.S. EPA ID Number 1 ORD987173457			
26. Transporter _____ Company Name				U.S. EPA ID Number			
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
			No.	Type			
32. Special Handling Instructions and Additional Information							
TRANSPORTER	33. Transporter <u>3</u> Acknowledgment of Receipt of Materials						
	Printed/Typed Name A Timmerman	Signature A Timmerman	Month 11	Day 21	Year 11		
DESIGNATED FACILITY	34. Transporter Acknowledgment of Receipt of Materials						
	Printed/Typed Name	Signature	Month	Day	Year		
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							

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UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WAD009591207	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968173 FLE
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5. Generator's Name and Mailing Address
TIME OIL CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233
 Generator's Phone: (206) 286-4495

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name: **R Transport** U.S. EPA ID Number: **WAH000028338**

7. Transporter 2 Company Name: **UPRR** U.S. EPA ID Number: **INED001792910**

8. Designated Facility Name and Site Address
CWMNW, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709
 Facility's Phone: (541) 454-2643

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	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)	1	CH	40,000	P	F027

14. Special Handling Instructions and Additional Information
1. PROFILE OR302670- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM
CONTAINER # CWMU8503
38,920 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: **MARK CHANDLER** Signature: *Mark Chandler* Month: **12** Day: **16** Year: **11**

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **JESSE BURT** Signature: *Jesse Burt* Month: **12** Day: **6** Year: **11**

Transporter 2 Printed/Typed Name: **JOHN** Signature: *John* Month: **12** Day: **6** Year: **11**

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Section 10 & 12 corrected per Jessica Brown/Sound Earth 12-9-11

Manifest Reference Number: _____

18b. Alternate Facility (or Generator) **See** 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. **H12** 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: **Jamie Staud** Signature: *Jamie Staud* Month: **12** Day: **13** Year: **11**

11/20/01

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number WAD 009591207	22. Page 2 of 2	23. Manifest Tracking Number 003968173 FLE			
24. Generator's Name Time Oil Co							
25. Transporter <u>3</u> Company Name CRLRC				U.S. EPA ID Number 1 ORD 987173457			
26. Transporter _____ Company Name				U.S. EPA ID Number			
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
			No.	Type			
32. Special Handling Instructions and Additional Information							
TRANSPORTER	33. Transporter <u>3</u> Acknowledgment of Receipt of Materials						
	Printed/Typed Name A Timmerman	Signature A Timmerman			Month	Day	Year
DESIGNATED FACILITY	34. Transporter _____ Acknowledgment of Receipt of Materials						
	Printed/Typed Name	Signature			Month	Day	Year
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							

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 WAD009591207	2. Page 1 of 2	3. Emergency Response Phone (800) 474-9300	4. Manifest Tracking Number 003968171 FLE
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5. Generator's Name and Mailing Address
**TIME OIL CO
2737 W COMMODORE WAY
SEATTLE WA 98100-1233**

Generator's Phone: **(206) 286-4405**

Generator's Site Address (if different than mailing address):

6. Transporter 1 Company Name: **MP ENVIRONMENTAL** U.S. EPA ID Number: **CAT 000124247**

7. Transporter 2 Company Name: **UPRR** U.S. EPA ID Number: **NEDD001792910**

8. Designated Facility Name and Site Address
**CWMNW, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709**

Facility's Phone: **(541) 454-2643**

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	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)	1	CM	40000 36400 25	P	F027
					Sm 12-9-11	
					per Jessica Brown/Sound Earth	

14. Special Handling Instructions and Additional Information
1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # CHIU250221

36400 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: **MARK CHIANDIER** Signature: *Mark Chiandler* Month: **12** Day: **16** Year: **11**

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **SEDL SMITH** Signature: *SEDL SMITH* Month: **12** Day: **6** Year: **11**

Transporter 2 Printed/Typed Name: **Linda J. Cyr UPRR** Signature: *Linda J. Cyr* Month: **12** Day: **6** Year: **11**

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Quantity changed per Jessica Brown/Sound Earth Sm 12-15-11

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. **H112** 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: **Tanica Strand** Signature: *Tanica Strand* Month: **12** Day: **14** Year: **11**

416682

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Form Approved. OMB No. 2050-0039

**UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)**

21. Generator ID Number

WAD 009591207

22. Page

2 of 2

23. Manifest Tracking Number

003968171 FLE

24. Generator's Name

Time Oil Co

25. Transporter 3 Company Name

CRLRC

U.S. EPA ID Number

1 ORD 987173457

26. Transporter _____ Company Name

U.S. EPA ID Number

27a. HM
27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

28. Containers

No.

