

Solutia Inc.

702 Clydesdale Avenue Anniston, Alabama 36201 USA

+1.256.231.8400 phone +1.256.231.8553 phone www.**solutia**.com

November 20, 2013

Ms. Pamela J. Langston Scully, P.E. Remedial Project Manager United States Environmental Protection Agency Region IV Atlanta Federal Center 61 Forsyth St., S.W. Atlanta, GA 30303

Re: Former Holiday Inn Redevelopment Project Completion Report

Anniston PCB Site (Docket No. CV-02PT-0749-E)

Anniston, Alabama

Dear Ms. Langston Scully:

On behalf of Pharmacia Corporation and Solutia Inc. (P/S), as parties to the Partial Consent Decree (PCD) for the Anniston Polychlorinated Biphenyl (PCB) Site, please find enclosed five hard copies and five electronic copies of the *Former Holiday Inn Redevelopment Project Completion Report*. This document summarizes excavation work performed by Holmes Properties LLC under the direction of P/S as necessary to redevelop a parcel commonly known as the former Holiday Inn property. Work was substantially completed on September 18, 2013. All work performed was in general accordance with the August 8, 2013 *Former Holiday Inn Redevelopment Support Work Plan* approved by the United States Environmental Protection Agency's (EPA) on August 16, 2013. If you should have any questions or need additional information, please do not hesitate to contact me at (256) 231-8404.

Sincerely,

E. Gayle Macolly

Manager, Remedial Projects

enclosures: 5 hard copies, 5 electronic copies

cc: Mr. Chip Crockett (ADEM)

Mr. G. Douglas Jones, Esquire (Jones & Hawley P.C.)

Mr. Thomas Dahl (Dahl Environmental Associates)

FORMER HOLIDAY INN REDEVELOPMENT PROJECT COMPLETION REPORT ANNISTON PCB SITE

(DOCKET NO. CV-02-PT-0749-E)

November 2013
Revision 0

Prepared for:

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Atlanta Federal Center
61 Forsyth Street
Atlanta, Georgia 30303-8960

Prepared by:

SOLUTIA INC.

702 Clydesdale Avenue Anniston, Alabama 36201

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FIGURE

1. Excavation Plan

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1.0 INTRODUCTION

Holmes Properties LLC (Holmes) acquired an approximately 9.2 acre parcel in Oxford, Alabama commonly known as the Former Holiday Inn property (property parcel identification numbers [PPINs] 87703 through 87706 and 65775) for the purposes of redeveloping portions of this parcel for retail use. Generally, redevelopment activities were to consist of demolition of former structures and construction of at least two retail pads and ancillary support features (e.g., utility lines and entrance way). A portion of the proposed work is located within the 100-year floodplain of Choccolocco Creek, which is in the footprint of Operable Unit (OU) 4 of the Anniston Polychlorinated Biphenyl (PCB) Site. Previous investigations in this OU have indicated the presence of PCBs in soil and sediment.

While the majority of the parcel (approximately two-thirds) is located outside of the 100-year floodplain, one retail pad, utility lines (sanitary sewer, storm sewer, water, and fiber optic line relocation), and a roadway turnaround construction were either going to be partially or entirely constructed within the 100-year floodplain. Solutia Inc., a subsidiary of Eastman Chemical Company, and Monsanto Company (acting on behalf of Pharmacia LLC), collectively referred to as P/S, met with Holmes to discuss various options regarding construction of the retail pad and ancillary support features as well as methods that could be employed to minimize waste generation. P/S subsequently prepared and implemented a sampling plan to identify specific PCB impact areas. The Former Holiday Inn Redevelopment Proposed Sampling Plan (Sampling Plan) was submitted to the United States Environmental Protection Agency (EPA) on March 29, 2013 and was approved for implementation on April 9, 2013.

The results of the Sampling Plan and subsequent discussions between P/S and Holmes led to Holmes' agreement to self-perform the excavation work under the direction of P/S and provided the basis for the scope of work presented in the Former Holiday Inn

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Redevelopment Support Work Plan (Work Plan). This Work Plan was submitted to the EPA on August 8, 2013 and was clarified in a teleconference and e-mail on August 15, 2013. The Work Plan was subsequently approved by the EPA on August 16, 2013. The Work Plan and associated clarification and approval correspondence are provided in Appendix A. The proposed scope of work generally consisted of the following:

- Excavate and manage PCB impacted soils located within the footprint of proposed improvements;
- Install a geotextile fabric isolation and/or marker layer in areas where residual
 PCB-containing soils were left in place; and
- Provide for off-site disposal of all excavated PCB-containing soil at the appropriate facility.

The proposed intrusive work commenced on August 26, 2013 and was completed by September 18, 2013. All intrusive work was performed under the oversight of the EPA. This report documents the scope of work performed, provides the results of monitoring and sampling activities, and includes copies of all off-site disposal records.

Section 1.0 of this report is an introduction presenting an overview of the project and its components. Section 2.0 describes pre-construction activities undertaken. Section 3.0 presents construction-related preparation activities that were performed. Section 4.0 describes the actual construction work performed and any deviations from the approved Work Plan. Section 5.0 details post-construction activities that were completed.

2.0 PRE-CONSTRUCTION ACTIVITIES

2.1 Scope of Work

The Scope of Work was determined through a series of meetings held between Holmes and P/S. The intent of the meetings was to better define the work to be performed, methods to be employed to perform the work, and management of PCB-containing waste material generated during excavation activities. The overarching goal of these meetings was to minimize or eliminate activities in areas known to contain PCBs (i.e., 100-year floodplain) or minimize or eliminate waste generated during construction within these areas. Work to be performed within the 100-year floodplain was agreed upon and is depicted on Figure 1.

As previously stated, Holmes agreed to self-perform the excavation work under the direction of P/S. Work to be performed included construction of two retail pads, installation of utility lines (e.g., sanitary sewer, storm sewer, water and relocation of an existing fiber optic line), and construction of a roadway turnaround. Generally, the scope of work included the following elements:

- mobilization and establishment of temporary construction facilities and controls
- clearing, grubbing and removal of debris within the project area
- excavation and soil management
- installation of marker layers or equivalent and clean cover
- quality assurance and quality control (QA/QC)

2.2 Sampling

Based on the work proposed, a sampling plan was prepared based on those areas located within the 100-year floodplain where work was to be performed. The EPA approved this plan on April 9, 2013 (Appendix B). Sampling results indicated the presence of PCB-impacted soil in select, isolated utility corridor locations (i.e., portions of the storm sewer and relocated fiber optic line) and the proposed location of the roadway turnaround. No PCB-impacts were detected, however, in the proposed

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footprint of the only retail pad to be located within the 100-year floodplain. Sampling results are provided in Appendix A.

2.3 Borrow Source Evaluation

Holmes proposed the use of a borrow source located in Oxford, Alabama (PPIN 65698) and owned by E & S, LLC for fill material to replace soil to be removed due to PCB impacts. The proposed borrow source was sampled to determine if it met the criteria established by the EPA for use as a borrow source. Sampling of this borrow source was performed by Genesis Project, Inc., and a borrow source sampling report was submitted to the EPA for its review and approval on August 14, 2013. The EPA approved the use of the borrow source on August 26, 2013. The borrow sampling report and approval letter are provided in Appendix C. All clean fill used to achieve final elevation grades was obtained solely from this approved borrow source.

3.0 CONSTRUCTION PREPARATORY ACTIVITIES

3.1 Mobilization

P/S and Holmes met to identify any support work that needed to be performed prior to commencement of intrusive work. This included the mobilization of equipment necessary to perform clearing and grubbing work, and to support construction of a temporary staging area and decontamination pad. This work is discussed further in the sections below.

3.2 Clearing and Grubbing

Clearing and grubbing primarily consisted of tree removal in areas where trees would impede performance of intrusive work. Holmes secured verbal approval from the Oxford Fire Department to burn felled trees. Prior to burning, however, each tree had to be cut into smaller segments to reduce the size of the burn pile. Separately, the Alabama Power Company removed trees from the east of the proposed location of the eastern-most retail pad to facilitate future construction activities in this area.

3.3 Temporary Facilities

A temporary staging area was constructed prior to commencement of intrusive work for soil containing PCBs greater than 1 parts per million (ppm) and less than 50 ppm. This temporary staging area was approximately 45 feet by 60 feet constructed with a 6-millimeter thick polyethylene sheeting base. Silt fence was used to surround the perimeter of the staging area as necessary. Soil that was excavated in locations where PCB concentrations were greater than 50 ppm were direct loaded into roll offs prior to being disposed at a Toxic Substance Control Act (TSCA)-approved landfill in Emelle, Alabama (Emelle).

A 30-foot by 20-foot decontamination pad was constructed with Geotex® 801 nonwoven geotextile (nominal 7 ounce/square yard, 80 millimeter [ml] thickness) fabric

overlain by approximately 20 tons of surge stone. Hay bales were used to surround the perimeter of the decontamination pad.

3.4 Best Management Practices

Best management practices (BMPs) were employed to reduce adverse impact to human health or the environment during clearing and grubbing work, excavation work in PCB-impacted areas, and management of PCB-impacted soil prior to disposal.

BMPs used around the temporary staging pad included placement of a plastic liner prior to staging of PCB-impacted soil; placement of silt fence to prevent runoff; and coverage of soil piles with tarp or similar, as needed. To prevent run-off from the decontamination pad, silt fence and hay bales were used to surround its perimeter.

Dust monitoring was conducted using a Thermo Scientific pDR-1500 aerosol monitor when intrusive work was performed as dictated by weather conditions. Air monitoring reports for the applicable days are provided in Appendix D. There were no exceedances of the 0.5 milligrams per cubic meter action level established for the site.

Horizontal drilling spoils generated during relocation of the fiber optic line were vacuumed into an enclosed unit. These drilling spoils were then emptied in the appropriate staging and storage area.

3.5 Health and Safety

Holmes self-performed excavation work under the direction of P/S and adhered to its own Health and Safety Plan (HASP). Given the potential to come into contact with PCB-impacted soil, all affected employees at Holmes obtained their Occupational Safety and Health Administration (OSHA) 40-hour Hazardous Waste Operations and Emergency Response (HAZWOPER) training prior to the commencement of any intrusive work in

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potentially PCB-impacted areas. Additionally, a health and safety tailgate meeting was convened daily for the duration of work conducted under the direction of P/S.

3.6 Surveying and Layout

Locations where intrusive work was to be performed were identified prior to commencement of work, confirmed with Holmes, and communicated to the EPA oversight personnel.

4.0 CONSTRUCTION ACTIVITIES

4.1 Excavation

Excavation work was expected to be necessary for placement of the storm sewer conveyance lines (Stations A-0 to A-1, A-1 to A-1.1, A-1 to A-2, and A-2 to A-2.3); sanitary sewer conveyance lines (Stations X-0 to X-1); roadway turnaround; and the fiber optic line jacking and receiving pits. Actual excavation work performed varied slightly from what was expected and is discussed below in more detail.

4.1.1 Storm Sewer Conveyance Lines

Stations A-0 to A-1 and Stations A-1 to A-1.1 were not excavated as originally planned due to the existing grade being below final grade, and a determination that construction of a detention basin was unnecessary, respectively. Stations A-0 to A-1 were raised with stone and gravel placed atop a Geotex® 801 nonwoven geotextile marker layer to increase the existing grade to the required elevation.

The length between Stations A-1 and A-2 was excavated to the depth and width necessary to support placement of two 24-inch elliptical reinforced concrete pipe (RCP) lines. The actual width excavated for placement of this piping was larger than originally anticipated. This variance resulted from a greater width being required to achieve the necessary slopes for placement of this piping. Prior to placement of piping, a Geotex® 801 nonwoven geotextile marker layer was placed at the bottom of the excavation if remaining PCB concentrations in soil were greater than 1 ppm. After placement of the piping, the excavated area was filled with backfill to achieve finish grade elevations. Photographs of work performed are included as Appendix E.

Approximately 188 cubic yards of PCB-containing soil containing greater than 1 ppm and less than 50 ppm were excavated, temporarily staged, and disposed at Waste Management's Three Corners Landfill. Approximately 142 cubic yards of clean backfill were placed to achieve finish grade elevations.

The length between Stations A-2 and A-2.3 was excavated to the width and depth necessary to support placement of the required single 18-inch and 24-inch elliptical RCP piping. The actual width excavated was larger than expected because a larger width was necessary to achieve the slopes required for placement of piping resulting in a discrepancy between the actual and projected amount of soil to be excavated. A Geotex® 801 nonwoven geotextile marker layer was placed prior to placement of piping due to remaining PCB concentrations in soil being greater than 1 ppm at the base of the excavation. Clean backfill was used to achieve finish elevation grades.

Approximately 28 cubic yards of PCB-containing soil (greater than 1 ppm and less than 50 ppm) were excavated, temporarily staged, and disposed at Three Corners Landfill. Approximately 19 cubic yards of soil were used to achieve finish elevation grades following excavation and pipe placement.

4.1.2 Sanitary Sewer Conveyance Lines

Sampling results confirmed the absence of PCB-impacts in the locations where sanitary sewer conveyance lines were proposed to be placed; therefore, no soil management was necessary at this location.

4.1.3 Roadway Turnaround

A portion of the area where the roadway turnaround was to be constructed was excavated to provide a suitable construction base. Soil stabilization was envisaged as the preferred method to provide a suitable construction base; however, excessive moisture content of the soil in select areas of the turnaround footprint required the removal of approximately 76 cubic yards of soil containing greater than 1 ppm and less than 50 ppm PCBs. This material was excavated from this area, temporarily staged, and disposed at Three Corners Landfill. An approximate equivalent of 76 cubic yards of clean backfill was used to achieve the required final elevation grade.

4.1.4 Fiber Optic Line Jacking and Receiving Pits

Four jacking and receiving pits were to be constructed to support relocation of an existing AT&T fiber optic line. One of these four pits (Station FO+895), however, was determined not be in a PCB-impacted area based on sampling results. A second pit (Station FO+325) did not need to be constructed because the AT&T contractor performing the relocation work determined that two pits would be sufficient for their purposes. Also, the dimensions of the two pits constructed in impacted areas were smaller than expected. Therefore, the projected amount of soil generated during this work was less than anticipated.

Approximately 21 cubic yards of soil containing PCB concentrations greater than 1 ppm and less than 50 ppm were excavated from Station FO+0. This material was disposed at Three Corners Landfill. Approximately 19 cubic yards of clean backfill were used to return the excavated area to finish grade elevation.

At Station FO+650, approximately 8.3 cubic yards of greater than 1 ppm and less than 50 ppm PCB-containing soil were excavated and disposed at Three Corners Landfill. An additional approximately 6 cubic yards of PCB-containing soil with concentrations greater than 50 ppm were excavated and direct loaded into roll offs for disposal at Emelle. An approximate equivalent of 15.2 cubic yards of clean backfill were used to achieve finish grade elevation.

Spoils generated during drilling were contained in a vacuum tank that was eventually emptied onto the temporary staging area to reduce moisture content. Drilling spoils were conservatively assumed to contain greater than 50 ppm PCBs and were disposed at Emelle along with other debris generated during demobilization (e.g., decommissioned staging and decontamination area materials).

4.2 Soil Management and Disposal

Waste characterization was based on the highest reported PCB concentration for a particular area and/or sample interval (e.g., greater than 50 ppm concentrations were assumed to extend until actual sample results confirm less than 50 ppm). Based on the amount of soil excavated and the respective PCB-concentrations, the following tonnage was disposed at Three Corners Landfill and Emelle: 531 and 41, respectively. This compares to 527 and 28 tons, respectively, estimated based on measured excavation and debris volumes.

Material weight tickets and waste manifests are provided in Appendix G. The variance between the estimated and actual disposal tonnage is based, in part, on the placement of drilling spoils that were characterized as containing PCB concentrations greater than 50 ppm with a small amount of material characterized as greater than 1 ppm and less than 50 ppm PCBs. Therefore, all this material had to be disposed as if it contained PCBs at concentrations greater than 50 ppm. Additionally, the base of the temporary staging area was over excavated at the direction of EPA oversight personnel following termination of its use. This excavated soil was conservatively assumed to contain PCBs at concentrations greater than 50 ppm and disposed of accordingly. Ancillary BMPs used during excavation of the area with PCBs greater than 50 ppm were also disposed in the same manner.

4.3 Final Survey

All work was self-performed by Holmes to facilitate construction of commercial retail pads and ancillary support features. Figure 1 will serve as final documentation of the locations and extents of excavation work performed to support construction work at this site.

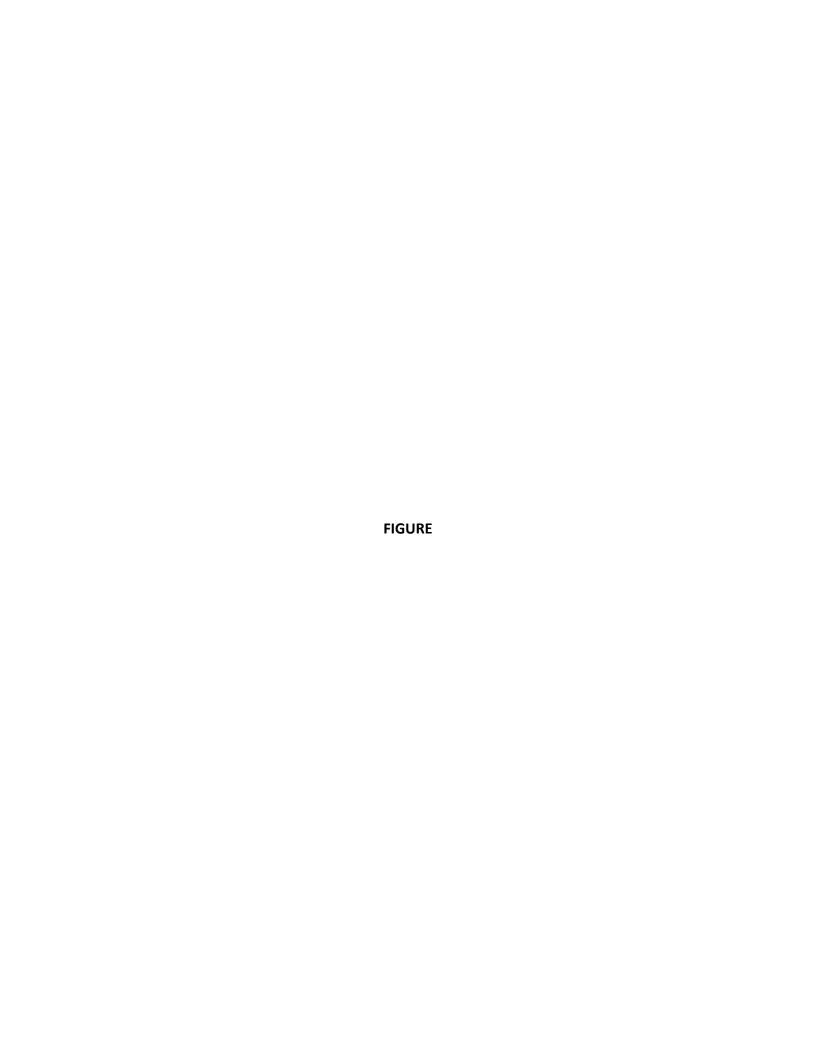
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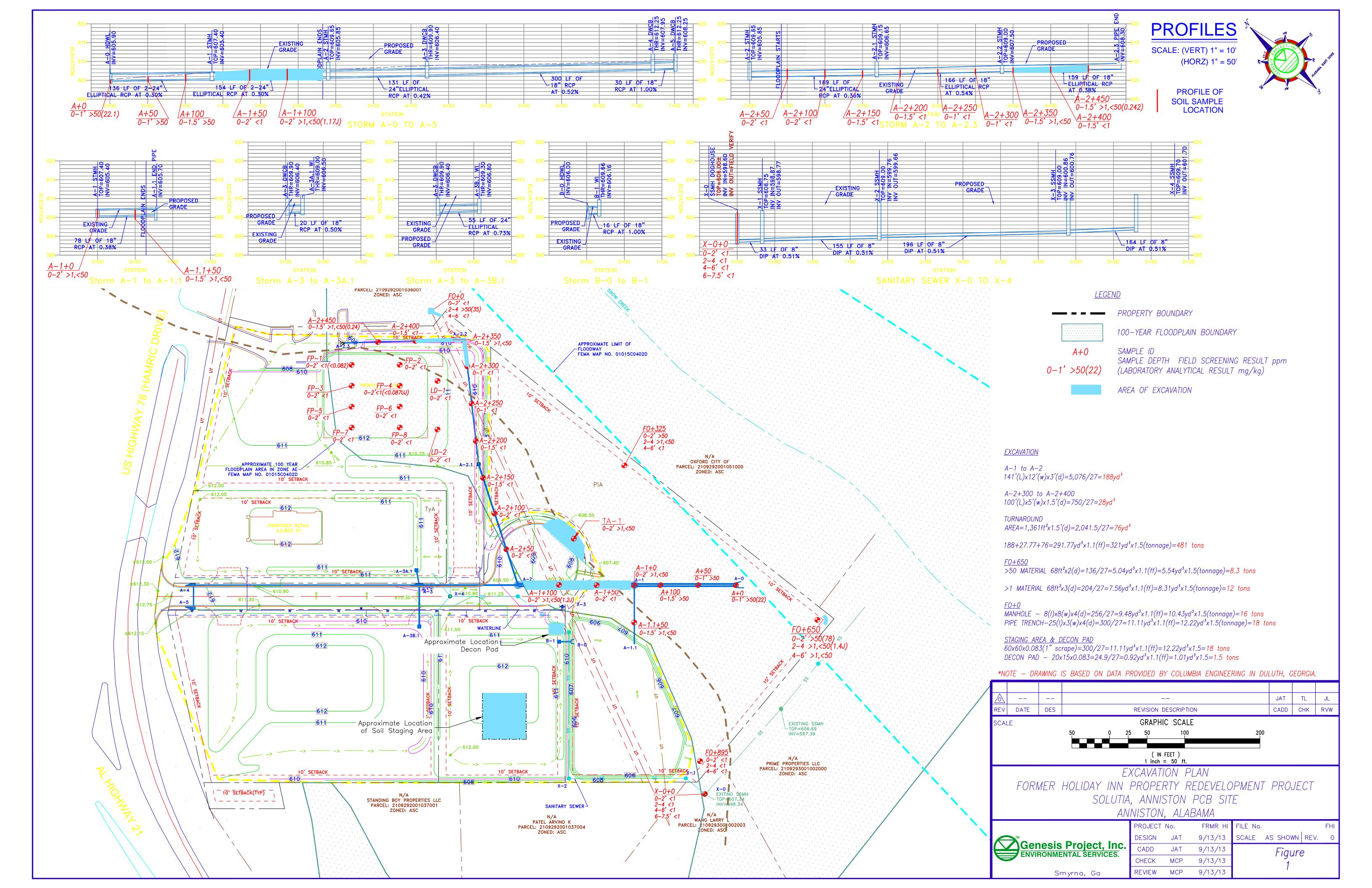
Anniston PCB Site, Anniston, Alabama

5.0 Post-Construction Activities

All work was performed in general accordance with the EPA-approved Work Plan. No additional work will be performed at this site in areas where there are PCB-impacts. Therefore, no additional post-construction activities are necessary.

