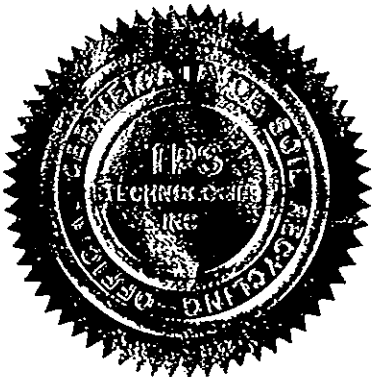


# Soil Recycling Certificate

TPS Technologies Inc. does hereby certify  
that 62.21 tons of petroleum - contaminated soil  
received from

Interstate Steel  
Anderson Petroleum-Consultant  
1286 NW Maryland Ave  
Chehalis, WA

Under Manifest/authorization number 03-00284  
have been properly recycled to approved regulatory standards  
at our Soil Recycling Facility in Tacoma, Washington



Dated this 27th day of June , 1995

Sworn and Attested by:  
TPS Technologies Inc.

By: \_\_\_\_\_

A handwritten signature in dark ink, appearing to read 'B. H. H. H.', written over a horizontal line.

## Manifest

## TPS Technologies Soil Recycling

Non-Hazardous Soils

Manifest #

Date of Shipment:	Responsible for Payment: CONSULTANT	Transporter Truck #:	Facility #: 103	Given by TPS: 00284	Load #: 021
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## Generator's Name and Billing Address:

ED MOERKE  
1286 NW MARYLAND AVENUE  
CHEHALIS, WA 98532

## Generator's Phone #:

360/748-7119

## Person to Contact:

ED MOERKE

## FAX#:

360/748-9715

## Generator's US EPA ID No.

## Customer Account Number with TPS:

## Consultant's Name and Billing Address:

W.F. ANDERSON CONST.  
212 MIDDLE FORK RD.  
CHEHALIS, WA 98532

## Consultant's Phone #:

360/262-9068

## Person to Contact:

BILL TEITZEL

## FAX#:

360/262-9230

## Customer Account Number with TPS:

1701367

## Generation Site (Transport from): (name &amp; address)

INTERSTATE STEEL  
1286 NW MARYLAND AVENUE  
CHEHALIS, WA 98532

## Site Phone #:

BTEX  
Levels

## Person to Contact:

TPH  
Levels

## FAX#:

AVG.  
Levels

## Designated Facility (Transport to): (name &amp; address)

TPS TECHNOLOGIES  
2800 104th STREET SOUTH  
P.O. BOX 45620 - TACOMA 98445  
TACOMA, WA 98444

## Facility Phone #:

206/584-8430

## Person to Contact:

RENEE AVELINO

## FAX#:

206/584-8309

## Facility Permit Numbers

## Transporter Name and Mailing Address:

W.F. ANDERSON CONST.

## Transporter's Phone #:

360/262-9068

## Person to Contact:

BILL TEITZEL

## FAX#:

## Transporter's US EPA ID No.:

## Transporter's DOT No.:

## Customer Account Number with TPS:

Description of Soil	Moisture Content	Contaminated by:	Approx. Qty:	Description of Delivery	Gross Weight	Tare Weight	Net Weight
Sand <input type="checkbox"/> Organic <input type="checkbox"/> Clay <input type="checkbox"/> Other <input type="checkbox"/>	0 - 10% <input type="checkbox"/> 10 - 20% <input type="checkbox"/> 20% - over <input type="checkbox"/>	Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Other <input type="checkbox"/>			178740	32180	46560
Sand <input type="checkbox"/> Organic <input type="checkbox"/> Clay <input type="checkbox"/> Other <input type="checkbox"/>	0 - 10% <input type="checkbox"/> 10 - 20% <input type="checkbox"/> 20% - over <input type="checkbox"/>	Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Other <input type="checkbox"/>			23.20		

List any exception to items listed above:

Generator's and/or consultant's certification: I/We certify that the soil referenced herein is taken entirely from those soils described in the Soil Data Sheet completed and certified by me/us for the Generation Site shown above and nothing has been added or done to such soil that would alter it in any way.

Print or Type Name:	Generator <input type="checkbox"/> Consultant <input type="checkbox"/>	Signature and date:	Month	Day	Year
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Transporter's certification: I/We acknowledge receipt of the soil described above and certify that such soil is being delivered in exactly the same condition as when received. I/We further certify that this soil is being directly transported from the Generation Site to the Designated Facility without off-loading, adding to, subtracting from or in any way delaying delivery to such site.