Type

29. Total
Quantity

30. Unit
WL/Vol.

31. Waste Codes

32. Special Handling Instructions and Additional Information

33. Transporter Acknowledgment of Receipt of Materials

Printed/Typed Name

A Timmerman

Signature

A Timmerman

Month

Day

Year

12

8

11

34. Transporter _____ Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

4114083

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 WA D 0 0 9 5 9 1 2 0 7		2. Page 1 of 2		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003968168 FLE				
5. Generator Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 286-4495						Generator's Site Address (if different than mailing address)						
6. Transporter 1 Company Name R transport						U.S. EPA ID Number WA 4000028338						
7. Transporter 2 Company Name UPRR						U.S. EPA ID Number IN ED 001792910						
8. Designated Facility Name and Site Address CWMNW, INC. 17829 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2843						U.S. EPA ID Number ORD 0 8 9 4 5 2 3 5 3						
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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (PCP, DIOXINS)				1	CH	45,000 32760	P	F027		
		2.								8-12-9-11 per Jessica Brown/Sound Earth 2-12-10-11		
		3.										
		4.										
14. Special Handling Instructions and Additional Information 1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # CWMW 7132 32760 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/Offereor's Printed/Typed Name MARK CHANDLER						Signature <i>Mark Chandler</i>			Month Day Year 12 6 11			
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 JESSE BURT						Signature <i>Jesse Burt</i>			Month Day Year 12 6 11			
Transporter 2 Printed/Typed Name Cindi Cressy (C)						Signature <i>Cindi Cressy</i>			Month Day Year 12 6 11			
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 Section 10, 11, 12 completed, quantity changed per Jessica Brown/Sound Earth 8-12-10-11												
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. H12		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 Patricia Strand						Signature <i>Patricia Strand</i>			Month Day Year 12 13 11			

WMS

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UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number WAD 009591207	22. Page 20F2	23. Manifest Tracking Number 003968168 FLE			
24. Generator's Name Time Oil Co							
25. Transporter <u>3</u> Company Name CRLRC				U.S. EPA ID Number LORD 987173457			
26. Transporter _____ Company Name				U.S. EPA ID Number			
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
32. Special Handling Instructions and Additional Information							
TRANSPORTER	33. Transporter <u>3</u> Acknowledgment of Receipt of Materials						
	Printed/Typed Name	Signature			Month	Day	Year
	A Timmerman	A Timmerman			11	28	11
DESIGNATED FACILITY	34. Transporter _____ Acknowledgment of Receipt of Materials						
	Printed/Typed Name	Signature			Month	Day	Year
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							

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CWMI

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	Generator ID Number W A D 0 0 9 5 9 1 2 0 7	2 Page 1 of 2	3. Emergency Response Phone (800) 4 2 4 - 9 3 0 0	4. Manifest Tracking Number 003968177 FLE
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5. Generator's Name and Mailing Address
TIME OIL CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233
 Generator's Phone: (206) 286-4495

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name
MP Environmental
U.S. EPA ID Number: **CAT 000624247**

7. Transporter 2 Company Name
UPRR
U.S. EPA ID Number: **NED 001792910**

8. Designated Facility Name and Site Address
CWMNW, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709
 Facility's Phone: (541) 454-2643
 U.S. EPA ID Number: **ORD 0 8 9 4 5 2 3 5 3**

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
		No.	Type			
X	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (PCP, DIOXINS)	1	CM	30,000 lb 34540 8m 12-16-11		F027

14. Special Handling Instructions and Additional Information
1. PROFILE OR302670- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM
CONTAINER # CWMW8139
34540P.

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(e) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name: **MARK CHANDLER**
 Signature: *Mark Chandler*
 Month Day Year: **12 | 16 | 11**

INT'L

16. International Shipments
 Import to U.S. 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: **Seal Simons**
 Signature: *Seal Simons*
 Month Day Year: **12 | 16 | 11**

Transporter 2 Printed/Typed Name: **Cindi Cregg**
 Signature: *Cindi Cregg*
 Month Day Year: **12 | 16 | 11**

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection Full Rejection
Quantity changed per Jessica Braxton Bandearth 8m 12-17-11
 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. H112	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: **Janice Strand**
 Signature: *Janice Strand*
 Month Day Year: **12 | 12 | 11**

AMS

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number		22. Page	23. Manifest Tracking Number	
		WAD009591207		2	003968177 FLE	
24. Generator's Name Time Oil Co						
25. Transporter 3 Company Name CRLRC				U.S. EPA ID Number ORD987173457		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
32. Special Handling Instructions and Additional Information						
TRANSPORTER	33. Transporter 3 Acknowledgment of Receipt of Materials		Signature		Month	Day Year
	Printed/Typed Name A Timmerman		A Timmerman		11	28 11
TRANSPORTER	34. Transporter _____ Acknowledgment of Receipt of Materials		Signature		Month	Day Year
	Printed/Typed Name					
DESIGNATED FACILITY	35. Discrepancy					
DESIGNATED FACILITY	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					

WJ

416685

CWMI

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD0008591207	2. Page 1 of 2	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003968176 FLE	
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233				Generator's Site Address (if different than mailing address)		
Generator's Phone: (206) 286-4495						
6. Transporter 1 Company Name R Transport				U.S. EPA ID Number WAH000028338		
7. Transporter 2 Company Name UPRR				U.S. EPA ID Number INED001792910		
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						
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 WL/Vol.	13. Waste Codes
		No.	Type			
X	NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (PCP, DIOXINS)	1	cm	5000 42780	P	F027
				Jan 12-15-11		
14. Special Handling Instructions and Additional Information 1. PROFILE OR302870- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM CONTAINER # CWMW18038						
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 MARK CHANDLER				Signature <i>Mark Chandler</i>		Month Day Year 12 6 11
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 JEFF BURT				Signature <i>Jeff Burt</i>		Month Day Year 12 6 11
Transporter 2 Printed/Typed Name Cindi Cress				Signature <i>Cindi Cress</i>		Month Day Year 12 6 11
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 per Jessica Brown/Soundearth Jan 12-15-11						
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. H112	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 Janice Strand				Signature <i>Janice Strand</i>		Month Day Year 12 15 11