While not included as part of the scope of work, a conservation easement will be secured on an unimproved portion (2.3 acres) of the approximate 9.2-acre parcel to prevent future construction activities within the 100-year floodplain.





APPENDIX A

FORMER HOLIDAY INN REDEVELOPMENT SUPPORT WORK PLAN AND APPROVAL CORRESPONDENCE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4 ATLANTA FEDERAL CENTER 61 FORSYTH STREET ATLANTA, GEORGIA 30303-8960

August 16, 2013

Ms. E. Gayle Macolly Manager, Remedial Projects Solutia, Inc. 702 Clydesdale Avenue Anniston, Alabama 36201-5328

RE:

Former Holiday Inn Redevelopment Support Work Plan

Anniston PCB Site, Anniston, Alabama

EPA CERCLA ID

ALD000400123

EPA RCRA ID

ALD004019048

Dear Ms. Macolly:

The U.S. Environmental Protection Agency has reviewed the August 8, 2013 Former Holiday Inn Redevelopment Support Work Plan prepared by Solutia Inc. and Pharmacia LLC. A technical discussion about the plan was held by telephone on August 15, 2013, between the EPA, the Technical Special Master, Tom Dahl, and your contractors, John Loper and Mike Price. Following that discussion, John Loper provided EPA and the Technical Special Master with an email dated August 15, 2013, to clarify the proposed earthwork and contaminated soil disposal requirements. The details provided in the email, the Work Plan, and the full size drawings are approved for implementation. These should be kept together to fully represent the planned project. The EPA will provide oversight of the activities.

If you have any questions, please contact me at (404)562-8935.

Sincerely,

Pamela J. Langston Scully, P.E.

Remedial Project Manager Superfund Remedial Branch Subject: Former Holiday Inn Redevelopment Project - Support Work Plan Clarification

Date: Thursday, August 15, 2013 6:39:33 PM Central Daylight Time

From: John Loper **To:** Pam Scully

CC: Thomas Dahl, Gayle Macolly, Mike Price, Donn-williams, Thomas Loper

Priority: High

Pam,

Confirming our teleconference convened earlier today with you and Messrs. Mike Price and Thomas Dahl, we would like to offer the following clarifications regarding anticipated excavation and disposal volumes and destinations for the above-referenced project:

- Areas located within the 100-year floodplain potentially requiring excavation and removal to facilitate proposed infrastructure improvements were identified in preparation of the original Proposed Sampling Plan approved by the EPA on April 9, 2013. These areas are identified on the previously provided Sampling Results Table and shown on associated figures and include:
 - Storm Sewer Conveyance Lines
 - Stations A-0 to A-1 (2 24" elliptical RCP lines; 8' excavation width)
 - Stations A-1 to A-1.1 (single 16" RCP line; 4' excavation width)
 - Stations A-1 to A-2 (2 24" elliptical RCP lines; 8' excavation width)
 - Stations A-2 to A-2.3 (single 18"/24" elliptical line; 4' excavation width)
 - Depths vary from 1' to 2' based on location
 - Sanitary Sewer Conveyance Lines (Stations X-0 to X-1; 8" Ductile Iron Pipe, up to 7.5' depth)
 - Roadway Turnaround (Approximate 50' radius [partially in floodplain]; Potential for 2' removal)
 - Building and Loading Dock Footprints for proposed Aldi Grocery Store (Potential for 2' removal)
 - Jacking and Receiving Pits (4; 20' x 8' x 6' each) to Allow Relocation of Fiber Optic Lines Using Direction Drilling Methods
- Sampling results provided confirmed PCB impacts are limited to the following areas:
 - Storm Sewer Conveyance Lines (select intervals as indicated on table and figures)
 - Three of four Fiber Optic Jacking/Receiving Pits
 - Roadway Turnaround
- As indicated in our previously submitted Support Work Plan, excavated soil containing > 50 ppm PCBs will be
 disposed at Waste Management's TSCA facility in Emelle, AL. Excavated soil containing < 50 ppm PCBs will be
 disposed at Waste Management's Three Corners Landfill.
- Our estimate of expected disposal requirements are as follow:
 - Three Corners Landfill 500 cubic yards
 - Roadway Turnaround 290 cubic yards
 - Fiber Optic Jacking/Receiving Pits 60 cubic yards
 - Storm Sewer Line 150 cubic yards
 - Emelle Landfill 100 cubic yards
 - Fiber Optic Jacking/Receiving Pits 35 cubic yards
 - Storm Sewer Lines 65 cubic yards

These estimates are based on the following assumptions:

- Roadway Turnaround will conservatively require 1-foot removal within the 100-year floodplain area. Samples were collected to a 2' depth interval; however, it is anticipated that soil cement stabilization methods that will be used to avoid any excavation or removal.
- Excavations will occur to depth intervals shown on table/figures which were determined based on engineering drawings showing excavation profiles and limits.
- Assume fluff factor to convert in-place yards to truck yards is 1.1.

- Waste characterization decisions will be based on the highest reported PCB concentration for a particular area and/or sample interval; e.g., > 50 ppm concentrations will be assumed to extend until actual sample result confirm < 50 ppm value (as opposed to assuming mid-point between samples).
- Marker layer will be placed to isolate all areas where residual PCB containing soils may be present prior to placement of clean fill material.

Please don't hesitate to call or e-mail with any questions. We look forward to receiving your approval to proceed so that construction of the proposed improvements can continue in a timely manner.

Best Regards,

John L.

The Loper Group, Inc. P.O. Box 569 Seabrook, TX 77586 281-291-9534 (Office) 281-635-2509 (Cell) www.lopergroup.com

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Solutia Inc. 702 Clydesdale Avenue Anniston, Alabama 36201 USA

+1.256.231.8400 phone +1.256.231.8553 phone www.solutia.com

August 8, 2013

Ms. Pamela J. Langston Scully, P.E. Remedial Project Manager Superfund Remedial Branch USEPA – Region IV 61 Forsyth Street, SW Atlanta, Georgia 30303

Re: Former Holiday Inn Redevelopment Support Work Plan Anniston PCB Site, Anniston, Alabama

Dear Ms. Scully:

Holmes Properties LLC (Holmes) is currently planning to redevelop portions of the approximately 9.2 acre parcel commonly known as the Former Holiday Inn property (PPIN 65775) located at 601 Hamric Drive in Oxford, Alabama (Site). Solutia Inc., a subsidiary of Eastman Chemical Company, and Monsanto Company (acting on behalf of Pharmacia LLC), collectively referred to as P/S, have prepared this Former Holiday Inn Property Redevelopment Work Plan (Work Plan) to describe the activities proposed to address polychlorinated biphenyl (PCB)-impacted soils that will be encountered as part of this redevelopment project known as the Oxford Retail Center.

Proposed redevelopment activities at the Site include construction of commercial buildings for retail use; installation of required roadways and utilities; and possible construction of a floodplain compensation area. The majority, approximately two-thirds, of the parcel was previously developed, lies outside of the 100-year floodplain of Snow Creek and is not expected to be impacted by PCBs based on previous sampling performed in this area (e.g., Highway 21 access road box culvert extension). Intrusive work within the 100-year floodplain will be limited to the installation of select utility lines (water, sanitary sewer, storm sewer and relocation of a fiber optics line) and foundation supports for a roadway turnaround and retail pad located in the northeast portion of the property (Aldi retail pad).

Sampling was recently performed at the Site in conformance with a Proposed Sampling Plan approved by the United States Environmental Protection Agency (EPA) on April 9, 2013. The sampling results, along with previous sampling data collected at the Site are presented in Attachment A and indicate that soil located within the footprint of the

proposed Aldi retail pad is not PCB-impacted and that PCB impacts are limited to select, isolated utility corridor locations (portions of storm sewer and relocated fiber optic line) and the roadway turnaround. Based on the sampling results, P/S have identified specific impact areas that will require removal and disposal to facilitate construction as shown on Figures 1 and 2 in Attachment A. It is presently anticipated that the relocation of the fiber optic line will be achieved using horizontal drilling methods to avoid open-cut excavation along the proposed routing.

Holmes has agreed to self-perform all required excavation activities under the direction of P/S and has obtained Occupational Safety and Health Act (OSHA) 40-hour hazardous Waste Operations and Emergency Response (HAZWOPER) training for all of its personnel selected to perform excavation and material handling work in potential impact areas. The proposed scope of work to be completed in PCB-impact areas is summarized as follows:

- Mobilization and establishment of temporary construction facilities and controls
- Clearing, grubbing and removal of debris within the project area
- Excavation and soil management
- Installation of marker layers or equivalent and clean cover
- Quality assurance and quality control

These activities are described in further detail in the following sections.

Mobilization and Establishment of Temporary Construction Facilities and Controls P/S will observe all excavation and material handling work self-performed by Holmes within the extents of the PCB-impacted portion of the project area. In this capacity, P/S will document that the following temporary construction facilities and controls are in place prior to excavation work:

- Health and safety measures
- Dust monitoring
- Traffic controls
- Soil erosion and sedimentation controls
- Utility markout
- Decontamination area

 Temporary staging and storage areas for PCB impacted soils; one (1) for soil with PCB concentrations greater than 50 milligrams per kilogram (mg/kg), and one (1) for soil with PCB concentrations less than 50 mg/kg

All personnel performing work in PCB-impacted areas will be OSHA HAZWOPER trained. Dust monitoring will be performed during excavation and material handling operations using a Miniram real-time aerosol monitor or equivalent. Soil erosion and sedimentation controls will include installation of silt fence and/or hay bales as appropriate. If any dewatering is required, all such water will be pumped through a filter bag prior to discharge. Decontamination and material staging areas (50 feet by 50 feet

each) will be constructed by first placing a 4-ounce nonwoven geotextile fabric surrounded by perimeter silt fencing and/or hay bales with allowances for ingress/egress access.

Clearing, Grubbing and Removal of Debris within the Project Area

Clearing, grubbing and removal of debris will be performed by Holmes in affected improvement areas, as necessary. All previously existing improvements at the Site have been demolished to grade level. Trees will be removed and burned in accordance with provisions of a burn permit to be obtained from the City of Oxford. Following clearing and grubbing, Holmes will apply a "water friendly" herbicide (AquaMaster®, Rodeo® or equivalent) if necessary to deter growth of invasive vegetation that would otherwise obstruct or prevent redevelopment of this property. This work will be done in accordance with applicable regulations and Site permits under the observation of P/S as it applies to the Site.

Excavation and Soil Management

Holmes will excavate PCB-impacted soil only to the horizontal and vertical extents required for installation of utility lines and to support construction of a proposed roadway turnaround. The proposed excavation plan is shown on the drawings included as an attachment to this Work Plan (Attachment A; Figures 1 and 2). Excavated soil will preferentially be direct loaded into end dumps or rolloffs. If circumstances prevent direct loading, PCB-impacted soil will be temporarily staged in designated stockpile areas with appropriate best management practices (BMPs). Dewatering bags will be used to manage water and any sediments encountered in excavation locations where PCB-impacts are known to be present. Immediately following use in impacted areas, all excavation and material handling equipment will be dry decontaminated at the decontamination pad. Soil with PCB concentrations greater than 50 mg/kg will be transported and disposed at the Chemical Waste Management Emelle, Alabama facility. Soils between 1 mg/kg and 50 mg/kg will be transported and disposed at Waste Management's Three Corners Landfill in Piedmont, Alabama.

Installation of Marker Layer and Clean Cover

A 4-ounce, nonwoven geotextile marker layer will be placed at the base and along the sidewalls of all trenches excavated for installation of utility piping and at the base of the excavation across the footprint of the roadway turnaround area. The only exception will be at locations where clean (less than 1 mg/kg PCB concentrations) conditions have been confirmed underlying the proposed excavation areas. Imported clean fill will be placed in areas where excavation was performed to the extent necessary to return these areas to the required grade. Documentation will be provided to the EPA to confirm the source and cleanliness of the imported fill prior to the commencement of work.

Quality Assurance and Quality Control

Certain Quality Assurance/Quality Control (QA/QC) documentation and testing will be performed during redevelopment support activities to confirm that materials and installation meet the requirements of Holmes and are performed in accordance with this

Work Plan. Generally, QA/QC documentation and testing will be required for the imported fill material, as described above, to confirm its source and the absence of contamination. P/S oversight personnel will keep daily records of construction activities in PCB-impacted areas. Weight tickets and manifests will be maintained for incoming imported fill and outgoing soil, respectively. Dust monitoring data will also be maintained. In the event there are any deviations from the EPA-approved Work Plan, they will be discussed immediately in the field with EPA oversight personnel and documented for the Site records.

Reporting

Following completion of the Former Holiday Inn Property Redevelopment support activities, a Completion Report will be prepared and submitted to the EPA. The Completion Report will provide a description of the support activities and generally include the following:

- Introduction and background information
- Summary of redevelopment support objectives and design
- Description of pre-construction activities including soil sampling and coordination with Holmes
- Description of construction preparatory activities including mobilization, BMPs, heath and safety measures, and surveying/layout
- Description of construction activities including excavation, soil management, disposal, and marker layer or similar and topsoil installation
- Description of any deviations from Work Plan
- Key project data including inspection logs, material documentation, dust monitoring data, soil test results, material weight tickets and waste manifests
- As-built survey

Proposed Schedule of Work

The work proposed herein is expected to commence immediately following receipt of the EPA's approval of this Work Plan. A Completion Report will be submitted within 90 days of completion of the work described herein.

We look forward to receiving your approval of this time critical project so that we can provide the support required for Holmes Properties LLC to complete its planned utility installation project. Furthermore, we understand that the EPA may establish additional investigation and/or remediation requirements for the subject work area under the provisions of the ongoing Operable Unit 4 Remedial Investigation/Feasibility Study Program being performed as part of the Partial Consent Decree executed between the EPA and P/S.

Ms. Pamela J. Langston Scully, P.E. August 8, 2013 Page 5 of 5

Please do not hesitate to contact me at 256-231-8404 with any questions or comments that you may have regarding this matter.

Sincerely,

E. Gayle Macolly

Manager, Remedial Projects

attachment

cc: Mr. Chip Crockett (ADEM)

Mr. G. Douglas Jones, Esq.

Mr. Thomas Dahl

ATTACHMENT A SOIL SAMPLING RESULTS FOR THE FORMER HOLIDAY INN PROPERTY



Memo

To:

Gayle Macolly, Solutia, Inc.

From:

Michael Price, Genesis Project, Inc.

cc:

John Loper, The Loper Group, Inc. Donn Williams, Williams Service Meredith Harris, Roux Associates, Inc.

Date:

July 24, 2013

Re:

Soil Sampling Results for the Former Holiday Inn Property Redevelopment, Anniston PCB Site, Anniston, Alabama.

On April 22 through April 25, 2013, Genesis Project, Inc. (Genesis) completed a soil-sampling event at the Former Holiday Inn Property located at 601 Hamric Drive in Oxford, Alabama. The sampling was performed in general accordance with the Former Holiday Inn Property Redevelopment Sampling Plan (Sampling Plan) submitted to the Environmental Protection Agency (EPA) on March 29, 2013. The EPA approved the Sampling Plan on April 9, 2013 with the condition that a minimum of 10% of the samples to be field screened also be submitted for laboratory confirmation. The purpose of this assessment was to determine the concentrations of polychlorinated biphenyls (PCBs), if any, in the soils associated with the redevelopment of the site.

Prior to performance of any site activities, specified sampling locations were located by Holmes Properties LLC and Genesis and staked in the field. These locations included areas where various utility lines and foundation improvements are scheduled to be installed within the 100-year floodplain.

Sampling Procedures

Soil samples were collected from each location at pre-selected depths in general accordance with the Sampling Plan as indicated on Table 1. Soil samples were collected using direct-push drilling techniques as well as a stainless steel hand auger. All soil samples were processed by thoroughly mixing using a stainless steel bowl and spoon prior to being placed in appropriate pre-cleaned laboratory containers. The sampling equipment was decontaminated between sampling locations utilizing the decontamination procedure outlined in the Quality Assurance Project Plan for the Anniston PCB Site, Revision 5.

The soil samples were collected under EPA oversight in fifty-foot intervals along the proposed utility corridors, as well as within the footprints of a proposed retail pad, loading dock and roadway turnaround (Figure 1). Sanitary sewer, storm sewer and fiber optic line samples are identified by X-, A- and FO- designations, respectively. Floodplain building, loading dock, and roadway turnaround samples are identified by FP-, LD- and TA- designations, respectively. All of the samples were collected utilizing direct-push drilling techniques with the exception of sample locations FO+325, FO+650, FO+895, A+0, A+50, and A+100. Due to the nature of the soft soils at these locations from recent rains, soil samples were collected using a stainless steel hand auger. Sample depths were selected based on excavation profiles proposed by the developer.

Soil Sample Analyses

All samples were field screened for PCBs at 1 part per million (ppm) and 50 ppm using immunoassay techniques by EPA Method 4020. As per the EPA approval letter, eight samples and one duplicate were selected for submittal to TestAmerica Laboratory in Savannah, Georgia for analysis of PCBs by EPA Method 8082. The field screening and laboratory analytical results are summarized in Table 1. A copy of the validated laboratory report is provided in Attachment 1. The laboratory analytical data confirmed the field screening data with the exception of soil samples A+0 (0-1'), A-2+450 (0-1.5') and FO+0 (2-4'). The laboratory results for these samples are less than the field screening results which is consistent with the false positive bias of the immunoassay procedure. The results of the field screening and laboratory analyses are shown on Figure 2 along with historical data collected within the vicinity of the project.