Print or Type Name:	Signature and date:	Month	Day	Year
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## Discrepancies:

Kodie Baker

Kodie Baker

Recycling Facility certifies the receipt of the soil covered by this manifest except as noted above:

Print or Type Name:	Signature and date:
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Renee Avelino

Please print or type

## Manifest

## Technologies Soil Recycling

Non-Hazardous Soils

Manifest #

Date of Shipment: --	Responsible for Payment: CONSULTANT	Transporter Truck #:	Facility #: 103	Given by TPS: 00284	Load #: 002
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Generator's Name and Billing Address: ED MOERKE 1286 NW MARYLAND AVENUE  CHEHALIS, WA 98532	Generator's Phone #: 360/748-7119	Generator's US EPA ID No.
	Person to Contact: ED MOERKE	
	FAX#: 360/748-9715	Customer Account Number with TPS:

Consultant's Name and Billing Address: W.F. ANDERSON CONST. 212 MIDDLE FORK RD.  CHEHALIS, WA 98532	Consultant's Phone #: 360/262-9068	
	Person to Contact: BILL TEITZEL	
	FAX#: 360/262-9230	Customer Account Number with TPS: 1001367

Generation Site (Transport from): (name & address) INTERSTATE STEEL 1286 NW MARYLAND AVENUE  CHEHALIS, WA 98532	Site Phone #:	BTEX Levels
	Person to Contact:	TPH Levels
	FAX#:	AVG. Levels

Designated Facility (Transport to): (name & address) TPS TECHNOLOGIES 2000 104th STREET SOUTH P.O. BOX 45620 - TACOMA 98445 TACOMA, WA 98444	Facility Phone #: 206/584-8430	Facility Permit Numbers
	Person to Contact: RENEE AVELINO	
	FAX#: 206/584-8309	

Transporter Name and Mailing Address: W.F. ANDERSON CONST.	Transporter's Phone #: 360/262-9068	Transporter's US EPA ID No.:
	Person to Contact: BILL TEITZEL	Transporter's DOT No.:
	FAX#:	Customer Account Number with TPS:

Description of Soil	Moisture Content	Contaminated by:	Approx. Qty:	Description of Delivery	Gross Weight	Tare Weight	Net Weight
Sand <input type="checkbox"/> Organic <input type="checkbox"/> Clay <input type="checkbox"/> Other <input type="checkbox"/>	0 - 10% <input type="checkbox"/> 10 - 20% <input type="checkbox"/> 20% - over <input type="checkbox"/>	Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Other <input type="checkbox"/>			72500	32180	40320
Sand <input type="checkbox"/> Organic <input type="checkbox"/> Clay <input type="checkbox"/> Other <input type="checkbox"/>	0 - 10% <input type="checkbox"/> 10 - 20% <input type="checkbox"/> 20% - over <input type="checkbox"/>	Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Other <input type="checkbox"/>			20.16		

List any exception to items listed above:

Generator's and/or consultant's certification: I/We certify that the soil referenced herein is taken entirely from those soils described in the Soil Data Sheet completed and certified by me/us for the Generation Site shown above and nothing has been added or done to such soil that would alter it in any way.

Print or Type Name:	Generator <input type="checkbox"/> Consultant <input type="checkbox"/>	Signature and date:	Month	Day	Year
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Transporter's certification: I/We acknowledge receipt of the soil described above and certify that such soil is being delivered in exactly the same condition as when received. I/We further certify that this soil is being directly transported from the Generation Site to the Designated Facility without off-loading, adding to, subtracting from or in any way delaying delivery to such site.

Print or Type Name:	Signature and date:	Month	Day	Year
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Discrepancies:

Recycling Facility certifies the receipt of the soil covered by this manifest except as noted above:

Print or Type Name: Renee Avelino	Signature and date: <i>Renee Avelino</i>
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Please print or type

## Manifest

## Technologies Soil Recycling

Non-Hazardous Soils

Manifest # 10284

Date of Shipment:	Responsible for Payment:	Transporter Truck #:	Facility #:	Given by TPS:	Load #:
	CONSULTANT		103	00284	001

Generator's Name and Billing Address: ED MOERKE 1286 NW MARYLAND AVENUE CHEHALIS, WA 98532	Generator's Phone #: 360/748-7119 Person to Contact: ED MOERKE FAX#: 360/748-9715	Generator's US EPA ID No.  Customer Account Number with TPS:  
Consultant's Name and Billing Address: W.F. ANDERSON CONST. 212 MIDDLE FORK RD. CHEHALIS, WA 98532	Consultant's Phone #: 360/262-9068 Person to Contact: BILL TEITZEL FAX#: 360/262-9230	Customer Account Number with TPS: 1001367
Generation Site (Transport from): (name & address) INTERSTATE STEEL 1286 NW MARYLAND AVENUE CHEHALIS, WA 98532	Site Phone #:  Person to Contact:  FAX#: 	BTEX Levels  TPH Levels  AVG. Levels 
Designated Facility (Transport to): (name & address) TPS TECHNOLOGIES 2800 104th STREET SOUTH P.O. BOX 45620 - TACOMA 98445 TACOMA, WA 98444	Facility Phone #: 206/584-8430 Person to Contact: RENEE AVELINO FAX#: 206/584-8309	Facility Permit Numbers  
Transporter Name and Mailing Address: W.F. ANDERSON CONST.	Transporter's Phone #: 360/262-9068 Person to Contact: BILL TEITZEL FAX#: 	Transporter's US EPA ID No.:  Transporter's DOT No.:  Customer Account Number with TPS: 