AMS

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UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number WAD 009591207		22. Page 2 of 2	23. Manifest Tracking Number 003968176 FLE	
24. Generator's Name Time Oil Co						
25. Transporter 3 Company Name CRLRC			U.S. EPA ID Number ORD 987173457			
26. Transporter _____ Company Name			U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
32. Special Handling Instructions and Additional Information						
33. Transporter 3 Acknowledgment of Receipt of Materials						
Printed/Typed Name A Timmerman		Signature <i>A Timmerman</i>			Month 11	Day 28
34. Transporter _____ Acknowledgment of Receipt of Materials		Printed/Typed Name			Signature	Month Day Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: **WAD000501207**

2. Page 1 of **2**

3. Emergency Response Phone: **(800) 424-9300**

4. Manifest Tracking Number: **003968169 FLE**

5. Generator's Name and Mailing Address: **TIME OIL CO
2737 W COMMODORE WAY
SEATTLE WA 98199-1233**

Generator's Phone: **(206) 286-4495**

Generator's Site Address (if different than mailing address):

6. Transporter 1 Company Name: **MP ENVIRONMENTAL**

U.S. EPA ID Number: **CAT 000624247**

7. Transporter 2 Company Name: **UPRR**

U.S. EPA ID Number: **NED 001792910**

8. Designated Facility Name and Site Address: **CWMINW, INC.
17629 CEDAR SPRINGS LANE
ARLINGTON OR 97812-9709**

U.S. EPA ID Number: **ORD 089452353**

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. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (PCP, DIOXINS)	1	CM	25	Y	F027
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information: **1. PROFILE OR302670- SOIL CUTTINGS FROM DRILLING ACTIVITIES AND GAC FROM REMEDIATIONS SYSTEM
CONTAINER # CHIU250271**

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/Officer's Printed/Typed Name: **MARK CHANDLER**

Signature: *Mark Chandler*

Month Day Year: **12 7 11**

16. International Shipments: Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **Sen. Smuty**

Signature: *Sen. Smuty*

Month Day Year: **12 7 11**

Transporter 2 Printed/Typed Name: **Seth**

Signature: *Seth*

Month Day Year: **12 7 11**

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection 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. **HU2** 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: **Jamie Strand**

Signature: *Jamie Strand*

Month Day Year: **12 15 11**

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UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number WAD 009591207	22. Page 2 of 2	23. Manifest Tracking Number 003968169 FILE		
24. Generator's Name Time Oil Co						
25. Transporter <u>3</u> Company Name CRURC					U.S. EPA ID Number 10RD 981173457	
26. Transporter _____ Company Name					U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
32. Special Handling Instructions and Additional Information						
33. Transporter <u>3</u> Acknowledgment of Receipt of Materials						
Printed/Typed Name A Timmerman				Signature A Timmerman		Month Day Year 12/9/11
34. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002963438 FLE		
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 286-4496				Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name				U.S. EPA ID Number			
7. Transporter 2 Company Name UNION PACIFIC RAILROAD				U.S. EPA ID Number NE0001792910			
8. Designated Facility Name and Site Address CWMI, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2643				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. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (TRICHLOROTHENE, PENTACHLOROPHENOL)	001	CM		P	D040	F027
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. #OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1Lb), F027 CONTAINER # WAD111 910202							
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 Mark A. Lawrence				Signature Mark A. Lawrence		Month Day Year 9 9 10	
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 Jay Jensen				Signature Jay Jensen		Month Day Year 9 9 10	
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				Signature		Month Day Year	

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002963441 FLE		
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233 Generator's Phone: (206) 286-4495				Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name				U.S. EPA ID Number			
7. Transporter 2 Company Name UNION PACIFIC RAILROAD				U.S. EPA ID Number NED001792910			
8. Designated Facility Name and Site Address CWMPNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2643				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. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TRICHLOROTHENE, PENTACHLOROPHENOL)	001	CM		P	D040	F027
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. #OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1Lb), F027 CONTAINER # <u>MARKED 410142</u>							
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 <i>Mark A. Commodore</i>				Signature <i>Mark A. Commodore</i>		Month Day Year 9 10 2010	
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>Jay Jensen</i>				Signature <i>Jay Jensen</i>		Month Day Year 7 5 6	
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				Signature		Month Day Year	

CONTAMINATED SOILS

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

ARL-OR302126

Generator Name: TIME OIL CO Manifest Doc. No.: _____
 Profile Number: OR302126 SOIL State Manifest No.: N/A

1. Is this waste a non-wastewater? (See 40 CFR 268.2) Check one: Nonwastewater Wastewater
2. This contaminated soil does not contain listed hazardous waste and does contain a characteristic of hazardous waste and ~~is subject to~~ complies with the soil treatment standards as provided by 40 CFR 268.49(c) or the Universal Treatment Standards.
3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent soil must be listed and attached by the generator. If D001-D043 and/or listed waste, requires treatment of any applicable characteristics and meets 268.40 standards, then the underlying constituent(s) in the waste must be listed and attached.