TABLE

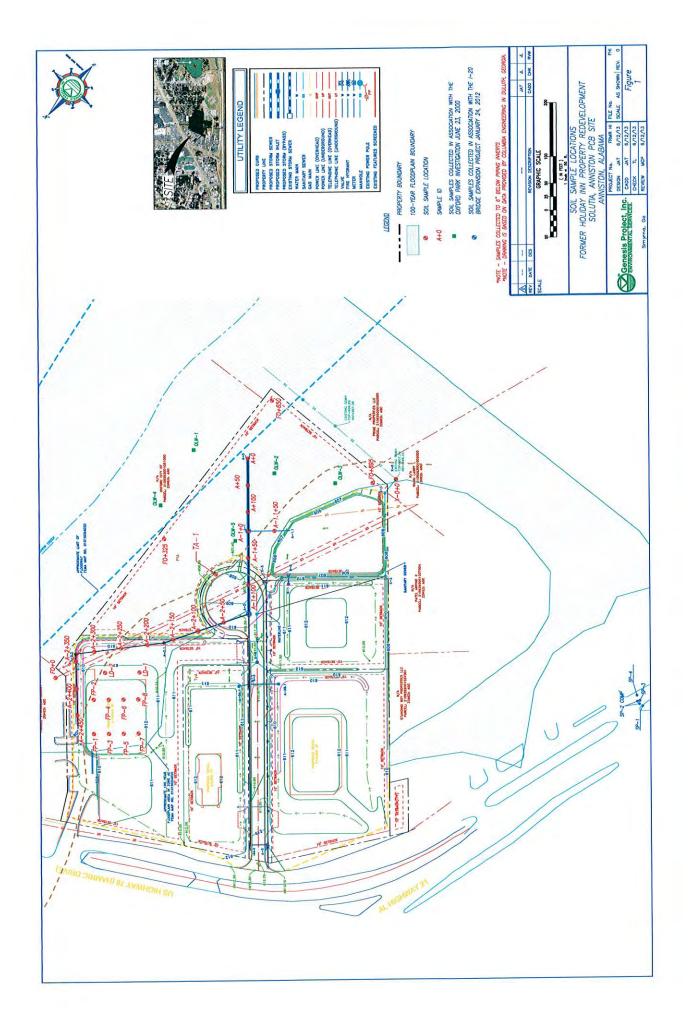
Table 1. Field Screening and Laboratory Analytical Results Former Holiday Inn Redevelopment Project Anniston PCB Site, Anniston, Alabama

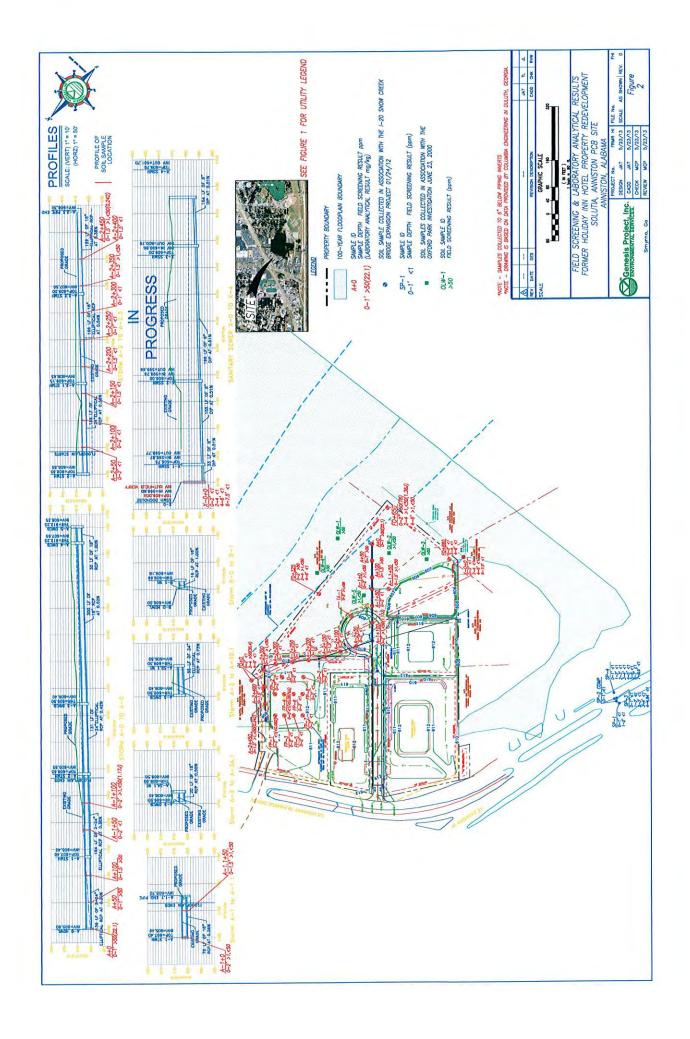
STATION ID	SAMPLE LOCATION	SAMPLE DEPTH	Field Screening Results (ppm)	Aroclor 1016 (mg/kg)	Aroclor 1221 (mg/kg)	Aroclor 1232 (mg/kg)	Aroclor 1242 (mg/kg)	Aroclor 1248 (mg/kg)	Aroclor 1254 (mg/kg)	Aroclor 1260 (mg/kg)	Aroclor 1268 (mg/kg)	Total PCB Result (mg/kg)
	A+0	0-1'	>50	<4.3	<8.8	<4.3	<4.3	<4.3	16	6.1	<4.3	22.1
A-0 TO A-1	A+50	0-1'	>50									
	A+100	0-1.5'	>50									
	71.200											
A-1 TO A-1.1	A-1+0	0-2'	>1,<50						-		-	
	A-1.1+50	0-1.5	>1,<50									
								-			-	
A-1 TO A-2	A-1+50	0-2'	<1		.0.21	40.15	<0.15	<0.15	0.50 J	0.67	< 0.15	1.17 J
	A-1+100	0-2'	>1,<50	<0.15	<0.31	<0.15	VO.13	40.15				
			NC	-								
A-2 TO A-5	OUTSIDE OF FP		NS									
A-2 TO A-2.3	4.2.50	0-2'	<1									
	A-2+50 A-2+100	0-2'	<1									
	A-2+150	0-1.5'	<1									
	A-2+200	0-1.5'	<1							-		
	A-2+250	0-1'	<1			-						
	A-2+300	0-1'	<1								-	
	A-2+350	0-1.5'	>1,<50									
	A-2+400	0-1.5'	<1			0.027	-0.037	<0.037	0.17	0.072	<0.037	0.242
	A-2+450	0-1.5'	>1,<50	<0.037	<0.076	<0.037	<0.037	(0.037	0.17	0.072		
							-					
	X-0	0-2*	<1	1								
	X-0	2-4'	<1									
X-0 TO X-4	X-0	4-6'	<1	-	-							
	X-0	4-6'-X 6-7.5'	<1									
	X-0	6.7.5	-	1								
X-1 TO X-4	OUTSIDE OF FP	-	NS								-	
X-110 X-4	CONSIDER											
TURN AROUND	TA-1	0-2'	>1,<50									
ALDI LOADING DOCK	10.1	0.2'	<1	-								
	LD-1 LD-2	0-2	<1									-
	LD-2-X	0.2'	<1							-		-
									0.010	-0.040	<0.040	<0.082
ALDI BUILDING FOOTPRINT	FP-1	0-2'	<1	<0.040	<0.082	<0.040	<0.040	<0.040	<0.040	<0.040	<0.040	<0.130
	FP-1-X	0-2'	<1	<0.063	<0.130	< 0.063	<0.063	<0.063	<0.063	<0.063	<0.063	40.130
	FP-2	0-2'	<1							-		
	FP-3	0-2"	<1			0.01211	-0.04311	J <0.043 UJ	<0.043 H	<0.043 U	<0.043 U	(0.087 UJ
	FP-4	0-2'	<1	<0.043 UJ	<0.087 UJ	<0.043 0	(0.043 0	(0.043 0)	10.043 0	10.013 0	10.0.0	
	FP-5	0-2'	<1	-	-	-	-		7 - 77			
	FP-6	0-2'	<1	-	-							
	FP-7	0.2	<1									
	FP-7-X	0-2'	<1	-								-
	FP-8	0-2									-	
ALDI UTILITY	WATER LINE	TO BE DET.									-	-
CONNECTIONS		TO BE DET.							-	-	-	-
COMMECHIONS									-	-		
	FO+0	0-2'	<1		1.0	-20	<2.0	7.1	19	9.3	<2.0	35.4
		2-4'	>50	<2.0	<4.0	<2.0	12.0	7.1	12	1		
FIBER OPTIC (APPROXIMATI LOCATIONS)		4-6'	<1	-		-		-				
	FO+325	0-2'	>50									
		2-4'	>1, <50	-					1			
		4-6'	>50	<4.4	<9.0	<4.4	<4.4	<4.4	54	24	<4.4	78
	FO+650	0-2'	>1,<50	<0.089	<0.18	<0.089			0.82	0.40	<0.089	1.36 J
		2-4'	>1,<50						7			
	FO+895	0-2'	<1								1	-
		2-4'	<1								-	
	10.000	2.4	<1						1		1	1

ppm - parts per million NS - Not Sampled

NS - Not sample mg/kg - milligrams per kilogram J - Value is estimated UJ - Value is non-detect and estimated FP - Floodplain

FIGURES





ATTACHMENT 1 Validated Laboratory Report

QA LEVEL II - ORGANIC DATA EVALUATION CHECKLIST

Compa	ny Name:		Proj	ect Man	nager:
Project	Name: Former Holiday Inn				nber:
Review	er: Tiffany Messier				Date: 05/29/13
Laborat	ory: Test America Savannah		SDC	#: <u>680</u> -	89759-1
Analytic	cal Method (type and no.): PCB (8082)				
	☐ Air ☑ Soil/Sed. ☐ Water ☐ Waste				
Sample	Names <u>: FP-1 0-2",FP-1 0-2'-X, FP-4 0-2', FO + 0 2-</u>	4',FO +	650 0-2'	FO + 6	350 2-4', A + 0 0-1',A-1 + 100 0-2', A-2 + 450 0-1.5'
NOTE:	Please provide calculation in Comment areas or	on the	back (if	on the l	back please indicate in comment areas).
Field In	formation	YES	NO	NA	COMMENTS
a)	Sampling dates noted?	\boxtimes			
b)	Sampling team indicated?	\boxtimes			
c)	Sample location noted?	\boxtimes			
d)	Sample depth indicated (Soils)?	\boxtimes			
e)	Sample type indicated (grab/composite)?	\boxtimes			
f)	Field QC noted?	\boxtimes	П	П	
g)	Field parameters collected (note types)?	Ē	П	\boxtimes	
h)	Field Calibration within control limits?		П	\boxtimes	
i)	Notations of unacceptable field conditions/performa	_	om field l		
',	riotations of unacceptable field conditions/performa		⊠ ⊠		iolo iloloo.
:>	Does the laboratory narrative indicate deficiencies?		\boxtimes		-
j)	Note Deficiencies:				
Chain-	of-Custody (COC)	YES	NO	NA	COMMENTS
a)	Was the COC properly completed?	\boxtimes			
b)	Was the COC signed by both field				
	and laboratory personnel?	\boxtimes			
c)	Were samples received in good condition?	\boxtimes			**************************************
Genera	I (reference QAPP or Method)	YES	NO	NA	COMMENTS
a)	Were hold times met for sample pretreatment?	\boxtimes			
b)	Were hold times met for sample analysis?	\boxtimes			
c)	Were the correct preservatives used?	\boxtimes			4
d)	Was the correct method used?	\boxtimes			
e)	Were appropriate reporting limits achieved?	\boxtimes			/ A + 0 0-1', A-1 + 100 0-2'
f)	Were any sample dilutions noted?	\boxtimes			FO + 0 2-4', FO + 650 0-2', FO + 650 2-4'
g)	Were any matrix problems noted?	\boxtimes			1268 Interference w/ DCB

QA LEVEL II - ORGANIC DATA EVALUATION CHECKLIST

Blanks		YES	NO	NA	COMMENTS
a)	Were analytes detected in the method blank(s)?		\boxtimes		
b)	Were analytes detected in the field blank(s)?			\boxtimes	
c)	Were analytes detected in the equipment blank(s)?			\boxtimes	
d)	Were analytes detected in the trip blank(s)?			\boxtimes	
Labora	tory Control Sample (LCS)	YES	NO	NA	COMMENTS
a)	Was a LCS analyzed once per SDG?	\boxtimes			
b)	Were the proper compounds included in the LCS?	\boxtimes			
c)	Was the LCS accuracy criteria met?	\boxtimes			
Duplica	ates	YES	NO	NA	COMMENTS
a)	Were field duplicates collected (note original and du	uplicate	e sample r	names)?	FP-1 0-2' & FP-1 0-2' X
		\boxtimes			
b)	Were field dup. precision criteria met (note RPD)?	\boxtimes			All results BDL
c)	Were lab duplicates analyzed (note original and dup	plicate	samples)	?	
			\boxtimes		
d)	Were lab dup, precision criteria met (note RPD)?			\boxtimes	
Blind S	tandards	YES	NO	NA	COMMENTS
a)	Was a blind standard used (indicate name,		\boxtimes		
	compounds included and concentrations)?				
b)	Was the %D within control limits?			\boxtimes	
Matrix	Spike/Matrix Spike Duplicate (MS/MSD)	YES	NO	NA	COMMENTS
a)	Was MS accuracy criteria met?		\boxtimes		Low recoveries for 1016 & 1260
Recove	ry could not be calculated since sample contained high concentration of analyte?			\boxtimes	
ь)	Was MSD accuracy criteria met?		\boxtimes		Low recoveries for 1016 & 1260
	Recovery could not be calculated since sample contained high concentration of analyte?			\boxtimes	-
c)	Were MS/MSD precision criteria met?		\boxtimes		
Surrog	ate Spikes	YES	NO	NA	COMMENTS
a)	Were surrogate recoveries within control limits?	\boxtimes	\boxtimes		See below
b)	Were surrogate recoveries not calculated due to dilutions?	\boxtimes			FO+ 2-4', FO+650 0-2', A+0 0-1'
Comme	ents/Notes:				
	FP-1 0-2-X had low surrogate recoveries for DCB ar X recoveries were within acceptable ranges, no data				
TCX. T	he sample was re-extracted and reanalyzed with con -2'had elevated DCB recovery without 1268 present,	curring	g results.	All data B	DL and qualified as estimated (UJ), sample A-

Revised May 2004 Page 2 of 3

QA LEVEL II - ORGANIC DATA EVALUATION CHECKLIST

Data Qualification:

Sample Name	Constituent(s)	Result	Qualifier	Reason
FP-4 0-2'	1016	BDL	UJ	Low MS/MSD recoveries, Low DCB recovery
FP-4 0-2'	1260	BDL	UJ	Low MS/MSD recoveries, Low DCB recovery
FO + 650 2-4'	1248	140	J	>40% between GC columns
A-1 + 100 0-2'	1254	500	J	>40% between GC columns
FP-4 0-2'	1221	BDL	UJ	Low DCB recovery
FP-4 0-2'	1232	BDL	UJ	Low DCB recovery
FP-4 0-2'	1242	BDL	UJ	Low DCB recovery
FP-4 0-2'	1254	BDL	UJ	Low DCB recovery
FP-4 0-2'	1268	BDL	UJ	Low DCB recovery
		-		

Signature: William Museum	Date: 05/29/13	
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nd



TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

ANALYTICAL REPORT

TestAmerica Laboratories, Inc.

TestAmerica Savannah 5102 LaRoche Avenue Savannah, GA 31404 Tel: (912)354-7858

TestAmerica Job ID: 680-89759-1

Client Project/Site: Former Holiday Inn

Revision: 1

For:

Genesis Project, Inc. 1258 Concord Road Suite 200 Smyrna, Georgia 30080

Attn: Mr. Mike Price

Michele LKersey

Authorized for release by: 7/10/2013 3:58:21 PM

Michele Kersey, Project Manager I michele.kersey@testamericainc.com

The test results in this report meet all 2003 NELAC and 2009 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

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TANK T

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

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Definitions/Glossary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Qualifiers

GC Semi VOA

Qualifier	Qualifier Description
X	Surrogate is outside control limits
н	Sample was prepped or analyzed beyond the specified holding time
F	MS or MSD exceeds the control limits
F	RPD of the MS and MSD exceeds the control limits
D	Surrogate or matrix spike recoveries were not obtained because the extract was diluted for analysis; also compounds analyzed at a dilution may be flagged with a D.
р	The %RPD between the primary and confirmation column/detector is >40%. The lower value has been reported.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.	
ts	Listed under the "D" column to designate that the result is reported on a dry weight basis	
%R	Percent Recovery	
CNF	Contains no Free Liquid	
DER	Duplicate error ratio (normalized absolute difference)	
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample	
DLC	Decision level concentration	
MDA	Minimum detectable activity	
EDL	Estimated Detection Limit	
MDC	Minimum detectable concentration	
MDL	Method Detection Limit	
ML	Minimum Level (Dioxin)	
ND	Not detected at the reporting limit (or MDL or EDL if shown)	
PQL	Practical Quantitation Limit	
QC	Quality Control	
RER	Relative error ratio	
RL	Reporting Limit or Requested Limit (Radiochemistry)	
RPD	Relative Percent Difference, a measure of the relative difference between two points	
TEF	Toxicity Equivalent Factor (Dioxin)	
TEQ	Toxicity Equivalent Quotient (Dioxin)	

Case Narrative

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Job ID: 680-89759-1

Laboratory: TestAmerica Savannah

Narrative

CASE NARRATIVE

Client: Solutia Inc.

Project: Former Holiday Inn

Report Number: 680-89759-1 Revision 1

With the exceptions noted as flags or footnotes, standard analytical protocols were followed in the analysis of the samples and no problems were encountered or anomalies observed. In addition all laboratory quality control samples were within established control limits, with any exceptions noted below. Each sample was analyzed to achieve the lowest possible reporting limit within the constraints of the method. In some cases, due to interference or analytes present at high concentrations, samples were diluted. For diluted samples, the reporting limits are adjusted relative to the dilution required.

Calculations are performed before rounding to avoid round-off errors in calculated results.

All holding times were met and proper preservation noted for the methods performed on these samples, unless otherwise detailed in the individual sections below.

RECEIPT

The samples were received on 4/26/2013 9:58 AM; the samples arrived in good condition, properly preserved and, where required, on ice. The temperature of the cooler at receipt was 3.8° C.

PESTICIDES AND PCBS

Samples FP-1 0-2' (680-89759-1), FP-4 0-2' (680-89759-3), F0 + 0 2-4' (680-89759-4), F0 + 650 0-2' (680-89759-5), F0 + 650 2-4' (680-89759-6), A + 0 0-1' (680-89759-7), A-1 + 100 0-2' (680-89759-8) and A-2 + 450 0-1.5' (680-89759-9) were analyzed for Pesticides and PCBs in accordance with EPA SW846 Method 8081A_8082. The samples were prepared on 05/02/2013 and analyzed on 05/07/2013 and 05/08/2013.

This method incorporates 2nd column confirmation. Corrective action is not taken for surrogate/spike compounds unless results from both columns are unacceptable. Results outside criteria are qualified.

Surrogate recovery for the following sample(s) was outside control limits: FP-4 0-2' (680-89759-3), FP-4 0-2' (680-89759-3 MS), FP-4 0-2' (680-89759-3 MSD). Re-extraction and/or re-analysis was performed with concurring results. The original analysis has been reported.

The matrix spike / matrix spike duplicate (MS/MSD) recoveries for batch 275288 were outside control limits. The associated laboratory control sample (LCS) recovery met acceptance criteria.

Surrogate recovery for the following sample(s) was outside control limits: FP-1 0-2'-X (680-89759-2). Re-extraction and/or re-analysis was performed outside of holding time with acceptable results.

Due to the level of dilution required for the following sample(s), surrogate recoveries are not reported: A + 0.0-1' (680-89759-7), E + 0.2-4' (680-89759-4), E + 0.0-1' (680-89759-5).

Samples F0 + 0 2-4' (680-89759-4)[50X], F0 + 650 0-2' (680-89759-5)[100X], F0 + 650 2-4' (680-89759-6)[2X], A + 0 0-1' (680-89759-6)[4X] required dilution prior to analysis. The reporting limits have been adjusted accordingly.

**LCS SRM was not performed on these samples.

PERCENT SOLIDS/MOISTURE

Samples FP-1 0-2' (680-89759-1), FP-1 0-2'-X (680-89759-2), FP-4 0-2' (680-89759-3), F0 + 0 2-4' (680-89759-4), F0 + 650 0-2'

TestAmerica Savannah

Case Narrative

Client: Ge ne si Proje cț Inc. P oje c/Site :Form e Holiday Inn Te stAme ric a Jbb ID: 680-8 97594

Job ID: 680-89759-1 (Continued)

Laboratory: TestAmerica Savannah (Continued)

(68 0-8 97 5 5-),F0 + 65 0 24' (68 0-8 97 5 56), A + 0 04' (68 0-8 97 5 57-),A-1 + 1 00 02' (68 0-8 97 5 58-) and A-2 + 45 0 04 5' (68 0-8 97 5 9) were analyzed for Percent Solids/Moisture in accordance with TestAmerica SOP. The samples were analyzed on 04/27/2013.