Description of Soil	Moisture Content	Contaminated by:	Approx. Qty:	Description of Delivery	Gross Weight	Tare Weight	Net Weight
Sand <input type="checkbox"/> Organic <input type="checkbox"/> Clay <input type="checkbox"/> Other <input type="checkbox"/>	0 - 10% <input type="checkbox"/> 10 - 20% <input type="checkbox"/> 20% - over <input type="checkbox"/>	Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Other <input type="checkbox"/>			69720	32180	37540
Sand <input type="checkbox"/> Organic <input type="checkbox"/> Clay <input type="checkbox"/> Other <input type="checkbox"/>	0 - 10% <input type="checkbox"/> 10 - 20% <input type="checkbox"/> 20% - over <input type="checkbox"/>	Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Other <input type="checkbox"/>			18.77		

List any exception to items listed above:

Generator's and/or consultant's certification: I/We certify that the soil referenced herein is taken entirely from those soils described in the Soil Data Sheet completed and certified by me/us for the Generation Site shown above and nothing has been added or done to such soil that would alter it in any way.

Print or Type Name:	Generator <input type="checkbox"/> Consultant <input type="checkbox"/>	Signature and date:	Month	Day	Year

Transporter's certification: I/We acknowledge receipt of the soil described above and certify that such soil is being delivered in exactly the same condition as when received. I/We further certify that this soil is being directly transported from the Generation Site to the Designated Facility without off-loading, adding to, subtracting from or in any way delaying delivery to such site.

Print or Type Name:	Signature and date:	Month	Day	Year
Kodie Baker	Kodie Baker	6	22	95

Discrepancies:

Recycling Facility certifies the receipt of the soil covered by this manifest except as noted above:

Print or Type Name:	Signature and date:
Renee Avelino	

Please print or type:

## WATER WELL REPORT

State: WASH. DC. 218182

STATE OF WASHINGTON

Water Right Permit No.

(1) OWNER: Name MOERKE / CASCADE Alex Address 1286 NW MARYLAND CHEHALIS 98532-

(2) LOCATION OF WELL: County LEWIS

- SW 1/4 NE 1/4 Sec 30 T 14 N. R. 2 W

(2a) STREET ADDRESS OF WELL (or nearest address) 1286 NW MARYLAND

Chehalis

(3) PROPOSED USE: COMMERCIAL

(10) WELL LOG

(4) TYPE OF WORK:

NEW WELL

Owner's Number of well  
(If more than one)  
Method: ROTARY

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

(5) DIMENSIONS:

Drilled 58 ft. Diameter of well 6 inches  
Depth of completed well 58 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Dia. from +1.5 ft. to 51.5 ft.  
WELOED Dia. from ft. to ft.  
Dia. from ft. to ft.

MATERIAL

SAND &amp; GRAVEL GRAY

CLAY GRAY SOFT

COAL BLACK

FROM	TO
0	3
3	51
51	58
58	

Perforations: NO

Type of perforator used

SIZE of perforations

	in.	by	in.
perforations from	ft. to		
perforations from	ft. to		
perforations from	ft. to		

Screens: NO

Manufacturer's Name

Type

Model No.

Diam.	slot size	from	ft. to	ft.
Diam.	slot size	from	ft. to	ft.

Gravel packed: NO

Gravel placed from ft. to Size of gravel ft.

Surface seal: YES

To what depth? 18 ft.

Material used in seal BENTONITE

Did any strata contain unusable water? NO

Type of water?

Depth of strata ft.

Method of sealing strata off M/A

(7) PUMP: Manufacturer's Name

Type NONE

H.P.

(8) WATER LEVELS:

Land-surface elevation

above mean sea level ... ft.

Static level 7 ft. below top of well Date 06/11/93

Artesian Pressure lbs. per square inch Date

Artesian water controlled by M/A

Work started 06/11/93

Completed 06/11/93

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.

Was a pump test made? NO If yes, by whom?

Yield: gal./min with ft. drawdown after hrs.

Recovery data

Time	Water Level	Time	Water Level	Time	Water Level
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Date of test / /

Bailer test gal/min. ft. drawdown after hrs.

Air test 43 gal/min. w/ stem set at 53 ft. for 1 hrs.

Artesian flow g.p.m. Date 06/11/93

Temperature of water Was a chemical analysis made? NO

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME MOERKE &amp; SONS PUMP &amp; DRILL

(Person, firm, or corporation) (Type or print)

ADDRESS 1286 NW MARYLAND

(SIGNED) Dan Rayton License No. 2120 RAYTON

Contractor's

Registration No. MOERKSP13709

Date 08/05/93