REF #	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE		6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW
		DESCRIPTION	NONE	
1	D040		X	A, I
2	F027		X	D
3				
4				
To identify F039, D001-D043, or soil underlying hazardous constituent(s), use the "F039/Underlying Hazardous Constituent Form" provided (CWM-2004) and check here: If no UHCs are present in the waste upon its initial generation check here: X To list additional USEPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CWM-2005-D) and check here: If treaters will treat for all Spent Solvents and UHCs, check here: Disposal facility monitors for all UHCs check here If waste will be managed in a system regulated under the CWA, or a Class 1 injection well under the SDWA check here				

HOW MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, I, B, S, or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter A, I, B, S, D, or E, you are making the appropriate certification as provided below. States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.

A.1 RESTRICTED SOIL REQUIRES TREATMENT (Circle)

"I certify under penalty of law that I personally have examined this contaminated soil and it ~~does/does not~~ contain listed hazardous waste and ~~does/does not~~ exhibit a characteristic of hazardous waste and requires treatment to meet the soil treatment standards as provided by 40 CFR 268.49(c)."

B.5 RESTRICTED SOIL TREATED TO ALTERNATE PERFORMANCE STANDARDS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and believe that it has been maintained and operated properly so as to comply with treatment standards specified in 40 CFR 268.49 without impermissible dilution of the prohibited wastes. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

D. RESTRICTED SOIL CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT

"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR 268 subpart D. I believe that the information I submitted is true, accurate, and complete. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

E. SOIL IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS

This waste is a newly identified waste that is not currently subject to any 40 CFR 268 Part restrictions.

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature Mark Small Title V.P. Date 9-10-2010
 1990 Chemical Waste Management, Inc. - 08/99- Form CWM-2005-C

SOLVENT

If the waste identified on the first page of this form is described by any of the following USEPA hazardous waste codes: F001, F002, F003, F004, F005, and all solvent constituents will not be monitored by the treater, then each constituent MUST be identified below by checking the appropriate box, and this page must accompany the shipment, along with the previous page of this form. If the waste code F039 describes this waste, then the corresponding list of constituents must be attached. If D001-D043 require treatment to 268.48 standards, then the underlying hazardous constituent(s) must also be attached.

SOLVENT WASTE TREATMENT STANDARDS²

F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard ¹		F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard ¹	
	Wastewaters	Nonwastewaters		Wastewaters	Nonwastewaters

¹ All spent solvent treatment standards are measured through a total waste analysis (TCA), unless otherwise noted. Wastewater units are mg/l, nonwastewater are mg/kg.

² For contaminated soils using the alternative soil treatment standards, the treatment standards for F001-F005 spent solvents must be a 90% reduction of constituents or less than 10 x the standards listed.

SUBCATEGORY REFERENCE

- D001:
- A. Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory.
 - B. High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon.

114

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002963437 FLE			
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233				Generator's Site Address (if different than mailing address)				
Generator's Phone: (206) 286-4496								
6. Transporter 1 Company Name				U.S. EPA ID Number				
7. Transporter 2 Company Name UNION PACIFIC RAILROAD				U.S. EPA ID Number NED001792910				
8. Designated Facility Name and Site Address CWMI-NW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				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. RQ, NA3077, HAZARDOUS WASTE, SOLID, H.O.S., III, (TRICHLOROETHENE, PENTACHLOROPHENOL)	001	CM		P	D040	F027	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1.#OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1lb), F027 CONTAINER # <u>WAD009591207</u>								
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 <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year 9 9 10		
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 JOY JENSEN				Signature <i>[Signature]</i>		Month Day Year 9 9 10		
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				Signature		Month Day Year		

CONTAMINATED SOILS

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

ARL-OR302126

Generator Name: TINE OIL CO Manifest Doc. No.: _____
 Profile Number: OR302126 SOIL State Manifest No: N/A

1. Is this waste a non-wastewater? (See 40 CFR 268.2) Check one: Nonwastewater Wastewater
2. This contaminated soil does not contain listed hazardous waste and does contain a characteristic of hazardous waste and ~~is subject to~~ complies with the soil treatment standards as provided by 40 CFR 268.49(c) or the Universal Treatment Standards.
3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent soil must be listed and attached by the generator. If D001-D043 and/or listed waste, requires treatment of any applicable characteristics and meets 268.48 standards, then the underlying constituent(s) in the waste must be listed and attached.

REF #	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY		6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW
		ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE	DESCRIPTION	
1	D040			X A
2	F027			X D
3				
4				
To identify F039, D001-D043, or soil underlying hazardous constituent(s), use the "F039/Underlying Hazardous Constituent Form" provided (CWM-2004) and check here: If no UHCs are present in the waste upon its initial generation check here: X To list additional USEPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CWM-2005-D) and check here: If treater will test for all Spent Solvents and UHCs, check here: Disposal facility monitors for all UHCs check here If waste will be managed in a system regulated under the CWA, or a Class 1 injection well under the SDWA check here				

HOW MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, B, D, or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter A, B, D, or E, you are making the appropriate certification as provided below. States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.

- A.1 RESTRICTED SOIL REQUIRES TREATMENT (Circle)
- "I certify under penalty of law that I personally have examined this contaminated soil and it ~~does not~~ contains listed hazardous waste and ~~does not~~ exhibit a characteristic of hazardous waste and requires treatment to meet the soil treatment standards as provided by 40 CFR 268.49(c)."
- B.5 RESTRICTED SOIL TREATED TO ALTERNATE PERFORMANCE STANDARDS
- "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and believe that it has been maintained and operated properly so as to comply with treatment standards specified in 40 CFR 268.49 without impermissible dilution of the prohibited wastes. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- D. RESTRICTED SOIL CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT
- "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR 268 subpart D. I believe that the information I submitted is true, accurate, and complete. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- E. SOIL IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS
- This waste is a newly identified waste that is not currently subject to any 40 CFR 268 Part restrictions.