		Detec	tion Sum	mary					
Client: Genesis Project, Inc. Project/Site: Former Holiday Inn						T	est	America Job II): 680-89759-1
Client Sample ID: FP-1 0-2'						La	b	Sample ID:	680-89759-1
No Detections.									
Client Sample ID: FP-1 0-2'-X						La	b	Sample ID:	680-89759-2
No Detections.									
Client Sample ID: FP-4 0-2'						La	b	Sample ID:	680-89759-3
No Detections.									
Client Sample ID: F0 + 0 2-4'						La	ab	Sample ID:	680-89759-4
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
PCB-1248	7100		2000		ug/Kg	50	₩	8081A_8082	Total/NA
PCB-1254	19000		2000		ug/Kg	50	*	8081A_8082	Total/NA
PCB-1260	9300		2000		ug/Kg	50	₩	8081A_8082	Total/NA
Client Sample ID: F0 + 650 0-2						La	ab	Sample ID:	680-89759-5
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
PCB-1254	54000		4400		ug/Kg	100	₩	8081A_8082	Total/NA
PCB-1260	24000		4400		ug/Kg	100	ø	8081A_8082	Total/NA
Client Sample ID: F0 + 650 2-4						La	ab	Sample ID:	680-89759-6
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
PCB-1248	140	p	89		ug/Kg	2		8081A_8082	Total/NA
PCB-1254	820		89		ug/Kg	2		8081A_8082	Total/NA
PCB-1260	400		89		ug/Kg	2	₽	8081A_8082	Total/NA
Client Sample ID: A + 0 0-1'						La	ab	Sample ID:	680-89759-7
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
PCB-1254	16000		4300		ug/Kg	100	*	8081A_8082	Total/NA
PCB-1260	6100		4300		ug/Kg	100	₿	8081A_8082	Total/NA
Client Sample ID: A-1 + 100 0-2	2'					L	ab	Sample ID:	680-89759-8
Analyte	Result	Qualifier	RL	MDL	Unit			Method	Prep Type
PCB-1254	500	p	150		ug/Kg			8081A_8082	Total/NA
PCB-1260	670		150		ug/Kg	4	₩	8081A_8082	Total/NA
Client Sample ID: A-2 + 450 0-	1.5'					L	ab	Sample ID:	680-89759-9
Analyte	Result	Qualifier	RL	MDL	Unit			Method	Prep Type
PCB-1254	170		37		ug/Kg			8081A_8082	Total/NA
PCB-1260	72		37		ug/Kg		24	8081A_8082	Total/NA

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

Client Sample ID: FP-1 0-2'

Tetrachloro-m-xylene

TestAmerica Job ID: 680-89759-1

Matrix: Solid

Lab Sample ID: 680-89759-1

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Percen	t	Sol	id	S	: 7	9.	4

Date	Collected:	04/23/13 13:10	
Date	Received:	04/26/13 09:58	
_			

Method: 8081A_8082 - Organ	ochlorine Pesticide	es & PCBs	(GC)					Service A	
Analyte		Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<40		40		ug/Kg	**	05/02/13 22:39	05/07/13 21:05	1
PCB-1221	<82		82		ug/Kg	**	05/02/13 22:39	05/07/13 21:05	1
PCB-1232	<40		40		ug/Kg	₩	05/02/13 22:39	05/07/13 21:05	1
PCB-1242	<40		40		ug/Kg	ø	05/02/13 22:39	05/07/13 21:05	1
PCB-1248	<40		40		ug/Kg	**	05/02/13 22:39	05/07/13 21:05	1
PCB-1254	<40		40		ug/Kg	**	05/02/13 22:39	05/07/13 21:05	1
PCB-1260	<40		40		ug/Kg	**	05/02/13 22:39	05/07/13 21:05	1
PCB-1268	<40		40		ug/Kg	ø	05/02/13 22:39	05/07/13 21:05	1
Surrogate	%Recovery	Qualifier	Limits				Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	80		54 - 133				05/02/13 22:39	05/07/13 21:05	1
DCB Decachlorobiphenyl	87		54 - 133				05/02/13 22:39	05/07/13 21:05	1
Tetrachloro-m-xylene	64		46 - 130				05/02/13 22:39	05/07/13 21:05	1
Tetrachloro-m-vylene	68		46 - 130				05/02/13 22:39	05/07/13 21:05	1

46 - 130

68



Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Lab Sample ID: 680-89759-2

Matrix: Solid

Percent Solids: 52.2

Date Collected: 04/23/13 13:10 Date Received: 04/26/13 09:58

Method: 8081A_8082 - Orga Analyte		Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<63		63		ug/Kg	**	05/02/13 22:39	05/08/13 06:32	1
PCB-1221	<130		130		ug/Kg	**	05/02/13 22:39	05/08/13 06:32	1
PCB-1232	<63		63		ug/Kg	305	05/02/13 22:39	05/08/13 06:32	1
PCB-1242	<63		63		ug/Kg	*	05/02/13 22:39	05/08/13 06:32	1
PCB-1248	<63		63		ug/Kg	\$	05/02/13 22:39	05/08/13 06:32	1
PCB-1254	<63		63		ug/Kg	\$	05/02/13 22:39	05/08/13 06:32	1
PCB-1260	<63		63		ug/Kg	**	05/02/13 22:39	05/08/13 06:32	1
PCB-1268	<63		63		ug/Kg	Ö	05/02/13 22:39	05/08/13 06:32	1
Surrogate	%Recovery	Qualifier	Limits				Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	17	X	54 - 133				05/02/13 22:39	05/08/13 06:32	1
DCB Decachlorobiphenyl	18	X	54 - 133				05/02/13 22:39	05/08/13 06:32	1
Tetrachloro-m-xylene	12	X	46 - 130				05/02/13 22:39	05/08/13 06:32	1
Tetrachloro-m-xylene	12		46 - 130				05/02/13 22:39	05/08/13 06:32	1
Tetrachloro-m-xylene	12	X					05/02/13 22:39	05/08/13 06:32	1
Tetrachloro-m-xylene Method: 8081A_8082 - Orga	12 nochlorine Pesticid	X les & PCBs		MDL	Unit	D	05/02/13 22:39 Prepared	05/08/13 06:32 Analyzed	1 Dil Fac
Tetrachloro-m-xylene Method: 8081A_8082 - Orga Analyte	12 nnochlorine Pesticid Result	X les & PCBs Qualifier	(GC) - RE	MDL	Unit ug/Kg	D			
Tetrachloro-m-xylene Method: 8081A_8082 - Orga Analyte PCB-1016	nochlorine Pesticid Result <62	X les & PCBs Qualifier	(GC) - RE	MDL			Prepared	Analyzed	Dil Fac
Tetrachloro-m-xylene Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221	nochlorine Pesticid Result <62 <130	X les & PCBs Qualifier H	(GC) - RE RL 62	MDL	ug/Kg	<u> </u>	Prepared 05/09/13 16:25	Analyzed 05/14/13 23:28	Dil Fac
Tetrachloro-m-xylene Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232	nochlorine Pesticid Result <62 <130 <62	X les & PCBs Qualifier H H	(GC) - RE RL 62 130	MDL	ug/Kg ug/Kg	**	Prepared 05/09/13 16:25 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28	Dil Fac
Tetrachloro-m-xylene Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232 PCB-1242	nochlorine Pesticid Result <62 <130 <62 <62	X les & PCBs Qualifier H H H	(GC) - RE RL 62 130 62	MDL	ug/Kg ug/Kg ug/Kg	о о	Prepared 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28	Dil Fac
Tetrachloro-m-xylene Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232 PCB-1242 PCB-1248	nochlorine Pesticid Result <62 <130 <62 <62 <62 <62	X les & PCBs Qualifier H H H H	(GC) - RE RL 62 130 62 62	MDL	ug/Kg ug/Kg ug/Kg ug/Kg	\$ \$ \$	Prepared 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28	Dil Fac
Tetrachloro-m-xylene Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232 PCB-1242 PCB-1248 PCB-1254	nochlorine Pesticid Result <62 <130 <62 <62	X les & PCBs Qualifier H H H H H	(GC) - RE RL 62 130 62 62 62	MDL	ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg	0 0	Prepared 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28	Dil Fac
Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232 PCB-1242 PCB-1248 PCB-1254 PCB-1260	12 nochlorine Pesticid Result <62 <130 <62 <62 <62 <62 <62 <62 <62	X les & PCBs Qualifier H H H H H H	(GC) - RE RL 62 130 62 62 62 62	MDL	ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg	0 0 0	Prepared 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28	Dil Fac
Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232 PCB-1242 PCB-1248 PCB-1254 PCB-1260 PCB-1268	12 nochlorine Pesticid Result <62 <130 <62 <62 <62 <62 <62 <62 <62 <62 <62 <62	X les & PCBs Qualifier H H H H H H H	(GC) - RE RL 62 130 62 62 62 62 62	MDL	ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg	0 0 0 0	Prepared 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28	Dil Fac 1 1 1 1 1 1 1 1 1 1 1
Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232 PCB-1242 PCB-1248 PCB-1254 PCB-1260 PCB-1268	12 nochlorine Pesticid Result <62 <130 <62 <62 <62 <62 <62 <62 <62 <62	X les & PCBs Qualifier H H H H H H H H H H H H H	(GC) - RE RL 62 130 62 62 62 62 62 62	MDL	ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg	0 0 0 0	Prepared 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28	Dil Fac 1 1 1 1 1 1 1 1 1 1 1
Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232 PCB-1242 PCB-1248 PCB-1254 PCB-1260 PCB-1268 Surrogate	12 nochlorine Pesticid Result <62 <130 <62 <62 <62 <62 <62 <62 <62 <62 <62 <62	X les & PCBs Qualifier H H H H H H H Cualifier	(GC) - RE RL 62 130 62 62 62 62 62 62 62 62 Limits	MDL	ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg	0 0 0 0	Prepared 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28	Dil Fac 1 1 1 1 1 1 1 1 1 Dil Fac
Tetrachloro-m-xylene Method: 8081A_8082 - Orga Analyte PCB-1016 PCB-1221 PCB-1232 PCB-1242 PCB-1248	12 nnochlorine Pesticid Result <62 <130 <62 <62 <62 <62 <62 <62 <68 <62 <68 <68 <68 <68 <68 <68 <68 <68	X les & PCBs Qualifier H H H H H H H H Cualifier	(GC) - RE RL 62 130 62 62 62 62 62 62 62 Limits 54 - 133	MDL	ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg ug/Kg	0 0 0 0	Prepared 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 05/09/13 16:25 Prepared 05/09/13 16:25	Analyzed 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 05/14/13 23:28 Analyzed 05/14/13 23:28	Dil Fac 1 1 1 1 1 1 1 1 1 Dil Fac

Client. Genesis Project, Inc. Project/Site: Former Holiday Inn

TestAmerica Job ID: 680-89759-1

Lab Sample ID: 680-89759-3

Matrix: Solid

Percent Solids: 75.1

Client	Sample	ID: I	FP	-4	0-2
Date Co	ollected:	04/23/	13	13:	45

Date Received: 04/26/13 09:58

Method: 8081A_8082 - Organ Analyte		Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<43	(d)	43		ug/Kg	- 0	05/02/13 22:39	05/08/13 00:29	1
PCB-1221	<87	Na	87		ug/Kg	o	05/02/13 22:39	05/08/13 00 29	1
PCB-1232	<43	7 7 7	43		ug/Kg	Q	05/02/13 22:39	05/08/13 00:29	1
PCB-1242	<43		43		ug/Kg	ø	05/02/13 22:39	05/08/13 00:29	1
PCB-1248		uU	43		ug/Kg	0	05/02/13 22:39	05/08/13 00:29	1
PCB-1254	<43	NJ	43		ug/Kg	0	05/02/13 22:39	05/08/13 00:29	1
PCB-1260	<43	NO	43		ug/Kg	a	05/02/13 22:39	05/08/13 00:29	1
PCB-1268	<43	UN	43		ug/Kg	O	05/02/13 22:39	05/08/13 00:29	1
Surrogate	%Recovery	Qualifier	Limits				Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	31	X	54 - 133				05/02/13 22:39	05/08/13 00:29	1
DCB Decachlorobiphenyl	33	X	54 - 133				05/02/13 22:39	05/08/13 00:29	1
Tetrachloro-m-xylene	26	X	46 - 130				05/02/13 22:39	05/08/13 00:29	1
Tetrachloro-m-xylene	26	X	46 - 130				05/02/13 22:39	05/08/13 00:29	1

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Lab Sample ID: 680-89759-4

Matrix: Solid Percent Solids: 82.3

Client Sample ID: F0 + 0 2-4'

Date Collected: 04/23/13 13:35 Date Received: 04/26/13 09:58

Method: 8081A_8082 - Organ Analyte		les & PCBs Qualifier	(GC)	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<2000	quantor	2000	(0/67	ug/Kg	₩	05/02/13 22:39	05/08/13 06:55	50
PCB-1221	<4000		4000		ug/Kg	100	05/02/13 22:39	05/08/13 06:55	50
PCB-1232	<2000		2000		ug/Kg	**	05/02/13 22:39	05/08/13 06:55	50
PCB-1242	<2000		2000		ug/Kg	**	05/02/13 22:39	05/08/13 06:55	50
PCB-1248	7100		2000		ug/Kg	**	05/02/13 22:39	05/08/13 06:55	50
PCB-1254	19000		2000		ug/Kg	*	05/02/13 22:39	05/08/13 06:55	50
PCB-1260	9300		2000		ug/Kg	**	05/02/13 22:39	05/08/13 06:55	50
PCB-1268	<2000		2000		ug/Kg	ø	05/02/13 22:39	05/08/13 06:55	50
Surrogate	%Recovery	Qualifier	Limits				Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	0	D	54 - 133				05/02/13 22:39	05/08/13 06:55	50
DCB Decachlorobiphenyl	0	D	54 - 133				05/02/13 22:39	05/08/13 06:55	50
Tetrachloro-m-xylene	0	D	46 - 130				05/02/13 22:39	05/08/13 06:55	50
Tetrachloro-m-xylene	0	D	46 - 130				05/02/13 22:39	05/08/13 06:55	50

18

F

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Client Sample ID: F0 + 650 0-2'

Date Collected: 04/23/13 14:00 Date Received: 04/26/13 09:58 Lab Sample ID: 680-89759-5

Matrix: Solid

Percent Solids: 74.7

Method: 8081A_8082 - Organ	nochlorine Pesticid	les & PCBs	(GC)						Superior.
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<4400		4400		ug/Kg	30	05/02/13 22:39	05/08/13 07:17	100
PCB-1221	<9000		9000		ug/Kg	**	05/02/13 22:39	05/08/13 07:17	100
PCB-1232	<4400		4400		ug/Kg	***	05/02/13 22:39	05/08/13 07:17	100
PCB-1242	<4400		4400		ug/Kg	•	05/02/13 22:39	05/08/13 07:17	100
PCB-1248	<4400		4400		ug/Kg	**	05/02/13 22:39	05/08/13 07:17	100
PCB-1254	54000		4400		ug/Kg	**	05/02/13 22:39	05/08/13 07:17	100
PCB-1260	24000		4400		ug/Kg	**	05/02/13 22:39	05/08/13 07:17	100
PCB-1268	<4400		4400		ug/Kg	ø	05/02/13 22:39	05/08/13 07:17	100
Surrogate	%Recovery	Qualifier	Limits				Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	0	D	54 - 133				05/02/13 22:39	05/08/13 07:17	100
DCB Decachlorobiphenyl	0	D	54 - 133				05/02/13 22:39	05/08/13 07:17	100
Tetrachloro-m-xylene	0	D	46 - 130				05/02/13 22:39	05/08/13 07:17	100
Tetrachloro-m-xylene	0	D	46 - 130				05/02/13 22:39	05/08/13 07:17	100



1/2

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

Date Collected: 04/23/13 14:10

Client Sample ID: F0 + 650 2-4'

TestAmerica Job ID: 680-89759-1

Lab Sample ID: 680-89759-6

59-6 Solid

Matrix: Solid Percent Solids: 72.7

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Mathod: 9094A 9092 Organishlarin	
Date Received: 04/26/13 09:58	
Date 301100104. 04/25/13 14:10	

	hod: 8081A_8082 - Organochlorine Pesticides & PCBs (GC)								
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<89		89		ug/Kg	ō	05/02/13 22:39	05/08/13 07:40	2
PCB-1221	<180		180		ug/Kg	Ö	05/02/13 22:39	05/08/13 07:40	2
PCB-1232	<89		89		ug/Kg	O	05/02/13 22:39	05/08/13 07:40	2
PCB-1242	<89		89		ug/Kg	0	05/02/13 22:39	05/08/13 07:40	2
PCB-1248	140	PJ	89		ug/Kg	O	05/02/13 22:39	05/08/13 07 40	2
PCB-1254	820		89		ug/Kg	Ø	05/02/13 22 39	05/08/13 07:40	2
PCB-1260	400		89		ug/Kg	O	05/02/13 22 39	05/08/13 07:40	2
PCB-1268	<89		89		ug/Kg	0	05/02/13 22:39	05/08/13 07:40	2

Surrogate	%Recovery Qualifier	Limits	Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	97	54 - 133	05/02/13 22:39	05/08/13 07:40	2
DCB Decachlorobiphenyl	99	54 - 133	05/02/13 22:39	05/08/13 07:40	2
Tetrachioro-m-xylene	78	46 - 130	05/02/13 22:39	05/08/13 07:40	2
Tetrachloro-m-xylene	80	46 - 130	05/02/13 22:39	05/08/13 07:40	2



Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

Client Sample ID: A + 0 0-1'

DCB Decachlorobiphenyl

Tetrachloro-m-xylene

Tetrachloro-m-xylene

TestAmerica Job ID: 680-89759-1

D: 680-89759-7

05/08/13 08:03

05/08/13 08:03

05/08/13 08:03

Matrix: Solid

Percent Solids: 76.1

Lab	Sam	p	le	I
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05/02/13 22:39

05/02/13 22:39

05/02/13 22:39

Date Collected: 04/23/13 13:00	
Date Received: 04/26/13 09:58	

0 D

0 D

0 D

Method: 8081A_8082 - Organ Analyte		Qualifier	(GC)	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<4300	4	4300		ug/Kg	ø	05/02/13 22:39	05/08/13 08:03	100
PCB-1221	<8800		8800		ug/Kg	**	05/02/13 22:39	05/08/13 08:03	100
PCB-1221 PCB-1232	<4300		4300		ug/Kg	**	05/02/13 22:39	05/08/13 08:03	100
PCB-1232 PCB-1242	<4300		4300		ug/Kg	**	05/02/13 22:39	05/08/13 08:03	100
PCB-1242 PCB-1248	<4300		4300		ug/Kg	₩	05/02/13 22:39	05/08/13 08:03	100
PCB-1254	16000		4300		ug/Kg	**	05/02/13 22:39	05/08/13 08:03	100
PCB-1254 PCB-1260	6100		4300		ug/Kg	**	05/02/13 22:39	05/08/13 08:03	100
PCB-1268	<4300		4300		ug/Kg	♦	05/02/13 22:39	05/08/13 08:03	100
Surrogate	%Recovery	Qualifier	Limits				Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	AND A COLUMN	D	54 - 133				05/02/13 22:39	05/08/13 08:03	100
DGB Decacillorobiphenyi		-					05/00/40 00:00	05/00/12 08:03	100

54 - 133

46 - 130

46 - 130

100

100

100

TestAmerica Savannah

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

TestAmerica Job ID: 680-89759-1

Lab Sample ID: 680-89759-8

Matrix: Solid Percent Solids: 86.5

2

u	
5	2.1

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	- 1

Fac	5
4	
4	6
4	
4	
4	







Client Sample ID: A-1 + 100 0-2' Date Collected: 04/23/13 13:05 Date Received: 04/26/13 09:58

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<150		150		ug/Kg	a	05/02/13 22:39	05/08/13 08:25	4
PCB-1221	<310		310		ug/Kg	ø	05/02/13 22:39	05/08/13 08:25	4
PCB-1232	<150		150		ug/Kg	CI	05/02/13 22 39	05/08/13 08:25	4
PCB-1242	<150		150		ug/Kg	0	05/02/13 22:39	05/08/13 08:25	4
PCB-1248	<150		150		ug/Kg	.0	05/02/13 22:39	05/08/13 08:25	4
PCB-1254	500	pJ	150		ug/Kg	O	05/02/13 22:39	05/08/13 08:25	4
PCB-1260	670		150		ug/Kg	o	05/02/13 22:39	05/08/13 08:25	4
PCB-1268	<150		150		ug/Kg	O	05/02/13 22:39	05/08/13 08:25	4

%Recovery	Qualifier	Limits	Prepared	Analyzed	Dil Fac
187	X	54 - 133	05/02/13 22:39	05/08/13 08:25	4
193	×	54 - 133	05/02/13 22:39	05/08/13 08:25	4
75		46 - 130	05/02/13 22:39	05/08/13 08:25	4
75		46 - 130	05/02/13 22:39	05/08/13 08 25	4
	187 193 75		187 X 54 133 193 X 54 133 75 46 130	187 X 54 . 133 05/02/13 22:39 193 X 54 . 133 05/02/13 22:39 75 46 . 130 05/02/13 22:39	187 X 54 . 133 05/02/13 22:39 05/08/13 08:25 193 X 54 . 133 05/02/13 22:39 05/08/13 08:25 75 46 . 130 05/02/13 22:39 05/08/13 08:25 75 46 . 130 05/02/13 22:39 05/08/13 08:25

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Client Sample ID: A-2 + 450 0-1.5'

Date Collected: 04/23/13 12:00 Date Received: 04/26/13 09:58 Lab Sample ID: 680-89759-9

Matrix: Solid

Percent Solids: 87.2

Method: 8081A_8082 - Organ Analyte	Result (RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<37		37		ug/Kg	**	05/02/13 22:39	05/08/13 08:48	1
PCB-1221	<76		76		ug/Kg	**	05/02/13 22:39	05/08/13 08:48	1
PCB-1232	<37		37		ug/Kg	**	05/02/13 22:39	05/08/13 08:48	1
PCB-1242	<37		37		ug/Kg	**	05/02/13 22:39	05/08/13 08:48	1
PCB-1248	<37		37		ug/Kg	袋	05/02/13 22:39	05/08/13 08:48	1
PCB-1254	170		37		ug/Kg	₩	05/02/13 22:39	05/08/13 08:48	1
PCB-1260	72		37		ug/Kg	**	05/02/13 22:39	05/08/13 08:48	1
PCB-1268	<37		37		ug/Kg	\$	05/02/13 22:39	05/08/13 08:48	1
Surrogate	%Recovery	Qualifier	Limits				Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	110		54 - 133				05/02/13 22:39	05/08/13 08:48	1
DCB Decachlorobiphenyl	117		54 - 133				05/02/13 22:39	05/08/13 08:48	1
Tetrachloro-m-xylene	90		46 - 130				05/02/13 22:39	05/08/13 08:48	1
Tetrachloro-m-xylene	94		46 - 130				05/02/13 22:39	05/08/13 08:48	1
Contract to the contract of th									



74

Surrogate Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

TCX = Tetrachloro-m-xylene

TestAmerica Job ID: 680-89759-1

Method: 8081A_8082 - Organochlorine Pesticides & PCBs (GC)

Matrix: Solid

Prep Type: Total/NA

			Ecal.		rogate Recovery (Acceptance Limits)	
		DCB1	DCB2	TCX1	TCX2	
_ab Sample ID	Client Sample ID	(54-133)	(54-133)	(46-130)	(46-130)	-
680-89759-1	FP-1 0-2'	80	87	64	68	
680-89759-2	FP-1 0-2'-X	17 X	18 X	12 X	12 X	
680-89759-2 - RE	FP-1 0-2'-X	86	90	80	79	
680-89759-3	FP-4 0-2'	31 X	33 X	26 X	26 X	
680-89759-3 MS	FP-4 0-2'	10 X	10 X	4 X	4 X	
680-89759-3 MSD	FP-4 0-2'	6 X	6 X	2 X	2 X	
680-89759-4	F0 + 0 2-4'	0 D	0 D	0 D	0 D	
680-89759-5	F0 + 650 0-2'	0 D	0 D	0 D	0 D	
680-89759-6	F0 + 650 2-4'	97	99	78	80	
680-89759-7	A + 0 0-1'	0 D	0 D	0 D	0 D	
680-89759-8	A-1 + 100 0-2'	187 X	193 X	75	75	
680-89759-9	A-2 + 450 0-1.5'	110	117	90	94	
LCS 680-275288/23-A	Lab Control Sample	93	97	72	77	
LCS 680-276163/19-A	Lab Control Sample	75	75	74	71	
MB 680-275288/19-A	Method Blank	107	113	87	92	
MB 680-276163/15-A	Method Blank	92	93	88	84	
Surrogate Legend						

TestAmerica Savannah

Method: 8081A_8082 - Organochlorine Pesticides & PCBs (GC)

Lab Sample ID: MB 680-275288/19-A

Matrix: Solid

Analysis Batch: 276132

Client Sample	ID: M	ethod	Blank
Pr	ер Тур	e: To	tal/NA

05/07/13 19:35

Prep Batch: 275288

Action and a second	MB	MB							
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<32		32		ug/Kg		05/02/13 22:39	05/07/13 19:35	1
PCB-1221	<66		66		ug/Kg		05/02/13 22:39	05/07/13 19:35	1
	<32		32		ug/Kg		05/02/13 22:39	05/07/13 19:35	1
PCB-1232	<32		32		ug/Kg		05/02/13 22:39	05/07/13 19:35	1
PCB-1242			32		ug/Kg		05/02/13 22:39	05/07/13 19:35	1
PCB-1248	<32				ug/Kg		05/02/13 22:39	05/07/13 19:35	1
PCB-1254	<32		32				05/02/13 22:39	05/07/13 19:35	1
PCB-1260	<32		32		ug/Kg		05/02/13 22.39	03/07/13 19.55	

MR MR

<32

	1110 111					
Surrogate	%Recovery Q	Qualifier	Limits	Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	107	200	54 - 133	05/02/13 22:39	05/07/13 19:35	1
DCB Decachlorobiphenyl	113		54 - 133	05/02/13 22:39	05/07/13 19:35	1
Tetrachloro-m-xylene	87		46 - 130	05/02/13 22:39	05/07/13 19:35	1
Tetrachloro-m-xylene	92		46 - 130	05/02/13 22:39	05/07/13 19:35	1
roudolliolo III Aylollo						

32

ug/Kg

Lab Sample ID: LCS 680-275288/23-A

Matrix: Solid

PCB-1268

Analysis Batch: 276132

Client Sample ID: Lab Control Sample

05/02/13 22:39

Prep Type: Total/NA Prep Batch: 275288

	Spike	LUS	LUS				70.100.	
Analyte	Added	Result	Qualifier	Unit	D	%Rec	Limits	
PCB-1016	330	284		ug/Kg	_	86	43 - 130	
PCB-1260	330	306		ug/Kg		93	45 - 130	

LCS LCS

Surrogate	%Recovery	Qualifier	Limits
DCB Decachlorobiphenyl	93		54 - 133
DCB Decachlorobiphenyl	97		54 - 133
Tetrachloro-m-xylene	72		46 - 130
Tetrachloro-m-xylene	77		46 - 130

Lab Sample ID: 680-89759-3 MS

Matrix: Solid

Analysis Batch: 276132

Client Sample ID: FP-4 0-2'
Prep Type: Total/NA
Prep Batch: 275288

/ many one Date of the control of th	Sample	Sample	Spike	MS	MS				%Rec.	
Analyte	Result	Qualifier	Added	Result	Qualifier	Unit	D	%Rec	Limits	
PCB-1016	<43		403	<40	F	ug/Kg	Ø.	8	43 - 130	
PCB-1260	<43		403	<40	F	ug/Kg	ø	7	45 - 130	

MS MS

Surrogate	%Recovery	Qualifier	Limits
DCB Decachlorobiphenyl	10	X	54 - 133
DCB Decachlorobiphenyl	10	X	54 - 133
Tetrachloro-m-xylene	4	X	46 - 130
Tetrachloro-m-xylene	4	X	46 - 130

QC Sample Results

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Method: 8081A_8082 - Organochlorine Pesticides & PCBs (GC) (Continued)

Lab Sample ID: 680-89759-3 MSD

Matrix: Solid

Analysis Batch: 276132

Client	Sample ID:	FP-4 0-2'
	Prep Type:	Total/NA

Prep Type: Total/NA Prep Batch: 275288

Allalysis Datoli. 270102	Sample	Sample	Spike	MSD	MSD				%Rec.		RPD
Analyte	Result		Added		Qualifier	Unit	D	%Rec	Limits	RPD	Limit
PCB-1016	<43		401	<40	F	ug/Kg	₿	5	43 - 130	44	50
PCB-1260	<43		401	<40	F	ug/Kg	ø	4	45 - 130	52	50

6

	MSD	MSD	
Surrogate	%Recovery	Qualifier	Limits
DCB Decachlorobiphenyl	6	X	54 - 133
565 5 11 111 1		V	EA 100

 DCB Decachlorobiphenyl
 6 X
 54 - 133

 DCB Decachlorobiphenyl
 6 X
 54 - 133

 Tetrachloro-m-xylene
 2 X
 46 - 130

 Tetrachloro-m-xylene
 2 X
 46 - 130



Lab Sample ID: MB 680-276163/15-A

Matrix: Solid

Analysis Batch: 276784

Client Sample ID: Method Blank

Prep Type: Total/NA Prep Batch: 276163

	МВ	МВ							
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<32		32		ug/Kg		05/09/13 16:25	05/14/13 20:51	1
PCB-1221	<65		65		ug/Kg		05/09/13 16:25	05/14/13 20:51	1
PCB-1232	<32		32		ug/Kg		05/09/13 16:25	05/14/13 20:51	1
PCB-1242	<32		32		ug/Kg		05/09/13 16:25	05/14/13 20:51	1
PCB-1248	<32		32		ug/Kg		05/09/13 16:25	05/14/13 20:51	1
PCB-1254	<32		32		ug/Kg		05/09/13 16:25	05/14/13 20:51	1
PCB-1260	<32		32		ug/Kg		05/09/13 16:25	05/14/13 20:51	1
PCB-1268	<32		32		ug/Kg		05/09/13 16:25	05/14/13 20:51	1
1 00 1200					2 2				



MB MB

	IND IND				
Surrogate	%Recovery Qualifier	Limits	Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl	92	54 - 133	05/09/13 16:25	05/14/13 20:51	1
DCB Decachlorobiphenyl	93	54 - 133	05/09/13 16:25	05/14/13 20:51	1
Tetrachloro-m-xylene	88	46 - 130	05/09/13 16:25	05/14/13 20:51	1
Tetrachloro-m-xylene	84	46 - 130	05/09/13 16:25	05/14/13 20:51	1

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Prep Batch: 276163

Matrix: Solid Analysis Batch: 276784

Lab Sample ID: LCS 680-276163/19-A

	Spike	LCS	LCS				70Rec.
Analyte	Added	Result	Qualifier	Unit	D	%Rec	Limits
PCB-1016	327	258		ug/Kg		79	43 - 130
PCB-1260	327	271		ug/Kg		83	45 - 130

	LCS %Recovery	LCS Qualifier	Limits
Surrogate	%Recovery	Qualifier	Linits
DCB Decachlorobiphenyl	75		54 - 133
DCB Decachlorobiphenyl	75		54 - 133
Tetrachloro-m-xylene	74		46 - 130
Tetrachloro-m-xylene	71		46 - 130

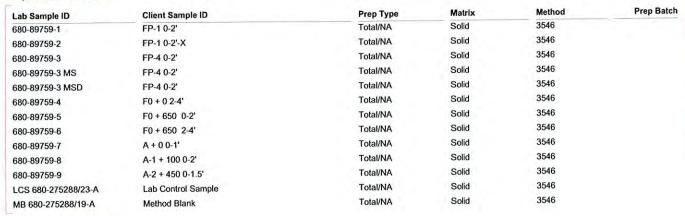
QC Association Summary

TestAmerica Job ID: 680-89759-1

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

GC Semi VOA

	Pre	o Bat	ch: 2	275288
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Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-89759-1	FP-1 0-2'	Total/NA	Solid	8081A_8082	275288
680-89759-3	FP-4 0-2'	Total/NA	Solid	8081A_8082	275288
680-89759-3 MS	FP-4 0-2'	Total/NA	Solid	8081A_8082	275288
680-89759-3 MSD	FP-4 0-2'	Total/NA	Solid	8081A_8082	275288
LCS 680-275288/23-A	Lab Control Sample	Total/NA	Solid	8081A_8082	275288
MB 680-275288/19-A	Method Blank	Total/NA	Solid	8081A_8082	275288

Analysis Batch: 276133

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-89759-2	FP-1 0-2'-X	Total/NA	Solid	8081A_8082	275288
680-89759-4	F0 + 0 2-4'	Total/NA	Solid	8081A_8082	275288
680-89759-5	F0 + 650 0-2'	Total/NA	Solid	8081A_8082	275288
680-89759-6	F0 + 650 2-4'	Total/NA	Solid	8081A_8082	275288
680-89759-7	A + 0 0-1'	Total/NA	Solid	8081A_8082	275288
680-89759-8	A-1 + 100 0-2'	Total/NA	Solid	8081A_8082	275288
680-89759-9	A-2 + 450 0-1.5'	Total/NA	Solid	8081A 8082	275288
000-09/09-9	A-2 + 450 0-1.5	1 Diduini			

Prep Batch: 276163

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-89759-2 - RE	FP-1 0-2'-X	Total/NA	Solid	3546	
LCS 680-276163/19-A	Lab Control Sample	Total/NA	Solid	3546	
MB 680-276163/15-A	Method Blank	Total/NA	Solid	3546	

Analysis Batch: 276784

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-89759-2 - RE	FP-1 0-2'-X	Total/NA	Solid	8081A_8082	276163
LCS 680-276163/19-A	Lab Control Sample	Total/NA	Solid	8081A_8082	276163
MB 680-276163/15-A	Method Blank	Total/NA	Solid	8081A_8082	276163

General Chemistry

Analysis Batch: 274635

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-89759-1	FP-1 0-2'	Total/NA	Solid	Moisture	

TestAmerica Savannah

QC Association Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

General Chemistry (Continued)

Analysis Batch: 274635 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-89759-2	FP-1 0-2'-X	Total/NA	Solid	Moisture	
680-89759-3	FP-4 0-2'	Total/NA	Solid	Moisture	
680-89759-3 MS	FP-4 0-2'	Total/NA	Solid	Moisture	
680-89759-3 MSD	FP-4 0-2'	Total/NA	Solid	Moisture	
680-89759-4	F0 + 0 2-4'	Total/NA	Solid	Moisture	
680-89759-5	F0 + 650 0-2'	Total/NA	Solid	Moisture	
680-89759-6	F0 + 650 2-4'	Total/NA	Solid	Moisture	
680-89759-7	A + 0 0-1'	Total/NA	Solid	Moisture	
680-89759-8	A-1 + 100 0-2'	Total/NA	Solid	Moisture	
680-89759-9	A-2 + 450 0-1.5'	Total/NA	Solid	Moisture	





Lab Chronicle

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

Client Sample ID: FP-1 0-2'

Date Collected: 04/23/13 13:10

Date Received: 04/26/13 09:58

Client Sample ID: FP-1 0-2'-X

TestAmerica Job ID: 680-89759-1

Lab Sample ID: 680-89759-1

Matrix: Solid

Percent Solids: 79.4

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		1	276132	05/07/13 21:05	JK	TAL SAV
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		1	276132	05/07/13 21:05	JK	TAL SAV
Total/NA	Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV

Lab Sample ID: 680-89759-2

Matrix: Solid

Percent Solids: 52.2

10

Date Collected	: 04/23/13 13:	:10	
Date Received	04/26/13 09:	58	
	Batch	Batch	
Prep Type	Type	Method	
Total/NA	Pren	3546	

Batch	Batch		Dilution	Batch	Prepared		
Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Analysis	8081A_8082		1	276133	05/08/13 06:32	JK	TAL SAV
Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Analysis	8081A_8082		1	276133	05/08/13 06:32	JK	TAL SAV
Prep	3546	RE		276163	05/09/13 16:25	JS	TAL SAV
Analysis	8081A_8082	RE	1	276784	05/14/13 23:28	JK	TAL SAV
Prep	3546	RE		276163	05/09/13 16:25	JS	TAL SAV
Analysis	8081A_8082	RE	1	276784	05/14/13 23:28	JK	TAL SAV
Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV
	Type Prep Analysis Prep Analysis Prep Analysis Prep Analysis Prep Analysis	Type Method Prep 3546 Analysis 8081A_8082 Prep 3546 Analysis 8081A_8082 Prep 3546 Analysis 8081A_8082 Prep 3546 Analysis 8081A_8082	Type Method Run Prep 3546 Analysis 8081A_8082 Prep 3546 Analysis 8081A_8082 Prep 3546 RE Analysis 8081A_8082 RE Prep 3546 RE Analysis 8081A_8082 RE Analysis 8081A_8082 RE	Type Method Run Factor Prep 3546 3546 1 Analysis 8081A_8082 1 1 Prep 3546 RE 1 Analysis 8081A_8082 RE 1 Prep 3546 RE 1 Analysis 8081A_8082 RE 1 Prep 3546 RE 1 Analysis 8081A_8082 RE 1	Type Method Run Factor Number Prep 3546 275288 Analysis 8081A_8082 1 276133 Prep 3546 275288 Analysis 8081A_8082 1 276133 Prep 3546 RE 276163 Analysis 8081A_8082 RE 1 276784 Prep 3546 RE 276163 Analysis 8081A_8082 RE 1 276784 Analysis 8081A_8082 RE 1 276784	Type Method Run Factor Number or Analyzed Prep 3546 275288 05/02/13 22:39 Analysis 8081A_8082 1 276133 05/08/13 06:32 Prep 3546 275288 05/02/13 22:39 Analysis 8081A_8082 1 276133 05/08/13 06:32 Prep 3546 RE 276163 05/09/13 16:25 Analysis 8081A_8082 RE 1 276784 05/14/13 23:28 Prep 3546 RE 276163 05/09/13 16:25 Analysis 8081A_8082 RE 1 276784 05/14/13 23:28	Type Method Run Factor Number or Analyzed Analyst Prep 3546 275288 05/02/13 22:39 JS Analysis 8081A_8082 1 276133 05/08/13 06:32 JK Prep 3546 275288 05/02/13 22:39 JS Analysis 8081A_8082 1 276133 05/08/13 06:32 JK Prep 3546 RE 276163 05/09/13 16:25 JS Analysis 8081A_8082 RE 1 276784 05/14/13 23:28 JK Prep 3546 RE 276163 05/09/13 16:25 JS Analysis 8081A_8082 RE 1 276784 05/14/13 23:28 JK

Lab Sample ID: 680-89759-3

Matrix: Solid

Percent Solids: 75.1

Client Sample ID: FP-4 0-2'
Date Collected: 04/23/13 13:45
Date Received: 04/26/13 09:58

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		1	276132	05/08/13 00:29	JK	TAL SAV
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		1	276132	05/08/13 00:29	JK	TAL SAV
Total/NA	Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV

Client Sample ID: F0 + 0 2-4'

Date Collected: 04/23/13 13:35

Date Received: 04/26/13 09:58

Lab Samp	le l	D:	680-	897	59-4
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Matrix: Solid

Percent Solids: 82.3

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		50	276133	05/08/13 06:55	JK	TAL SAV
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		50	276133	05/08/13 06:55	JK	TAL SAV
Total/NA	Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV

TestAmerica Savannah

Lab Chronicle

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Client Sample ID: F0 + 650 0-2'

Client Sample ID: F0 + 650 2-4'

Date Collected: 04/23/13 14:10

Date Received: 04/26/13 09:58

Date Collected: 04/23/13 14:00 Date Received: 04/26/13 09:58 Lab Sample ID: 680-89759-5

Matrix: Solid

Percent Solids: 74.7

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		100	276133	05/08/13 07:17	JK	TAL SAV
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		100	276133	05/08/13 07:17	JK	TAL SAV
Total/NA	Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV

Lab Sample ID: 680-89759-6

Matrix: Solid

Percent Solids: 72.7

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		2	276133	05/08/13 07:40	JK	TAL SAV
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		2	276133	05/08/13 07:40	JK	TAL SAV
Total/NA	Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV

Client Sample ID: A + 0 0-1'

Moisture

Date Collected: 04/23/13 13:00 Date Received: 04/26/13 09:58

Total/NA

Lab Sample ID: 680-89759-7

Matrix: Solid

Percent Solids: 76.1

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		100	276133	05/08/13 08:03	JK	TAL SAV
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		100	276133	05/08/13 08:03	JK	TAL SAV
Total/NA	Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV

Client Sample ID: A-1 + 100 0-2'

Date Collected: 04/23/13 13:05

Date Received: 04/26/13 09:58

Lab Sample ID: 680-89759-8

Matrix: Solid

Percent Solids: 86.5

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		4	276133	05/08/13 08:25	JK	TAL SAV
Total/NA	Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Total/NA	Analysis	8081A_8082		4	276133	05/08/13 08:25	JK	TAL SAV
Total/NA	Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV

Lab Chronicle

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Lab Sample ID: 680-89759-9

Matrix: Solid

Percent Solids: 87.2

Client Sample ID: A-2 + 450 0-1.5'

Date Collected: 04/23/13 12:00 Date Received: 04/26/13 09:58

Laboratory References:

Batch	Batch		Dilution	Batch	Prepared		
Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Analysis	8081A_8082		1	276133	05/08/13 08:48	JK	TAL SAV
Prep	3546			275288	05/02/13 22:39	JS	TAL SAV
Analysis	8081A_8082		1	276133	05/08/13 08:48	JK	TAL SAV
Analysis	Moisture		1	274635	04/27/13 12:09	FS	TAL SAV
	Prep Analysis Prep Analysis	Type Method Prep 3546 Analysis 8081A_8082 Prep 3546 Analysis 8081A_8082	Type Method Run Prep 3546 Analysis 8081A_8082 Prep 3546 Analysis 8081A_8082	Type Method Run Factor Prep 3546	Type Method Run Factor Number Prep 3546 275288 Analysis 8081A_8082 1 276133 Prep 3546 275288 Analysis 8081A_8082 1 276133	Type Method Run Factor Number or Analyzed Prep 3546 275288 05/02/13 22:39 Analysis 8081A_8082 1 276133 05/08/13 08:48 Prep 3546 275288 05/02/13 22:39 Analysis 8081A_8082 1 276133 05/08/13 08:48	Type Method Run Factor Number or Analyzed Analyst Prep 3546 275288 05/02/13 22:39 JS Analysis 8081A_8082 1 276133 05/08/13 08:48 JK Prep 3546 275288 05/02/13 22:39 JS Analysis 8081A_8082 1 276133 05/08/13 08:48 JK

TAL SAV = TestAmerica Savannah, 5102 LaRoche Avenue, Savannah, GA 31404, TEL (912)354-7858

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Certification Summary

Client: Ge ne si Proje ct Inc. Poje c/Site:Form e Holiday Inn Te stAme ic a Jbb ID: 680-8 97594

Laboratory: TestAmerica Savannah

All ce ifications held by this laboratory are listed. Not all certifications are applicable to this report.

Authority	Program	EPA Region	Certification ID	Expiration Date	
A2LA	DoD ELAP		0399-01	05-31-13	
Alabama	State Program	4	41450	06-30-13	1
Alaska (UST)	State Program	10	UST-104	06-19-13	
Arkansas DEQ	State Program	6	88-0692	02-01-13 *	
California	NELAP	9	3217CA	07-31-13	
Colorado	State Program	8	N/A	12-31-13	
Florida	NELAP	4	E87052	06-30-13	
GA Dept. of Agriculture	State Program	4	N/A	12-31-13	
Georgia	State Program	4	N/A	06-30-13	
Georgia	State Program	4	803	06-30-13	
Hawaii	State Program	9	N/A	06-30-13	
Illinois	NELAP	5	200022	11-30-13	
Indiana	State Program	5	N/A	06-30-13	
Iowa	State Program	7	353	07-01-13 *	
Kentucky	State Program	4	90084	12-31-12 *	
Kentucky (UST)	State Program	4	18	03-31-13 *	
Louisiana	NELAP	6	30690	06-30-13	
Louisiana	NELAP	6	LA100015	12-31-13	
Maine	State Program	1	GA00006	08-16-14	
Maryland	State Program	3	250	12-31-13	
Massachusetts	State Program	1	M-GA006	06-30-13	
Michigan	State Program	5	9925	06-30-13	
Mississippi	State Program	4	N/A	06-30-13	
Montana	State Program	8	CERT0081	01-01-14	
Nebraska	State Program	7	TestAmerica-Savannah	06-30-13 *	
New Jersey	NELAP	2	GA769	06-30-13	
New Mexico	State Program	6	N/A	06-30-13	
New York	NELAP	2	10842	04-01-14	
North Carolina DENR	State Program	4	269	12-31-13	
North Carolina DHHS	State Program	4	13701	07-31-13	
Oklahoma	State Program	6	9984	08-31-13	
Pennsylvania	NELAP	3	68-00474	06-30-13 *	
Puerto Rico	State Program	2	GA00006	01-01-14	
South Carolina	State Program	4	98001	06-30-13	
Tennessee	State Program	4	TN02961	06-30-13	
Texas	NELAP	6	T104704185-08-TX	11-30-13	
USDA	Federal		SAV 3-04	04-07-14	
Virginia	NELAP	3	460161	06-14-13 *	
Washington	State Program	10	C1794	06-10-13	
West Virginia	State Program	3	9950C	12-31-13	
West Virginia DEP	State Program	3	94	06-30-13	
Wisconsin	State Program	5	999819810	08-31-13	
Wyoming	State Program	8	8TMS-Q	06-30-13	

^{*} Expired certification is currently pending renewal and is considered valid.