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature: [Signature] Title: V.P. Date: 9-9-10
 1990 Chemical Waste Management, Inc. - 08/99- Form CWM-2005-C

SOLVENT

If the waste identified on the first page of this form is described by any of the following USEPA hazardous waste codes: F001, F002, F003, F004, F005, and all solvent constituents will not be monitored by the treater, then each constituent MUST be identified below by checking the appropriate box, and this page must accompany the shipment, along with the previous page of this form. If the waste code F039 describes this waste, then the corresponding list of constituents must be attached. If D001-D043 require treatment to 268.48 standards, then the underlying hazardous constituent(s) must also be attached.

SOLVENT WASTE TREATMENT STANDARDS ²			
F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard ¹		F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).
	Wastewaters	Nonwastewaters	

¹ All spent solvent treatment standards are measured through a total waste analysis (TCA), unless otherwise noted. Wastewater units are mg/l, nonwastewater are mg/kg.

² For contaminated soils using the alternative soil treatment standards, the treatment standards for F001-F005 spent solvents must be a 90% reduction of constituents or less than 10 x the standards listed.

SUBCATEGORY REFERENCE

- D001:
- A. Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory.
 - B. High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon.

[Handwritten scribble]

[Handwritten scribble]

[Handwritten scribble]

[Handwritten scribble]

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD009591207		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 002963440 FLE			
		5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233						Generator's Site Address (if different than mailing address) (206) 286-4495			
6. Transporter 1 Company Name UNION PACIFIC RAILROAD						U.S. EPA ID Number NED001792910					
7. Transporter 2 Company Name						U.S. EPA ID Number ORD089452353					
8. Designated Facility Name and Site Address CWMI, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709						U.S. EPA ID Number (541) 454-2643					
Facility's Phone:											
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	
			No.	Type							
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TRICHLOROTHENE, PENTACHLOROPHENOL)				001	CM		P	D040	F027
		2.									
		3.									
	4.										
14. Special Handling Instructions and Additional Information 1#OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1Lb), F027 CONTAINER # <u>W41414 910212</u>											
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 <i>Michele...</i>						Signature <i>Michele...</i>			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 <i>Jay...</i>						Signature <i>Jay...</i>			Month	Day	Year
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)						Signature			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						Signature			Month	Day	Year

CONTAMINATED SOILS

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

ARL-OR302126

Generator Name: TINE OIL CO Manifest Doc. No.: _____
 Profile Number: OR302126 SOIL State Manifest No.: N/A

1. Is this waste a non-wastewater? (See 40 CFR 268.2) Check one: Nonwastewater Wastewater
2. This contaminated soil does not contain listed hazardous waste and does contain a characteristic of hazardous waste and ~~is subject to~~ complies with the soil treatment standards as provided by 40 CFR 268.49(c) or the Universal Treatment Standards.
3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent soil must be listed and attached by the generator. If D001-D043 and/or listed waste, requires treatment of any applicable characteristics and meets 268.48 standards, then the underlying constituent(s) in the waste must be listed and attached.

REF #	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE		6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW
		DESCRIPTION	NONE	
1	D040		X	A, /
2	F027		X	D
3				
4				
To identify F039, D001-D043, or soil underlying hazardous constituent(s), use the "F039/Underlying Hazardous Constituent Form" provided (CWM-2004) and check here: If no UHCs are present in the waste upon its initial generation check here: X To list additional USEPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CWM-2005-D) and check here: If treater will test for all Spent Solvents and UHCs, check here: Disposal facility monitors for all UHCs check here If waste will be managed in a system regulated under the CWA, or a Class 1 injection well under the SDWA check here				

HOW MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, B, C, D, or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter A, B, C, D, or E, you are making the appropriate certification as provided below. States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.

- A.1 RESTRICTED SOIL REQUIRES TREATMENT (Circle)

"I certify under penalty of law that I personally have examined this contaminated soil and it ~~does/does not~~ contain listed hazardous waste and ~~does/does not~~ exhibit a characteristic of hazardous waste and requires treatment to meet the soil treatment standards as provided by 40 CFR 268.49(c)."
- B.5 RESTRICTED SOIL TREATED TO ALTERNATE PERFORMANCE STANDARDS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and believe that it has been maintained and operated properly so as to comply with treatment standards specified in 40 CFR 268.49 without impermissible dilution of the prohibited wastes. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- D. RESTRICTED SOIL CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT

"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR 268 subpart D. I believe that the information I submitted is true, accurate, and complete. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- E. SOIL IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS

This waste is a newly identified waste that is not currently subject to any 40 CFR 268 Part restrictions.

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature [Signature] Title V.P. Date 4/1/02
 1990 Chemical Waste Management, Inc. - 08/99- Form CWM-2005-C

SOLVENT

If the waste identified on the first page of this form is described by any of the following USEPA hazardous waste codes: F001, F002, F003, F004, F005, and all solvent constituents will not be monitored by the treater, then each constituent MUST be identified below by checking the appropriate box, and this page must accompany the shipment, along with the previous page of this form. If the waste code F039 describes this waste, then the corresponding list of constituents must be attached. If D001-D043 require treatment to 268.48 standards, then the underlying hazardous constituent(s) must also be attached.