Method Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

EPA = US Environmental Protection Agency

Protocol References:

Laboratory References:

TestAmerica Job ID: 680-89759-1

Method	Method Description	Protocol	Laboratory
8081A_8082	Organochlorine Pesticides & PCBs (GC)	SW846	TAL SAV
Moisture	Percent Moisture	EPA	TAL SAV

SW846 = "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

TAL SAV = TestAmerica Savannah, 5102 LaRoche Avenue, Savannah, GA 31404, TEL (912)354-7858



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Sample Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-89759-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
680-89759-1	FP-1 0-2'	Solid	04/23/13 13:10	04/26/13 09:58
680-89759-2	FP-1 0-2'-X	Solid	04/23/13 13:10	04/26/13 09:58
680-89759-3	FP-4 0-2'	Solid	04/23/13 13:45	04/26/13 09:58
680-89759-4	F0 + 0 2-4'	Solid	04/23/13 13:35	04/26/13 09:58
680-89759-5	F0 + 650 0-2'	Solid	04/23/13 14:00	04/26/13 09:58
680-89759-6	F0 + 650 2-4'	Solid	04/23/13 14:10	04/26/13 09:58
680-89759-7	A + 0 0-1'	Solid	04/23/13 13:00	04/26/13 09:58
680-89759-8	A-1 + 100 0-2'	Solid	04/23/13 13:05	04/26/13 09:58
680-89759-9	A-2 + 450 0-1.5'	Solid	04/23/13 12:00	04/26/13 09:58









CTNO. PROBECT CONTINUENCE PROBECT CONT		
CONTRACT NO. CLENT FXX CLENT FXX CLENT FXX CLENT FXX COMPOSITE (C) OR GRAB (G) INDICATE MONAGOLEOUS (WATER) ACCEDING (SCHWITTER) DATE TIME RECEIVED BY: (SCHWITTER)		PROJECT LOCATION (STATE)
CLIENT FAX CLIENT FAX CLIENT FAX COMPOSITE (C) OR GRAB (G) MONON ACUBON CONTAINERS SUBMITTED ACUBON CONTAINERS ACUBON CONTAINERS ACUBON CONTAINERS DATE TIME RECEIVED BY, (SIGNATURE) PATE TIME RECEIVED BY, (SIGNATURE)		
COMPOSITE (C) OR GRAR (G) ACUEOUS (WATER) AND ACUEOUS (WATER)	OLVENT	
COMPOSITE (G) OR G AQUEOUS (WATER) SOLID OR SERVISOLD AQUEOUS (WATER) A A A A A A A A A A A A A A A A A A A) (OIL, SC	(e) 8¥8
SOURCE BY: (SIGNATURE) LABORATORY USE ONLY NUMBER OF CONTAINERS SUBMITTED NUMBER	ІВОГІВ ІВОГІВ	9 80 (
RECEIVED BY: (SIGNATURE) Sign of Sign of Signature) Sign of Sign of Signature) Sign of Signature) Sign of Signature) Sign of Signature) Signatur	OR SEM	
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2.7 (1.5) (2.5) (3.6) (3.6) (4.5) (5.6) (5.6) (6.6) (6.6) (7.5) (7.5) (8.6		
15 17 18 19 19 19 19 19 19 19	X	1
Y: (SIGNATURE) DATE TIME RELINQUISHED BY: (SIGNATURE) DATE SIMTURE) DATE LABORATORY USE ONLY		5
Y: (SIGNATURE) DATE TIME RELINQUISHED BY: (SIGNATURE) DATE LABORATORY USE ONLY		
SHATURE) DATE TIME RECEIVED BY: (SIGNATURE) DATE LABORATORY USE ONLY	DATE TIME	RELINQUISHED BY: (SIGNATU
LABORATORY USE ONLY	TIME	RECEIVED BY: (SIGNATURE)
Charles and the second	BORATORY USE ONLY	

Login Sample Receipt Checklist

Client: Genesis Project, Inc.

Login Number: 89759

List Number: 1

MS/MSDs

<6mm (1/4").

Multiphasic samples are not present.

Residual Chlorine Checked.

Samples do not require splitting or compositing.

Job Number: 680-89759-1

List Source: TestAmerica Savannah

Creator: Kicklighter, Marilyn		
Question	Answer	Comment
Radioactivity wasn't checked or is = background as measured by a survey meter.</td <td>N/A</td> <td></td>	N/A	
The cooler's custody seal, if present, is intact.	True	
Sample custody seals, if present, are intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	N/A	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time.	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	N/A	

True

N/A

N/A

N/A

N/A

There is sufficient vol. for all requested analyses, incl. any requested

Containers requiring zero headspace have no headspace or bubble is

APPENDIX B

FORMER HOLIDAY INN REDEVELOPMENT SAMPLING PLAN AND APPROVAL CORRESPONDENCE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

April 9, 2013

4SD-SRB

Ms. E. Gayle Macolly Manager, Remedial Projects Solutia, Inc. 702 Clydesdale Avenue Anniston, Alabama 36201-5328

SUBJ:

Former Holiday Inn Property Redevelopment

Proposed Sampling Plan

Anniston PCB Site, Anniston, AL

EPA CERCLA ID

ALD000400123

EPA RCRA ID

ALD004019048

Dear Ms. Macolly:

The U.S. Environmental Protection Agency (EPA) has reviewed the Proposed Sampling Plan for the Former Holiday Inn Property located at 601 Hamric Drive, Oxford, AL. The plan is adequate to characterize soil for a construction/utility worker at the site. If surface samples are available they should be noted on figures provided in the final report. Also, while field screening with immunoassay techniques have been used successfully at the Anniston PCB Site, EPA would like for ten percent of the samples to be submitted for laboratory analysis to confirm that proper personal protection, soil regrading, or offsite disposal options are considered.

If you have any questions or concerns, please contact me at (404)562-8935.

Sincerely,

Pamela J. Langston Scully, P.E.

Remedial Project Manager

Superfund Remedial Branch

cc:

Ms. Julie Peshkin, Monsanto

Mr. G. Douglas Jones, Esq.

Mr. Thomas Dahl

Mr. Chip Crockett

Mr. Stacy Holmes



Solutia Inc. 702 Clydesdale Avenue Anniston, Alabama 36201 USA

+1.256.231.8400 phone +1.256.231.8553 phone www.solutia.com

March 29, 2013

Ms. Pamela J. Langston Scully, P.E. Remedial Project Manager Superfund Remedial Branch USEPA – Region IV 61 Forsyth Street, SW Atlanta, Georgia 30303

Re: Former Holiday Inn Property Redevelopment Proposed Sampling Plan Anniston PCB Site, Anniston, Alabama

Dear Ms. Scully:

Holmes Properties LLC is currently planning to redevelop portions of the approximately 9.2 acre parcel commonly known as the Former Holiday Inn property (PPIN 65775) located at 601 Hamric Drive in Oxford, Alabama (Site). Solutia Inc., a subsidiary of Eastman Chemical Company, and Monsanto Company (acting on behalf of Pharmacia LLC), collectively referred to as P/S, have prepared this Former Holiday Inn Property Redevelopment Sampling Plan (Sampling Plan) to describe the sampling proposed to identify and address polychlorinated biphenyl (PCB)-impacted soils that may be encountered as part of this redevelopment project known as the Oxford Retail Center. Expected redevelopment activities include construction of commercial buildings for retail use; installation of required roadways and utilities; and construction of a floodplain compensation area. The majority, approximately two-thirds, of the parcel was previously developed, lies outside of the 100-year floodplain of Snow Creek and is not expected to be impacted by PCBs based on previous sampling performed in this area (e.g., Highway 21 access road box culvert extension). Potential intrusive work within the 100-year floodplain will be limited to the installation of utility lines (water, sanitary sewer, storm sewer and possible relocation of a fiber optics line) and foundation support for a roadway turnaround and a proposed future retail pad located in the northeast portion of the property (Aldi retail pad).

While initial development activities are focused on construction of retail pads outside of the 100-year floodplain, our proposed sampling plan is designed to eventually collect data from all proposed intrusive work areas over the full term of the proposed development plans. Sampling will be performed at proposed locations of utility lines and foundation support areas located within the 100-year floodplain to both determine the presence of PCB-impacted soil and characterize such soil for potential future waste disposal. Support requirements for the proposed actual construction of the planned improvements will be determined after completion of this Sampling Plan and will be the subject of a separate Redevelopment Support Work Plan.

P/S propose to collect the types and number of samples shown on the attached figure, as summarized below:

- Samples on 50-foot centers along proposed water, sanitary sewer and storm sewer utility corridors. Samples will be collected and composited over 2-foot depth intervals, extending to six inches below the proposed utility line invert elevations.
- One sample representative of soils from 0 to 2 feet in the area where a roadway turnaround may require foundation support.
- Ten representative samples from the proposed location of the retail pad (Aldi) where additional foundation support is anticipated. Samples will be collected at the 0 to 2 feet and 2 to 4 feet depth intervals, as necessary. It is possible based on development work performed to date at the Site that only 2 feet of soil will need to be disturbed to obtain required compaction densities.
- Three soil samples will collected at 2-foot depth intervals at anticipated locations of jacking and receiving pits that would likely be installed if relocation of the fiber optics line is necessary.

All samples will be field screened for PCBs at 1 part per million (ppm) and 50 ppm using immunoassay techniques, as established in United States Environmental Protection Agency (USEPA) Method 4020. A total of up to 50 samples is anticipated; however, sampling locations and intervals may need to be adjusted as development plans are finalized. It is expected that sampling will be performed in phases in advance of construction of various improvements under consideration in order to allow confirmation of specific locations and disturbance requirements.

Following completion of the sampling, P/S will prepare a sampling and analysis report for submittal to the USEPA providing all sampling results and proposed future plans for development support activities, if required. If sampling is completed in phases, a separate report will be generated for each phase.

We look forward to receiving your approval of this time critical project so that we can provide the support required for Holmes Properties LLC to commence its planned development activities. Holmes Properties LLC presently anticipates closing for one of the retail pads (central pad along frontage road; located outside of floodplain) to occur on or about May 1, 2013 and has indicated that development of the associated infrastructure is a prerequisite for closing. This will likely constitute the first phase of sampling under this Sampling Plan.

We understand that the USEPA may establish additional investigation and/or remediation requirements for the subject work area under the provisions of the ongoing Operable Unit 4 Remedial Investigation/Feasibility Study Program being performed as part of the Partial Consent Decree executed between the USEPA and P/S. In the interim, please do not hesitate to contact me at 256-231-8404 with any questions or comments that you may have regarding this matter. Upon receipt of your approval, we will coordinate all sampling activities and schedules with the appropriate USEPA oversight person.

Sincerely,

E. Gayle Macolly

Manager, Remedial Projects

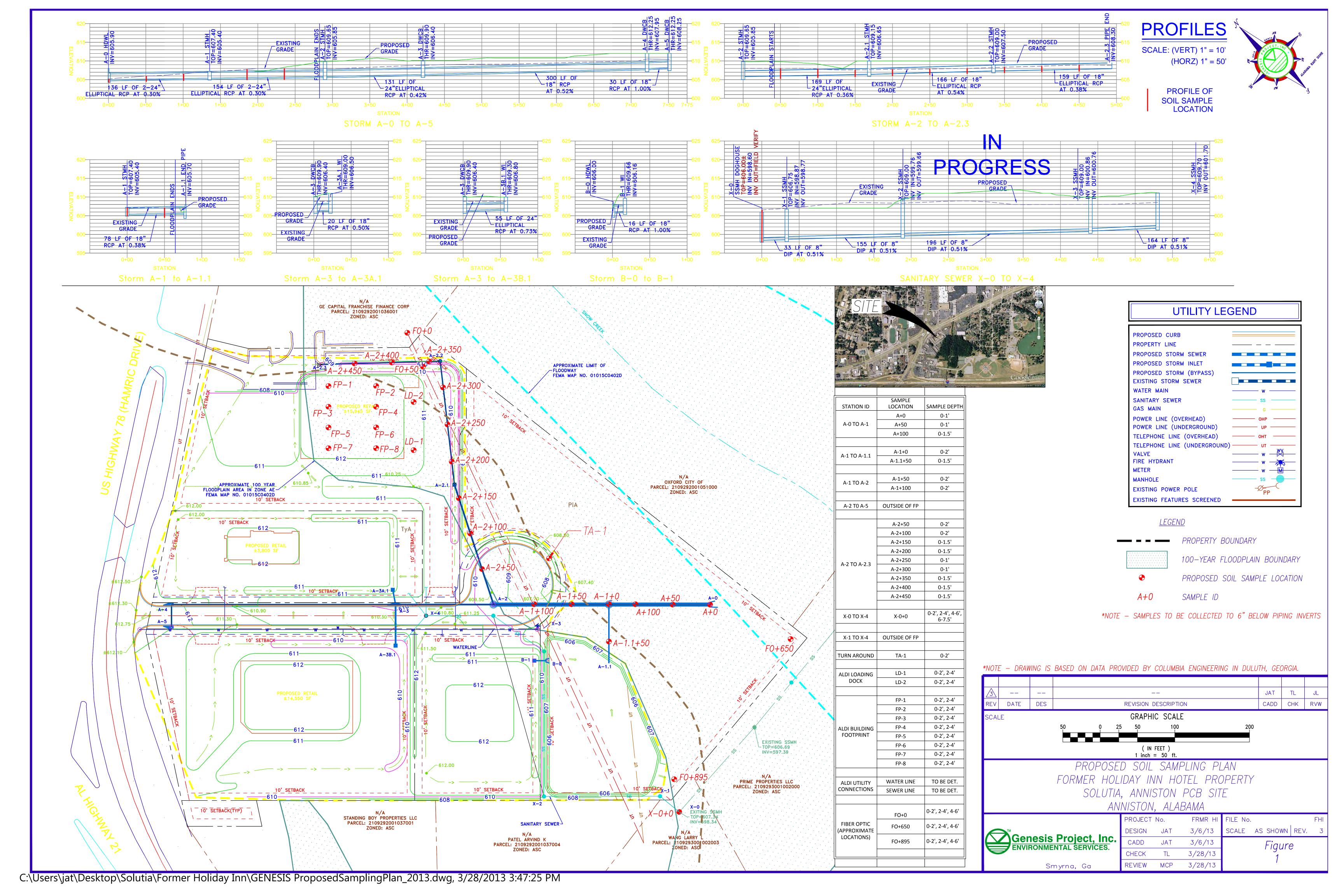
attachment

cc: Mr. Chip Crockett (ADEM)

Mr. G. Douglas Jones, Esq.

Mr. Thomas Dahl

Mr. Stacy Holmes - Holmes Properties LLC



APPENDIX C BORROW SOURCE SAMPLING REPORT AND APPROVAL CORRESPONDENCE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

August 26, 2013

Ms. E. Gayle Macolly Manager, Remedial Projects Solutia, Inc. 702 Clydesdale Avenue Anniston, Alabama 36201-5328

RE:

Former Holiday Inn Redevelopment Project Borrow Sources

Anniston PCB Site, Anniston, Alabama

EPA CERCLA ID

ALD000400123

EPA RCRA ID

ALD004019048

Dear Ms. Macolly:

The U.S. Environmental Protection Agency has reviewed the evaluation of the borrow source submitted on August 14, 2013, for the Former Holiday Inn Redevelopment Project. Based on the sampling results provided, the source is acceptable for use as backfill for the redevelopment project. If you have any questions, please contact me at (404)562-8935.

Sincerely,

Pamela J. Langston Scully, P.E.

Remedial Project Manager Superfund Remedial Branch

cc:

Mr. Julie Peshkin, Monsanto

Mr. G. Douglas Jones, Esq.

Mr. Thomas Dahl

Mr. Naveen Sharma, ADEM



Memo

To: Gayle Macolly, Solutia, Inc.

From: Michael Price, Genesis Project, Inc. MOWFON

ce: John Loper, The Loper Group, Inc.

Donn Williams, Williams Service

Date: August 12, 2013

Re: Soil Sampling Results for the Potential Borrow Source for the Former Holiday

Inn Property Redevelopment Project, Anniston PCB Site, Anniston, Alabama

On July 18, 2013, Genesis Project, Inc. conducted a sampling event at a potential borrow source located at 0 North of Friendship Road in Oxford, Alabama. The site is an active borrow source and is owned by E & S, LLC. (PPIN # 65698) (Figure 1). The purpose of this sampling event was to evaluate the suitability of this borrow source to support construction activities related to the Former Holiday Inn Redevelopment Site.

Prior to sampling, the borrow source was reviewed with Mr. Donn Williams of Williams Service to determine the extent of the areas to be excavated for fill material.

Sampling Procedures

Four composite soil samples (BS-071813-1 [0-1'], BS-071813-1 [1-2'], BS-071813-2 [0-1'] and BS-071813-2 [1-2']) were collected from the potential borrow source area (Figure 2) representative of the location that will be used for fill material. The composite samples were collected using a stainless steel hand auger and were thoroughly mixed in a stainless steel bowl with a stainless steel spoon before being placed into a certified clean sample jar. The sampling equipment was decontaminated between sampling locations utilizing the decontamination procedure outlined in the Quality Assurance Project Plan for the Anniston PCB Site, Revision 5

Soil Sample Analyses

The composite soil samples were sent to TestAmerica Laboratories in Savannah, Georgia for polychlorinated biphenyl (PCB) analysis by USEPA Method 8082 and lead analysis by USEPA Method 6010. The laboratory analytical results are presented in Table 1, and a copy of the validated laboratory report is provided in Attachment 1. The analytical results showed no PCBs were detected in any of the samples and the results for lead were all less than the average background concentration established in the Fort McClellan background study (20 mg/kg) (SAIC, 1998).

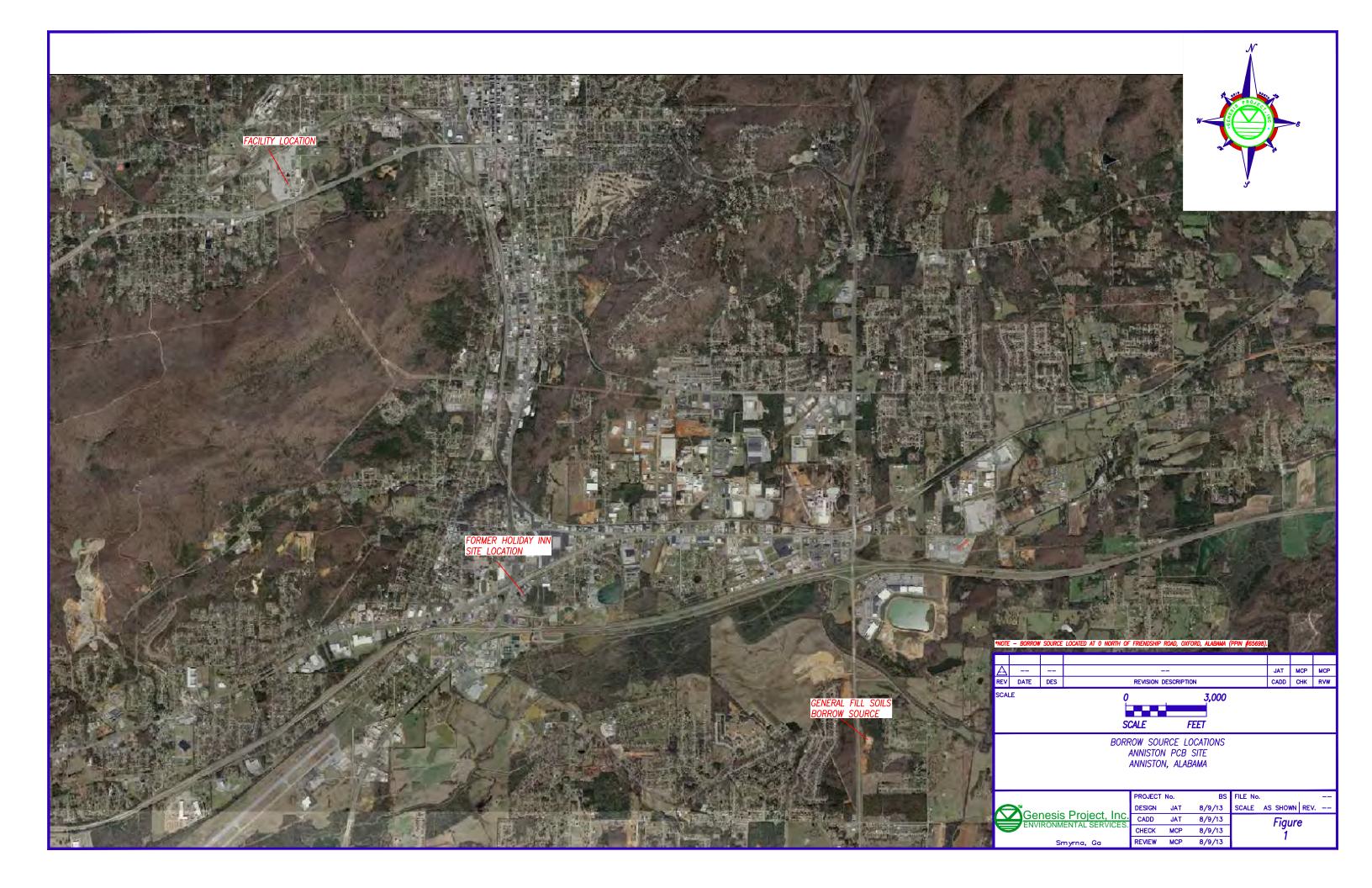
Conclusion

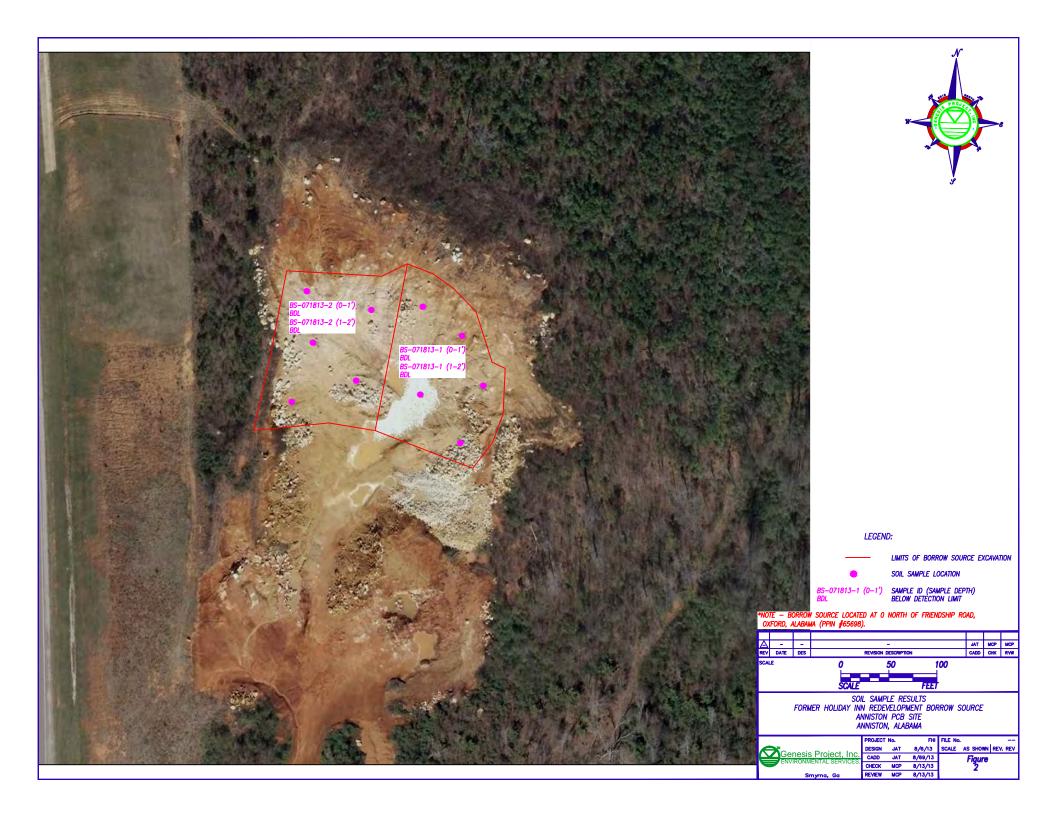
Based on the analytical results, this borrow source is considered suitable for use as a source of general fill material for the Former Holiday Inn Redevelopment Project.

References

Science Application International Corporation (SAIC), 1998. Background Metals Survey Report, Fort McClellan, Anniston, Alabama.

FIGURES





TABLE

Table 1
Summary of Soil Analytical Results
Former Holiday Inn Redevelopment Borrow Source
Anniston PCB Site
Anniston, AL.

Lead	mg/kg	8.6	6.6	9.5	12
Total PCB's	mg/kg	<0.084	<0.086	<0.071	<0.077
Aroclor 1268	mg/kg	<0.042	<0.042	<0.035	<0.038
Aroclor 1260	mg/kg	<0.042	<0.042	<0.035	<0.038
Aroclor 1254	mg/kg	<0.042	<0.042	<0.035	<0.038
Aroclor 1248	mg/kg	<0.042	<0.042	<0.035	<0.038
Aroclor 1242	mg/kg	<0.042	<0.042	<0.035	<0.038
Aroclor 1232	mg/kg	<0.042	<0.042	<0.035	<0.038
Aroclor 1221	mg/kg	<0.084	<0.086	<0.071	<0.077
Aroclor 1016	mg/kg	<0.042	<0.042	<0.035	<0.038
Date Sampled		7/18/13	7/18/13	7/18/13	7/18/13
Sample		BS-071813-1 0-1'	BS-071813-1 1-2'	BS-071813-2 0-1'	BS-071813-2 1-2'

FOOTNOTES:

< - Analyte was not detected at or above the indicated concentration</p>

ppm - parts per million

mg/kg - milligrams per kilogram

Genesis Project, Inc.

ATTACHMENT 1

QA LEVEL II - ORGANIC DATA EVALUATION CHECKLIST

Company Name: Project Name: <u>Former Holiday Inn</u>			Project Manager: Project Number:					
	ory: Test America Savannah	-	SDG	#: <u>680-92</u>	481-2			
	al Method (type and no.): PCB (8082)		_					
	☐ Air ☐ Soil/Sed. ☐ Water ☐ Waste Names: BS-071813-1 0-1', BS-071813-1 1-2', BS-07		0-1' BS-	-071813-2	1-2'			
NOTE:	Please provide calculation in Comment areas or o	on the l	back (if	on the ba	ck please indicate in comment areas).			
Field In	formation	YES	NO	NA	COMMENTS			
a)	Sampling dates noted?	\boxtimes						
b)	Sampling team indicated?	\boxtimes						
c)	Sample location noted?	\boxtimes						
d)	Sample depth indicated (Soils)?	\boxtimes			1			
e)	Sample type indicated (grab/composite)?	\boxtimes						
f)	Field QC noted?		\boxtimes		No duplicates were collected.			
g)	Field parameters collected (note types)?			\boxtimes				
h)	Field Calibration within control limits?			\boxtimes				
i)	Notations of unacceptable field conditions/performa	nces fro	om field le	ogs or fiel	d notes?			
.,,			\boxtimes		70.			
i)	Does the laboratory narrative indicate deficiencies?							
"	Note Deficiencies:				-			
Chain-	of-Custody (COC)	YES	NO	NA	COMMENTS			
Onam	s. castaa, (co c,							
a)	Was the COC properly completed?	\boxtimes						
b)	Was the COC signed by both field and laboratory personnel?	\boxtimes						
c)	Were samples received in good condition?	\boxtimes						
Genera	al (reference QAPP or Method)	YES	NO	NA	COMMENTS			
a)	Were hold times met for sample pretreatment?	\boxtimes						
b)	Were hold times met for sample analysis?							
c)	Were the correct preservatives used?	\boxtimes						
d)	Was the correct method used?	\boxtimes						
e)	Were appropriate reporting limits achieved?	\boxtimes						
f)	Were any sample dilutions noted?		\boxtimes					
a)			\boxtimes					

QA LEVEL II - ORGANIC DATA EVALUATION CHECKLIST

Blanks		YES	NO	NA	COMMENTS
a)	Were analytes detected in the method blank(s)?		\boxtimes		
b)	Were analytes detected in the field blank(s)?			\boxtimes	
c)	Were analytes detected in the equipment blank(s)?		\boxtimes		
d)	Were analytes detected in the trip blank(s)?			\boxtimes	
Labora	tory Control Sample (LCS)	YES	NO	NA	COMMENTS
a)	Was a LCS analyzed once per SDG?	\boxtimes			
b)	Were the proper compounds included in the LCS?	\boxtimes			
c)	Was the LCS accuracy criteria met?	\boxtimes			
Duplica	ites	YES	NO	NA	COMMENTS
a)	Were field duplicates collected (note original and du	uplicate	sample n	ames)?	<u>CA-02-1468-02 N20 12-24qq& CA-02-1468</u> _
		\boxtimes			N20 12-24qqX
b)	Were field dup. precision criteria met (note RPD)?		\boxtimes		1254: RPD 53.1%, 1260; RPD 52.3%
	Were lab duplicates analyzed (note original and dup	plicate s	samples)?	•	
			\boxtimes		
c)	Were lab dup. precision criteria met (note RPD)?			\boxtimes	
Blind S	tandards	YES	NO	NA	COMMENTS
a)	Was a blind standard used (indicate name,		\boxtimes		
	compounds included and concentrations)?				
b)	Was the %D within control limits?			\boxtimes	
Matrix	Spike/Matrix Spike Duplicate (MS/MSD)	YES	NO	NA	COMMENTS
a)	Was MS accuracy criteria met?			\boxtimes	1016 spike diluted out due to the 1260
	ry could not be calculated since sample contained high concentration of analyte?	\boxtimes			concentration.
b)	Was MSD accuracy criteria met?			\boxtimes	1016 spike diluted out due to the 1260
	Recovery could not be calculated since sample contained high concentration of analyte?	\boxtimes			concentration.
c)	Were MS/MSD precision criteria met?				1016 spike diluted out due to the 1260 Concentration.
Surrog	ate Spikes	YES	NO	NA	COMMENTS
a)	Were surrogate recoveries within control limits?	\boxtimes	\boxtimes		See below
b)	Were surrogate recoveries not calculated due to dilutions?				
Comme	ents/Notes:				
E20 0-1	samples had elevated DCB recoveries w/o 1268 pre 2mg CA-021468-02 N20 12-24mg CA-02-1468-02 N20 analysis.	esent. T 12-24og	CX results X, CA-02	s acceptal -1468-02	N30 0-12q CA-02 1468 E10, required dilution

Revised May 2004 Page 2 of 3

QA LEVEL II - ORGANIC DATA EVALUATION CHECKLIST

Data Qualification:

Sample Name	Constituent(s)	Result	Qualifier	Reason
NONE				
			1-1-1	

Signature: Janua Juggan	Date: 08/02/13	
CANTE / VI		

en

Revised May 2004 Page 3 of 3

QA LEVEL II - INORGANIC DATA EVALUATION CHECKLIST

Project Number: Project Nu	and the state of t				Project Manager:Project Number:				
Aboratory Test America Savannah SDG #: 680-92481-2 Aboratory Test America Savannah SDG #: 680-92481-2 Astric. Air SDG Soll/Sed. Water Water Water Astric. Air SDG #: 680-92481-2 Astric. Air SDG Soll/Sed. Water Water Water Astric. Air SDG Soll/Sed. Water Water Astric. Air SDG Soll/Sed. Water Water Astric. Air SDG Water Water Astric. Air SDG Water Water Astric. Air SDG Water Air Air SDG Water Air A									
Inalytical Method (type and no.): Lead (6010B) Idatrix: Air Soli/Sed. Water Waste Sample Names: BS-071813-1 0-1', BS-071813-1 1-2', BS-071813-3 0-1', BS-071813-2 1-2' IASTE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). IdotE: Please provide and indicate in Comment areas. IdotE: Please provide and indicate in Comment are	-		Valid	Validation Date: 08/02/13					
Matrix:	Laborat	ory: Test America Savannah	SDG	#: 680-92	2481-2				
Sample Names: BS-071813-1 0-1', BS-071813-1 1-2', BS-071813-3 0-1', BS-071813-2 1-2'			-						
NOTE: Please provide calculation in Comment areas or on the back (if on the back please indicate in comment areas). Field Information YES NO NA COMMENTS a) Sampling dates noted? b) Sampling team indicated? c) Sample location noted? d) Sample depth indicated (Soils)? e) Sample type indicated (grab/composite)? g) Field CC noted? h) Field Calibration within control limits? i) Notations of unacceptable field conditions/performances from field logs or field notes? j) Does the laboratory narrative indicate deficiencies? h) Field CC properly completed? b) Was the COC properly completed? b) Was the COC signed by both field and laboratory personnel? c) Were samples received in good condition? Semeral (reference QAPP or Method) YES NO NA COMMENTS General (reference QAPP or Method) YES NO NA COMMENTS A COMMENTS Were hold times met for sample pretreatment? b) Were hold times met for sample pretreatment? c) Were the correct preservatives used? d) Was the correct method used? e) Were appropriate reporting limits achieved? d) Were appropriate reporting limits achieved?		- Barrier Barrier - (1997) -		0.41.00	074040.0	14.0			
Sampling dates noted?	Sample	Names: <u>BS-071813-1 0-1', BS-071813-1 1-2', BS-07</u>	1813-3	0-1', BS	-0/1813-2	2 1-2			
a) Sampling dates noted? b) Sampling team indicated? c) Sample location noted? d) Sample depth indicated (Soils)? e) Sample type indicated (grab/composite)? d) Not duplicates were collected. d) Notations of unacceptable field conditions/performances from field logs or field notes? d) Notations of unacceptable field conditions/performances from field logs or field notes? d) Note Deficiencies: d) Note Deficiencies: d) Note Deficiencies: d) Note Deficiencies: d) Was the COC properly completed? d) Was the COC signed by both field and laboratory personnel? d) Ware hold times met for sample pretreatment? d) Seneral (reference QAPP or Method) d) Were hold times met for sample pretreatment? d) Were hold times met for sample analysis? d) Were hold times met for sample analysis? d) Was the correct preservatives used? d) Was the correct preservatives used? d) Ware appropriate reporting limits achieved? d) Were any sample dilutions noted?	NOTE:	Please provide calculation in Comment areas or	on the	back (if	on the ba	ck please indicate in comment areas).			
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e) Sample type indicated (grab/composite)?	100		\boxtimes						
f) Field QC noted?	100		\boxtimes						
Field parameters collected (note types)?	100			\boxtimes		No duplicates were collected.			
h) Field Calibration within control limits?					\boxtimes				
i) Notations of unacceptable field conditions/performances from field logs or field notes?	0.0				\boxtimes				
j) Does the laboratory narrative indicate deficiencies?	-0.7		nces fr	om field l		d notes?			
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b) Were hold times met for sample analysis? c) Were the correct preservatives used? d) Was the correct method used? e) Were appropriate reporting limits achieved? f) Were any sample dilutions noted?	Genera	al (reference QAPP or Method)	YES	NO	NA	COMMENTS			
c) Were the correct preservatives used? d) Was the correct method used? e) Were appropriate reporting limits achieved? f) Were any sample dilutions noted?	a)	Were hold times met for sample pretreatment?	\boxtimes			1			
c) Were the correct preservatives used? d) Was the correct method used? e) Were appropriate reporting limits achieved? f) Were any sample dilutions noted?									
d) Was the correct method used? e) Were appropriate reporting limits achieved? f) Were any sample dilutions noted?									
e) Were appropriate reporting limits achieved?									
f) Were any sample dilutions noted?									
q) Were any matrix problems noted?				\boxtimes					

QA LEVEL II - INORGANIC DATA EVALUATION CHECKLIST

lanks		YES	NO	NA	COMMENTS
a)	Were analytes detected in the method blank(s)?		\boxtimes		The Market of the Control of the Con
b)	Were analytes detected in the field blank(s)?			\boxtimes	-
c)	Were analytes detected in the equipment blank(s)?			\boxtimes	
d)	Were analytes detected in the trip blank(s)?			\boxtimes	
aborat	ory Control Sample (LCS)	YES	NO	NA	COMMENTS
a)	Was a LCS analyzed once per SDG?	\boxtimes			
b)	Were the proper compounds included in the LCS?	\boxtimes			
c)	Was the LCS accuracy criteria met?				
Ouplica	tes	YES	NO	NA	COMMENTS
a)	Were field duplicates collected (note original and de	uplicate	sample r	names)?	-
			\boxtimes		
b)	Were field dup. precision criteria met (note RPD)?			\boxtimes	
c)	Were lab duplicates analyzed (note original and du	plicate s	samples)	?	
			\boxtimes		
d)	Were lab dup. precision criteria met (note RPD)?			\boxtimes	
Blind S	tandards	YES	NO	NA	COMMENTS
a)	Was a blind standard used (indicate name,		\boxtimes		
	compounds included and concentrations)?				
b)	Was the %D within control limits?				
Matrix :	Spike/Matrix Spike Duplicate (MS/MSD)	YES	NO	NA	COMMENTS
a)	Was MS accuracy criteria met?			\boxtimes	e Comment of the Comm
	Recovery could not be calculated since sample contained high concentration of analyte?				
b)	Was MSD accuracy criteria met?			\boxtimes	
	Recovery could not be calculated since sample contained high concentration of analyte?	\boxtimes			1
c)	Were MS/MSD precision criteria met?	\boxtimes			

QA LEVEL II - INORGANIC DATA EVALUATION CHECKLIST

Data Qualification:

Sample Name	Constituent(s)	Result	Qualifier	Reason
None				
	P			
		1.0		
			-	

Signature: Signature: 15915	Date: 6/10/13	

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TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

ANALYTICAL REPORT

TestAmerica Laboratories, Inc. TestAmerica Savannah

5102 LaRoche Avenue Savannah, GA 31404 Tel: (912)354-7858

TestAmerica Job ID: 680-92481-2 Client Project/Site: Former Holiday Inn

Revision: 1

For:

Genesis Project, Inc. 702 Clydesdale Ave Anniston, Alabama 36201-5390

Attn: Mr. Mike Price

Michele RKersey

Authorized for release by: 8/2/2013 9:58:45 AM

Michele Kersey, Project Manager I michele.kersey@testamericainc.com

The test results in this report meet all 2003 NELAC and 2009 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

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Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

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Definitions/Glossary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Qualifiers

GC	Semi	VOA

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.
D	Surrogate or matrix spike recoveries were not obtained because the extract was diluted for analysis; also compounds analyzed at a
F	dilution may be flagged with a D. MS or MSD exceeds the control limits
4	MS, MSD: The analyte present in the original sample is 4 times greater than the matrix spike concentration; therefore, control limits are not applicable.
E	Result exceeded calibration range.
X	Surrogate is outside control limits
Metals	
Qualifier	Qualifier Description
4	MS, MSD: The analyte present in the original sample is 4 times greater than the matrix spike concentration; therefore, control limits are not applicable.
13	Indicates the analyte was analyzed for but not detected

Glossary

PQL

QC

RER

RL RPD

TEQ

Practical Quantitation Limit

Toxicity Equivalent Factor (Dioxin)

Toxicity Equivalent Quotient (Dioxin)

Reporting Limit or Requested Limit (Radiochemistry)

Relative Percent Difference, a measure of the relative difference between two points

Quality Control

Relative error ratio

Cioodaij	
Abbreviation	These commonly used abbreviations may or may not be present in this report.
п	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CNF	Contains no Free Liquid
DER	Duplicate error ratio (normalized absolute difference)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision level concentration
MDA	Minimum detectable activity
EDL	Estimated Detection Limit
MDC	Minimum detectable concentration
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
NC	Not Calculated
ND	Not detected at the reporting limit (or MDL or EDL if shown)

TestAmerica Savannah

Case Narrative

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Job ID: 680-92481-2

Laboratory: TestAmerica Savannah

Narrative

CASE NARRATIVE

Client: Genesis Project, Inc.

Project: Former Holiday Inn

Report Number: 680-92481-2 Revison 1

With the exceptions noted as flags or footnotes, standard analytical protocols were followed in the analysis of the samples and no problems were encountered or anomalies observed. In addition all laboratory quality control samples were within established control limits, with any exceptions noted below. Each sample was analyzed to achieve the lowest possible reporting limit within the constraints of the method. In some cases, due to interference or analytes present at high concentrations, samples were diluted. For diluted samples, the reporting limits are adjusted relative to the dilution required.

Calculations are performed before rounding to avoid round-off errors in calculated results.

All holding times were met and proper preservation noted for the methods performed on these samples, unless otherwise detailed in the individual sections below.

NOTES: Report revised to include batch MS/MSD.

RECEIPT

The samples were received on 7/20/2013 10:08 AM; the samples arrived in good condition, properly preserved and, where required, on ice. The temperature of the cooler at receipt was 1.8° C.

PESTICIDES AND PCBS

Samples BS-071813-1 0-1' (680-92481-9), BS-071813-1 1-2' (680-92481-10), BS-071813-2 0-1' (680-92481-11) and BS-071813-2 1-2' (680-92481-12) were analyzed for Pesticides and PCBs in accordance with EPA SW846 Method 8081A_8082. The samples were prepared on 07/24/2013 and analyzed on 07/26/2013 and 07/29/2013.

This method incorporates 2nd column confirmation. Corrective action is not taken for surrogate/spike compounds unless results from both columns are unacceptable. Results outside criteria are qualified.

TOTAL METALS (ICP)

Samples BS-071813-1 0-1' (680-92481-9), BS-071813-1 1-2' (680-92481-10), BS-071813-2 0-1' (680-92481-11) and BS-071813-2 1-2' (680-92481-12) were analyzed for total metals (ICP) in accordance with EPA SW-846 Method 6010B. The samples were prepared on 07/23/2013 and analyzed on 07/24/2013.