SOLVENT WASTE TREATMENT STANDARDS ²			
F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard ¹		F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).
	Wastewaters	Nonwastewaters	

¹ All spent solvent treatment standards are measured through a total waste analysis (TCA), unless otherwise noted. Wastewater units are mg/l, nonwastewater are mg/kg.

² For contaminated soils using the alternative soil treatment standards, the treatment standards for F001-F005 spent solvents must be a 90% reduction of constituents or less than 10 x the standards listed.

SUBCATEGORY REFERENCE

- D001:
- A. Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory.
 - B. High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon.



M/B

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002963439 FLE					
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233				Generator's Site Address (if different than mailing address)						
Generator's Phone: (206) 286-4495				U.S. EPA ID Number						
6. Transporter 1 Company Name				U.S. EPA ID Number						
7. Transporter 2 Company Name UNION PACIFIC RAILROAD				U.S. EPA ID Number NED001792910						
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) 454-2643				U.S. EPA ID Number						
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. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (TRICHLOROTHENE, PENTACHLOROPHENOL)	001	CM		P	D040	F027			
	2.									
	3.									
	4.									
14. Special Handling Instructions and Additional Information 1.#OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1Lb), F027 CONTAINER # <u>WAD009591207</u>										
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 <i>W. J. Jensen</i>				Signature <i>W. J. Jensen</i>			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 <i>Jay Jensen</i>				Signature <i>Jay Jensen</i>			Month		Day	Year
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				Signature			Month		Day	Year

CONTAMINATED SOILS

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

ARL-OR302126

Generator Name: TIME OIL CO Manifest Doc. No.: _____
 Profile Number: OR302126 SOIL State Manifest No: N/A

1. Is this waste a non-wastewater? (See 40 CFR 268.2) Check one: Nonwastewater Wastewater
2. This contaminated soil does not contain listed hazardous waste and does contain a characteristic of hazardous waste and ~~is subject to~~ complies with the soil treatment standards as provided by 40 CFR 268.49(c) or the Universal Treatment Standards.
3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent soil must be listed and attached by the generator. If D001-D043 and/or listed waste, requires treatment of any applicable characteristics and meets 268.48 standards, then the underlying constituent(s) in the waste must be listed and attached.

REF #	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY		6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW
		ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE	DESCRIPTION	
1	D040		NONE	X A, I
2	F027		NONE	X D
3				
4				
To identify F039, D001-D043, or soil underlying hazardous constituent(s), use the "F039/Underlying Hazardous Constituent Form" provided (CWM-2004) and check here: If no UHCs are present in the waste upon its initial generation check here: X To list additional USEPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CWM-2005-D) and check here: If treater will test for all Spent Solvents and UHCs, check here: Disposal facility monitors for all UHCs check here If waste will be managed in a system regulated under the CWA, or a Class I injection well under the SDWA check here				

HOW MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, I, B, S, or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.71). Please understand that if you enter the letter A, I, B, S, D, or E, you are making the appropriate certification as provided below. States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.

- A.1 RESTRICTED SOIL REQUIRES TREATMENT (Circle)
 "I certify under penalty of law that I personally have examined this contaminated soil and it ~~does/does not~~ contain listed hazardous waste and ~~does/does not~~ exhibit a characteristic of hazardous waste and requires treatment to meet the soil treatment standards as provided by 40 CFR 268.49(c)."
- B.5 RESTRICTED SOIL TREATED TO ALTERNATE PERFORMANCE STANDARDS
 "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and believe that it has been maintained and operated properly so as to comply with treatment standards specified in 40 CFR 268.49 without impermissible dilution of the prohibited wastes. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- D. RESTRICTED SOIL CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT
 "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR 268 subpart D. I believe that the information I submitted is true, accurate, and complete. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- E. SOIL IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS
 This waste is a newly identified waste that is not currently subject to any 40 CFR 268 Part restrictions.

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature Mark Chell Title V.P. Date 9/9/00
 1990 Chemical Waste Management, Inc. - 08/99- Form CWM-2005-C

SOLVENT

If the waste identified on the first page of this form is described by any of the following USEPA hazardous waste codes: F001, F002, F003, F004, F005, and all solvent constituents will not be monitored by the treater, then each constituent MUST be identified below by checking the appropriate box, and this page must accompany the shipment, along with the previous page of this form. If the waste code F039 describes this waste, then the corresponding list of constituents must be attached. If D001-D043 require treatment to 268.48 standards, then the underlying hazardous constituent(s) must also be attached.

SOLVENT WASTE TREATMENT STANDARDS

F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard		F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard	
	Wastewaters	Nonwastewaters		Wastewaters	Nonwastewaters

¹ All spent solvent treatment standards are measured through a total waste analysis (TCA), unless otherwise noted. Wastewater units are mg/l, nonwastewater are mg/kg.

² For contaminated soils using the alternative soil treatment standards, the treatment standards for F001-F005 spent solvents must be a 90% reduction of constituents or less than 10 x the standards listed.

SUBCATEGORY REFERENCE

- D001:
- A. Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory.
 - B. High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon.

YIH

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002963433 FLE			
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233				Generator's Site Address (if different than mailing address)				
Generator's Phone: (206) 286-4495								
6. Transporter 1 Company Name				U.S. EPA ID Number				
7. Transporter 2 Company Name UNION PACIFIC RAILROAD				U.S. EPA ID Number NED001792910				
8. Designated Facility Name and Site Address CWMI, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089462353				
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. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (TRICHLOROTHENE, PENTACHLOROPHENOL)	001	CM		P	D040	F027	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1.#OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1Lb), F027 CONTAINER # <u>C 4179</u>								
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 <i>Mark A. Hansen</i>				Signature <i>Mark A. Hansen</i>		Month 9	Day 1	Year 2010
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 Jay Jensen				Signature <i>Jay Jensen</i>		Month 7	Day 1	Year 10
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				Signature		Month	Day	Year

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

CONTAMINATED SOILS

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

ARL-OR302126

Generator Name: TIME OIL CO Manifest Doc. No.: _____
 Profile Number: OR302126 SOIL State Manifest No: M/A

1. Is this waste a non-wastewater? (See 40 CFR 268.2) Check one: Nonwastewater Wastewater
2. This contaminated soil does not contain listed hazardous waste and does contain a characteristic of hazardous waste and ~~is subject to~~ complies with the soil treatment standards as provided by 40 CFR 268.49(c) or the Universal Treatment Standards.
3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent soil must be listed and attached by the generator. If D001-D043 and/or listed waste, requires treatment of any applicable characteristics and meets 268.48 standards, then the underlying constituent(s) in the waste must be listed and attached.

REF #	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE		6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW
		DESCRIPTION	NONE	
1	D040		X	A, I
2	F027		X	D
3				
4				
To identify F039, D001-D043, or soil underlying hazardous constituent(s), use the "F039/Underlying Hazardous Constituent Form" provided (CWM-2004) and check here: If no UHCs are present in the waste upon its initial generation check here: X To list additional USEPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CWM-2005-D) and check here: If treater will test for all Spent Solvents and UHCs, check here: Disposal facility monitors for all UHCs check here If waste will be managed in a system regulated under the CWA, or a Class 1 injection well under the SDWA check here				

HOW MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, B, D, or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter A, B, D, or E, you are making the appropriate certification as provided below. States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.

A.1 RESTRICTED SOIL REQUIRES TREATMENT (Circle)

"I certify under penalty of law that I personally have examined this contaminated soil and it ~~does/does not~~ contain listed hazardous waste and ~~does/does not~~ exhibit a characteristic of hazardous waste and requires treatment to meet the soil treatment standards as provided by 40 CFR 268.49(c)."

B.5 RESTRICTED SOIL TREATED TO ALTERNATE PERFORMANCE STANDARDS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and believe that it has been maintained and operated properly so as to comply with treatment standards specified in 40 CFR 268.49 without impermissible dilution of the prohibited wastes. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

D. RESTRICTED SOIL CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT

"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR 268 subpart D. I believe that the information I submitted is true, accurate, and complete. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

E. SOIL IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS

This waste is a newly identified waste that is not currently subject to any 40 CFR 268 Part restrictions.

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature [Signature] Title Vice President Date 9/1/2010
 1990 Chemical Waste Management, Inc. - 08/99- Form CWM-2005-C

SOLVENT

If the waste identified on the first page of this form is described by any of the following USEPA hazardous waste codes: F001, F002, F003, F004, F005, and all solvent constituents will not be monitored by the treater, then each constituent MUST be identified below by checking the appropriate box, and this page must accompany the shipment, along with the previous page of this form. If the waste code F039 describes this waste, then the corresponding list of constituents must be attached. If D001-D043 require treatment to 268.48 standards, then the underlying hazardous constituent(s) must also be attached.

SOLVENT WASTE TREATMENT STANDARDS ²			
F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard ¹		F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).
	Wastewaters	Nonwastewaters	

¹ All spent solvent treatment standards are measured through a total waste analysis (TCA), unless otherwise noted. Wastewater units are mg/l, nonwastewater are mg/kg.

² For contaminated soils using the alternative soil treatment standards, the treatment standards for F001-F005 spent solvents must be a 90% reduction of constituents or less than 10 x the standards listed.

SUBCATEGORY REFERENCE

- D001:
- A. Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory.
 - B. High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon.

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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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002963434 FLE	
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233			Generator's Site Address (if different than mailing address)			
Generator's Phone: 6. Transporter 1 Company Name			(206) 286-4495			
7. Transporter 2 Company Name UNION PACIFIC RAILROAD			U.S. EPA ID Number NED001792910			
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: 9a. HM			(541) 454-2643			
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. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (TRICHLOROTHENE, PENTACHLOROPHENOL)	001	CM		P	D040 F027
	2.					
	3.					
	4.					
Special Handling Instructions and Additional Information 1.#OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1lb), F027 CONTAINER # <u>CW-115</u>						
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
<u>Mark A. Chouinard</u>			<u>[Signature]</u>			
International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. <input type="checkbox"/>			Port of entry/exit: _____			
Transporter signature (for exports only):			Date leaving U.S.: _____			
Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month	Day Year
<u>Jay Jensen</u>			<u>[Signature]</u>		9	1 10
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			Signature		Month	Day Year

GENERATOR

DESIGNATED FACILITY

CONTAMINATED SOILS

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

ARL-OR302126

Generator Name: TIME OIL CO Manifest Doc. No.: _____
 Profile Number: OR302126 SOIL State Manifest No: M/A

1. Is this waste a non-wastewater? (See 40 CFR 268.2) Check one: Nonwastewater Wastewater
2. This contaminated soil does not contain listed hazardous waste and does contain a characteristic of hazardous waste and ~~is subject to/complies with~~ the soil treatment standards as provided by 40 CFR 268.49(c) or the Universal Treatment Standards.
3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent soil must be listed and attached by the generator. If D001-D043 and/or listed waste, requires treatment of any applicable characteristics and meets 268.48 standards, then the underlying constituent(s) in the waste must be listed and attached.

REF #	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE		6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW
		DESCRIPTION	NONE	
1	D040		X	A
2	F027		X	D
3				
4				
To identify F039, D001-D043, or soil underlying hazardous constituent(s), use the "F039/Underlying Hazardous Constituent Form" provided (CWM-2004) and check here: If no UHCs are present in the waste upon its initial generation check here: X To list additional USEPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CWM-2005-D) and check here: If treater will test for all Spent Solvents and UHCs, check here: Disposal facility monitors for all UHCs check here If waste will be managed in a system regulated under the CWA, or a Class 1 injection well under the SDWA check here				

HOW MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, B, S, or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter A, B, S, D, or E, you are making the appropriate certification as provided below. States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.

A.1 RESTRICTED SOIL REQUIRES TREATMENT (Circle)

"I certify under penalty of law that I personally have examined this contaminated soil and it ~~does/does not~~ contain listed hazardous waste and ~~does/does not~~ exhibit a characteristic of hazardous waste and requires treatment to meet the soil treatment standards as provided by 40 CFR 268.49(c)."

B.5 RESTRICTED SOIL TREATED TO ALTERNATE PERFORMANCE STANDARDS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and believe that it has been maintained and operated properly so as to comply with treatment standards specified in 40 CFR 268.49 without impermissible dilution of the prohibited wastes. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

D. RESTRICTED SOIL CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT

"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR 268 subpart D. I believe that the information I submitted is true, accurate, and complete. I am aware there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

E. SOIL IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS

This waste is a newly identified waste that is not currently subject to any 40 CFR 268 Part restrictions.

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature: [Signature] Title: V.P. Date: 9/1/2010
 1990 Chemical Waste Management, Inc. - 08/99- Form CWM-2005-C

SOLVENT

If the waste identified on the first page of this form is described by any of the following USEPA hazardous waste codes: F001, F002, F003, F004, F005, and all solvent constituents will not be monitored by the treater, then each constituent MUST be identified below by checking the appropriate box, and this page must accompany the shipment, along with the previous page of this form. If the waste code F039 describes this waste, then the corresponding list of constituents must be attached. If D001-D043 require treatment to 268.48 standards, then the underlying hazardous constituent(s) must also be attached.

SOLVENT WASTE TREATMENT STANDARDS²

F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard ¹		F001 through F005 spent solvent constituents and their associated USEPA hazardous waste code(s).	Treatment Standard ¹	
	Wastewaters	Nonwastewaters		Wastewaters	Nonwastewaters

¹ All spent solvent treatment standards are measured through a total waste analysis (TCA), unless otherwise noted. Wastewater units are mg/l, nonwastewater are mg/kg.

² For contaminated soils using the alternative soil treatment standards, the treatment standards for F001-F005 spent solvents must be a 90% reduction of constituents or less than 10 x the standards listed.

SUBCATEGORY REFERENCE

- D001:
- A. Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory.
 - B. High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon.

W14

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002963445 FLE			
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233				Generator's Site Address (if different than mailing address)				
Generator's Phone: (206) 286-4496								
6. Transporter 1 Company Name				U.S. EPA ID Number				
7. Transporter 2 Company Name UNION PACIFIC RAILROAD				U.S. EPA ID Number NED001792910				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089462353				
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. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O. 5, 9, III, (TRICHLOROTHENE, PER TACHLOROPHENOL)	001	CM		P	D040	F027	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. #OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1Lb), F027 CONTAINER # CWMV 7224								
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				Signature		Month	Day	Year
						10	26	2010
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name				Signature		Month	Day	Year
						10	26	10
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				Signature		Month	Day	Year

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 WAD009591207	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 002963443 FLE			
5. Generator's Name and Mailing Address TIME OIL CO 2737 W COMMODORE WAY SEATTLE WA 98199-1233				Generator's Site Address (if different than mailing address)				
Generator's Phone: (206) 286-4495								
6. Transporter 1 Company Name ENVIRO-COM & TRIMARK INC				U.S. EPA ID Number WAD998516829				
7. Transporter 2 Company Name UNION PACIFIC RAILROAD				U.S. EPA ID Number NED001792910				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97912-9709				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. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TRICHLOROTHENE, PENTACHLOROPHENOL)	001	CM	31,000	P	DG40	F027	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. #OR302126; PCP CONTAMINATED SOIL; ERG# 171; (RQ=1Lb), F027 CONTAINER # <u>CWMU 8509</u>								
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 <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year 12 30 2010		
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>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year 12 30 2010		
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				Signature		Month Day Year		