Detection Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Lab Sample ID: 680-92481-9 Client Sample ID: BS-071813-1 0-1'

Prep Type

Dil Fac D Method Analyte Result Qualifier RL MDL Unit 1 Ø 6010B Total/NA 1.2 Lead 9.8 mg/Kg

Lab Sample ID: 680-92481-10 Client Sample ID: BS-071813-1 1-2' Result Qualifier RL MDL Unit Dil Fac D Method Prep Type Analyte

1.3 1 Ø 6010B Total/NA 6.6 mg/Kg Lead

Lab Sample ID: 680-92481-11 Client Sample ID: BS-071813-2 0-1'

Dil Fac D Method MDL Unit **Prep Type** Result Qualifier RL Analyte 1 0 6010B 9.5 0.92 mg/Kg Total/NA Lead

Lab Sample ID: 680-92481-12 Client Sample ID: BS-071813-2 1-2'

MDL Unit Dil Fac D Method Prep Type Result Qualifier RL Analyte 1.1 1 # 6010B Total/NA mg/Kg 12 Lead

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

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Client Sample ID: BS-071813-1 0-1'

Date Collected: 07/18/13 14:30 Date Received: 07/20/13 10:08 Lab Sample ID: 680-92481-9

Matrix: Solid

Percent Solids: 78.0

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	42	U	42		ug/Kg	ø	07/24/13 13:38	07/29/13 19:19	1
PCB-1221	84	U	84		ug/Kg	4	07/24/13 13:38	07/29/13 19:19	1
PCB-1232	42	U	42		ug/Kg	Ø	07/24/13 13:38	07/29/13 19:19	1
PCB-1242	42	U	42		ug/Kg	*	07/24/13 13:38	07/29/13 19:19	1
PCB-1248	42	U	42		ug/Kg	*	07/24/13 13:38	07/29/13 19:19	1
PCB-1254	42	U	42		ug/Kg	*	07/24/13 13:38	07/29/13 19:19	1
PCB-1260	42	U	42		ug/Kg	0	07/24/13 13:38	07/29/13 19:19	1
PCB-1268	42	U	42		ug/Kg	Ø	07/24/13 13:38	07/29/13 19:19	1

Surrogate	%Recovery	Qualifier	Limits	Prepared	Analyzed	Dil Fac
Tetrachloro-m-xylene	75		46 - 130	07/24/13 13:38	07/29/13 19:19	1
DCB Decachlorobiphenyl	81		54 - 133	07/24/13 13:38	07/29/13 19:19	1

Method: 6010B - Metals (ICP)								13.775.00	. A3-1
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Lead	9.8		1.2		mg/Kg	Ø	07/23/13 09:29	07/24/13 19:03	1

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

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Client Sample ID: BS-071813-1 1-2'

Date Collected: 07/18/13 14:35 Date Received: 07/20/13 10:08 Lab Sample ID: 680-92481-10

Matrix: Solid

Percent Solids: 76.7

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	42	U	42		ug/Kg	p	07/24/13 13:38	07/29/13 19:42	1
PCB-1221	86	U	86		ug/Kg	Ø.	07/24/13 13:38	07/29/13 19:42	1
PCB-1232	42	U	42		ug/Kg		07/24/13 13:38	07/29/13 19:42	1
PCB-1242	42	U	42		ug/Kg	\$	07/24/13 13:38	07/29/13 19:42	-1
PCB-1248	42	U	42		ug/Kg	*	07/24/13 13:38	07/29/13 19:42	1
PCB-1254	42	U	42		ug/Kg	**	07/24/13 13:38	07/29/13 19:42	1
PCB-1260	42	U	42		ug/Kg	\$	07/24/13 13:38	07/29/13 19:42	1
PCB-1268	42	U	42		ug/Kg	-01	07/24/13 13:38	07/29/13 19:42	1

Surrogate	%Recovery Q	Qualifier	Limits	Prepared	Analyzed	Dil Fac
Tetrachloro-m-xylene	117		46 - 130	07/24/13 13:38	07/29/13 19:42	1
DCB Decachlorobiphenyl	115		54 - 133	07/24/13 13:38	07/29/13 19:42	1

Method: 6010B - Metals (ICP) Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac	
Lead	6.6		1.3		mg/Kg	\$	07/23/13 09:29	07/24/13 19:18	1	ı

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Client Sample ID: BS-071813-2 0-1'

Lab Sample ID: 680-92481-11

Matrix: Solid

Date Collected: 07/18/13 14:40 Date Received: 07/20/13 10:08

Percent Solids: 92.6

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa
PCB-1016	35	U	35		ug/Kg	Ø	07/24/13 13:38	07/26/13 03:16	
PCB-1221	71	U	71		ug/Kg	**	07/24/13 13:38	07/26/13 03:16	
PCB-1232	35	U	35		ug/Kg	**	07/24/13 13:38	07/26/13 03:16	
PCB-1242	35	U	35		ug/Kg	Ø	07/24/13 13:38	07/26/13 03:16	
PCB-1248	35	U	35		ug/Kg	ø	07/24/13 13:38	07/26/13 03:16	
PCB-1254	35	U	35		ug/Kg	Ø	07/24/13 13:38	07/26/13 03:16	
PCB-1260	35	U	35		ug/Kg	Ø	07/24/13 13:38	07/26/13 03:16	
PCB-1268	35	U	35		ug/Kg	O	07/24/13 13:38	07/26/13 03:16	

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0.5	_	

Surrogate	%Recovery	Qualifier	Limits	Prepared	Analyzed	Dil Fac
Tetrachioro-m-xylene	95		46 - 130	07/24/13 13:38	07/26/13 03:16	1
DCB Decachlorobiphenyl	89		54 - 133	07/24/13 13:38	07/26/13 03:16	1



Method: 6010B - Metals (ICP) Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dii Fac
Lead	9.5		0.92		mg/Kg	<u></u>	07/23/13 09:29	07/24/13 19:22	1



Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

2

Client Sample ID: BS-071813-2 1-2' Lab Sample

Lab Sample ID: 680-92481-12

Date Collected: 07/18/13 14:45 Date Received: 07/20/13 10:08 Matrix: Solid Percent Solids: 85.7

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	38	U	38		ug/Kg	Ø.	07/24/13 13:38	07/26/13 03:39	1
PCB-1221	77	U	77		ug/Kg	*	07/24/13 13:38	07/26/13 03:39	1
PCB-1232	38	U	38		ug/Kg	**	07/24/13 13:38	07/26/13 03:39	1
PCB-1242	38	U	38		ug/Kg	**	07/24/13 13:38	07/26/13 03:39	1
PCB-1248	38	Ü	38		ug/Kg	à	07/24/13 13:38	07/26/13 03:39	1
PCB-1254	38	U	38		ug/Kg	à	07/24/13 13:38	07/26/13 03:39	1
PCB-1260	38	U	38		ug/Kg	Ø	07/24/13 13:38	07/26/13 03:39	1
PCB-1268	38	U	38		ug/Kg	ÇF	07/24/13 13:38	07/26/13 03:39	1

1	9
Dil Fac	

Surrogate	%Recovery	Qualifier	Limits	Prepared	Analyzed	Dil Fac
Tetrachloro-m-xylene	91		46 - 130	07/24/13 13:38	07/26/13 03:39	1
DCB Decachlorobiphenyl	87		54 - 133	07/24/13 13:38	07/26/13 03:39	1



Method: 6010B - Metals (ICP) Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac	
Lead	12		1.1		mg/Kg	ø	07/23/13 09:29	07/24/13 19:27	-1	1



GE!

Surrogate Summary

TCX1

(46-130)

0 D

0 D

DCB1

(54-133)

0 D

0 D

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Prep Type: Total/NA

Percent Surrogate Recovery (Acceptance Limits)

Method: 8081A_8082 - Organochlorine Pesticides & PCBs (GC)

Matrix: Solid

Percent Surrogate Recovery (Acceptance Limits)

TCX2 DCB2 (46-130)(54 - 133)Client Sample ID Lab Sample ID BS-071813-1 0-1 75 81 680-92481-9 680-92481-10 BS-071813-1 1-2' 117 115 BS-071813-2 0-1 95 89 680-92481-11 BS-071813-2 1-2' 91 87 680-92481-12 107 113 LCS 680-285915/13-A Lab Control Sample LCSSRM 680-285915/16-A Lab Control Sample 104 188 X MB 680-285915/12-A Method Blank 105 116

Surrogate Legend

TCX = Tetrachloro-m-xylene DCB = DCB Decachlorobiphenyl

Method: 8081A 8082 - Organochlorine Pesticides & PCBs (GC)

Client Sample ID

Matrix Spike Duplicate

Matrix Spike

Matrix: Solid

Lab Sample ID

680-92481-A-7-E MS

Prep Type: Total/NA

680-92481-A-7-F MSD Surrogate Legend

TCX = Tetrachloro-m-xylene

DCB = DCB Decachlorobiphenyl

QC Sample Results

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Method: 8081A_8082 - Organochlorine Pesticides & PCBs (GC)

Lab Sample ID: MB 680-285915/12-A

Matrix: Solid

Analysis Batch: 286232

Client Sample ID: Method Blank

Prep Type: Total/NA

Prep Batch: 285915

	MB	MB							
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	32	U	32		ug/Kg		07/24/13 13:38	07/25/13 22:43	1
PCB-1221	66	U	66		ug/Kg		07/24/13 13:38	07/25/13 22:43	1
PCB-1232	32	U	32		ug/Kg		07/24/13 13:38	07/25/13 22:43	1
PCB-1242	32	U	32		ug/Kg		07/24/13 13:38	07/25/13 22:43	1
PCB-1248	32	U	32		ug/Kg		07/24/13 13:38	07/25/13 22:43	1
PCB-1254	32	U	32		ug/Kg		07/24/13 13:38	07/25/13 22:43	1
PCB-1260	32	U	32		ug/Kg		07/24/13 13:38	07/25/13 22:43	1
PCB-1268	32	U	32		ug/Kg		07/24/13 13:38	07/25/13 22:43	1

Surrogate	%Recovery Qualific	er Limits	Prepared	Analyzed	Dil Fac
Tetrachloro-m-xylene	105	46 - 130	07/24/13 13:38	07/25/13 22:43	1
DCB Decachlorobiphenyl	116	54 - 133	07/24/13 13:38	07/25/13 22:43	1

Lab Sample ID: LCS 680-285915/13-A

Matrix: Solid

Analysis Batch: 286232

Client Sample ID: Lab Control Sample Prep Type: Total/NA

Prep Batch: 285915

Spike LCS LCS %Rec. Analyte Added Result Qualifier Unit D %Rec Limits PCB-1016 329 326 ug/Kg 99 43 - 130 PCB-1260 329 318 ug/Kg 97 45 - 130

LCS LCS Surrogate %Recovery Qualifier Limits Tetrachloro-m-xylene 107 46 - 130 DCB Decachiorobiphenyl 113 54 - 133

Lab Sample ID: LCSSRM 680-285915/16-A

Lab Sample ID: 680-92481-A-7-E MS

Matrix: Solid

Matrix: Solid

Analysis Batch: 286232

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Prep Batch: 285915

	Spike	LCSSRM	LCSSRM				%Rec.	
Analyte	Added	Result	Qualifier	Unit	D	%Rec	Limits	
PCB-1248	1500	2070		ug/Kg		138	44 - 188	
PCB-1254	3000	4380		ug/Kg		146	45 - 170	
PCB-1260	2000	2670		ug/Kg		134	51 - 178	
PCB-1268	1500	1940		ug/Kg		129	52 - 137	

LCSSRM LCSSRM Surrogate Qualifier Limits Tetrachloro-m-xylene 104 46 - 130 DCB Decachlorobiphenyl 188 X 54 - 133

Client Sample ID: Matrix Spike

Prep Type: Total/NA

Prep Batch: 285915

Analysis Batch: 286597 Sample Sample Spike MS MS %Rec. Analyte Result Qualifier Added Result Qualifier Unit D %Rec Limits PCB-1016 380 Ü 394 390 UF \$ 0 43 - 130 ug/Kg PCB-1260 ø 3800 394 4710 4 ug/Kg 225 45 - 130

QC Sample Results

Spike

MSD MSD

380 UF

5350 E 4

Result Qualifier

MDL Unit

LCS LCS

Qualifier

Qualifier

Result

5.01

MS MS

240 4

Result

mg/Kg

Unit

Unit

mg/Kg

mg/Kg

Unit

ug/Kg

ug/Kg

D

ø

ø

D

Prepared

07/23/13 09:29

%Rec

%Rec

316

101

D

D

ø

%Rec

0

395

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Method: 8081A_8082 - Organochlorine Pesticides & PCBs (GC) (Continued)

Lab Sample ID: 680-92481-A-7-E MS

Matrix: Solid

Analysis Batch: 286597

Client Sample ID: Matrix Spike

Client Sample ID: Matrix Spike Duplicate

Limits

43 - 130

45 - 130

Client Sample ID: Method Blank

Analyzed

07/24/13 17:49

Client Sample ID: Matrix Spike

Client Sample ID: Lab Control Sample

%Rec.

Limits

Limits

Client Sample ID: Matrix Spike Duplicate

75 - 125

75 - 125

Prep Batch: 285713

Prep Type: Total/NA

Prep Batch: 285713

Prep Type: Total/NA

Prep Batch: 285713

Prep Type: Total/NA

Prep Batch: 285713

20

Dil Fac

Prep Type: Total/NA

Prep Type: Total/NA

Prep Batch: 285915

RPD

NC:

13

Limit

50

50

Prep Batch: 285915

%Recovery Qualifier Surrogate Limits 0 D Tetrachloro-m-xylene 46 - 130 DCB Decachlorobiphenyl 0 D 54_133

Lab Sample ID: 680-92481-A-7-F MSD

Analysis Batch: 286597

Matrix: Solid

Analyte Result Qualifier Added PCB-1016 380 387 PCB-1260 3800 387 MSD MSD Surrogate %Recovery Qualifier Limits

Sample Sample

MB MB

Qualifier

Tetrachloro-m-xvlene 0 D 46 - 130 DCB Decachlorobiphenyl 0 D 54 - 133

Method: 6010B - Metals (ICP)

Lab Sample ID: MB 680-285713/1-A

Matrix: Solid

Lead

Analyte

Lead

Analysis Batch: 286110

Analyte Result

Lead 1.0 U

Lab Sample ID: LCS 680-285713/2-A

Matrix: Solid Analysis Batch: 286110

Analyte

Lab Sample ID: 680-92481-A-7-B MS

Matrix: Solid

Analysis Batch: 286110

Lab Sample ID: 680-92481-A-7-C MSD

Matrix: Solid

Analysis Batch: 286110

Sample Sample Analyte Result Qualifier Lead 220

Sample

Result

220

Sample

Qualifier

Spike MSD MSD Added Result Qualifier 5.19 242

RL

1.0

Spike

Added

4.95

Spike

Added

5.32

Unit mg/Kg

D %Rec 菜 366

Limits 75 - 125

%Rec. RPD RPD Limit

Prep Type: Total/NA

QC Association Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

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GC Semi VOA

Pre	p B	atc	h:	28	59	1	5

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-92481-9	BS-071813-1 0-1'	Total/NA	Solid	3546	
680-92481-10	BS-071813-1 1-2'	Total/NA	Solid	3546	
680-92481-11	BS-071813-2 0-1'	Total/NA	Solid	3546	
680-92481-12	BS-071813-2 1-2"	Total/NA	Solid	3546	
680-92481-A-7-E MS	Matrix Spike	Total/NA	Solid	3546	
680-92481-A-7-F MSD	Matrix Spike Duplicate	Total/NA	Solid	3546	
LCS 680-285915/13-A	Lab Control Sample	Total/NA	Solid	3546	
LCSSRM 680-285915/16-A	Lab Control Sample	Total/NA	Solid	3546	
MB 680-285915/12-A	Method Blank	Total/NA	Solid	3546	

Analysis Batch: 286232

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-92481-11	BS-071813-2 0-1'	Total/NA	Solid	8081A_8082	285915
680-92481-12	BS-071813-2 1-2'	Total/NA	Solid	8081A_8082	285915
LCS 680-285915/13-A	Lab Control Sample	Total/NA	Solid	8081A_8082	285915
LCSSRM 680-285915/16-A	Lab Control Sample	Total/NA	Solid	8081A 8082	285915
MB 680-285915/12-A	Method Blank	Total/NA	Solid	8081A_8082	285915

Analysis Batch: 286597

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-92481-9	BS-071813-1 0-1'	Total/NA	Solid	8081A_8082	285915
680-92481-10	BS-071813-1 1-2'	Total/NA	Solid	8081A_8082	285915
680-92481-A-7-E MS	Matrix Spike	Total/NA	Solid	8081A_8082	285915
680-92481-A-7-F MSD	Matrix Spike Duplicate	Total/NA	Solid	8081A 8082	285915

Metals

Prep Batch: 285713

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-92481-9	BS-071813-1 0-1'	Total/NA	Solid	3050B	
80-92481-10	BS-071813-1 1-2'	Total/NA	Solid	3050B	
880-92481-11	BS-071813-2 0-1'	Total/NA	Solid	3050B	
80-92481-12	BS-071813-2 1-2'	Total/NA	Solid	3050B	
880-92481-A-7-B MS	Matrix Spike	Total/NA	Solid	3050B	
880-92481-A-7-C MSD	Matrix Spike Duplicate	Total/NA	Solid	3050B	
.CS 680-285713/2-A	Lab Control Sample	Total/NA	Solid	3050B	
MB 680-285713/1-A	Method Blank	Total/NA	Solid	3050B	

Analysis Batch: 286110

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-92481-9	BS-071813-1 0-1'	Total/NA	Solid	6010B	285713
680-92481-10	BS-071813-1 1-2'	Total/NA	Solid	6010B	285713
880-92481-11	BS-071813-2 0-1'	Total/NA	Solid	6010B	285713
680-92481-12	BS-071813-2 1-2'	Total/NA	Solid	6010B	285713
680-92481-A-7-B MS	Matrix Spike	Total/NA	Solid	6010B	285713
680-92481-A-7-C MSD	Matrix Spike Duplicate	Total/NA	Solid	6010B	285713
LCS 680-285713/2-A	Lab Control Sample	Total/NA	Solid	6010B	285713
MB 680-285713/1-A	Method Blank	Total/NA	Solid	6010B	285713

QC Association Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

TestAmerica Job ID: 680-92481-2

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General Chemistry

Analysis Batch: 285506

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
680-92481-9	BS-071813-1 0-1'	Total/NA	Solid	Moisture	
680-92481-10	BS-071813-1 1-2'	Total/NA	Solid	Moisture	
680-92481-11	BS-071813-2 0-1'	Total/NA	Solid	Moisture	
680-92481-12	BS-071813-2 1-2'	Total/NA	Solid	Moisture	
680-92481-A-7 MS	Matrix Spike	Total/NA	Solid	Moisture	
680-92481-A-7 MSD	Matrix Spike Duplicate	Total/NA	Solid	Moisture	

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Lab Chronicle

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Client Sample ID: BS-071813-1 0-1'

Lab Sample ID: 680-92481-9

Percent Solids: 78.0

Matrix: Solid

Date Collected: 07/18/13 14:30 Date Received: 07/20/13 10:08

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	3546			285915	07/24/13 13:38	FMP	TAL SAV
Total/NA	Analysis	8081A_8082		1	286597	07/29/13 19:19	GEM	TAL SAV
Total/NA	Prep	3050B			285713	07/23/13 09:29	JKL	TAL SAV
Total/NA	Analysis	6010B		1	286110	07/24/13 19:03	ВСВ	TAL SAV
Total/NA	Analysis	Moisture		1	285506	07/22/13 09:59	CAC	TAL SAV

Client Sample ID: BS-071813-1 1-2'

Date Collected: 07/18/13 14:35

Date Received: 07/20/13 10:08

Lab Sample ID: 680-92481-10

Matrix: Solid

Percent Solids: 76.7

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3546			285915	07/24/13 13:38	FMP	TAL SAV
Total/NA	Analysis	8081A_8082		1	286597	07/29/13 19:42	GEM	TAL SAV
Total/NA	Prep	3050B			285713	07/23/13 09:29	JKL	TAL SAV
Total/NA	Analysis	6010B		1	286110	07/24/13 19:18	BCB	TAL SAV
Total/NA	Analysis	Moisture		1	285506	07/22/13 09:59	CAC	TAL SAV

Client Sample ID: BS-071813-2 0-1'

Lab Sample ID: 680-92481-11

Matrix: Solid Percent Solids: 92.6

Date Collected: 07/18/13 14:40 Date Received: 07/20/13 10:08

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	3546			285915	07/24/13 13:38	FMP	TAL SAV
Total/NA	Analysis	8081A_8082		1	286232	07/26/13 03:16	JCK	TAL SAV
Total/NA	Prep	3050B			285713	07/23/13 09:29	JKL	TAL SAV
Total/NA	Analysis	6010B		1	286110	07/24/13 19:22	BCB	TAL SAV
Total/NA	Analysis	Moisture		1	285506	07/22/13 09:59	CAC	TAL SAV

Client Sample ID: BS-071813-2 1-2'

Lab Sample ID: 680-92481-12

Matrix: Solid

Date Collected: 07/18/13 14:45 Date Received: 07/20/13 10:08

Percent Solids: 85.7

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	3546			285915	07/24/13 13:38	FMP	TAL SAV
Total/NA	Analysis	8081A_8082		1	286232	07/26/13 03:39	JCK	TAL SAV
Total/NA	Prep	3050B			285713	07/23/13 09:29	JKL	TAL SAV
Total/NA	Analysis	6010B		1	286110	07/24/13 19:27	всв	TAL SAV
Total/NA	Analysis	Moisture		1	285506	07/22/13 09:59	CAC	TAL SAV

Laboratory References:

TAL SAV = TestAmerica Savannah, 5102 LaRoche Avenue, Savannah, GA 31404, TEL (912)354-7858

Certification Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

Laboratory: TestAmerica Savannah

All certifications held by this laboratory are listed. Not all certifications are applicable to this report.

Authority	Program	EPA Region	Certification ID	Expiration Date
2LA	ISO/IEC 17025		399.01	02-28-15
labama	State Program	4	41450	06-30-13 *
Arkansas DEQ	State Program	6	88-0692	02-01-14 *
California	NELAP	9	3217CA	07-31-13 *
Colorado	State Program	8	N/A	12-31-13
Connecticut	State Program	4	PH-0161	03-31-15
Florida	NELAP	4	E87052	06-30-14
GA Dept. of Agriculture	State Program	4	N/A	12-31-13
Georgia	State Program	4	N/A	06-30-14
Georgia	State Program	4	803	06-30-14
Suam	State Program	9	09-005r	04-17-13 *
ławaii	State Program	9	N/A	06-30-14
llinois	NELAP	5	200022	11-30-13
owa	State Program	7	353	07-01-15
Centucky	State Program	4	90084	12-31-13
Centucky (UST)	State Program	4	18	06-30-14
ouisiana.	NELAP	6	30690	06-30-14
ouisiana.	NELAP	6	LA100015	12-31-13
Maine	State Program	1	GA00006	08-16-14
Maryland	State Program	3	250	12-31-13
/assachusetts	State Program	1	M-GA006	06-30-14
Mississippi	State Program	4	N/A	06-30-14
Montana	State Program	В	CERT0081	01-01-14
lebraska	State Program	7	TestAmerica-Savannah	06-30-14
lew Jersey	NELAP	2	GA769	06-30-14
lew Mexico	State Program	6	N/A	06-30-14
lew York	NELAP	2	10842	04-01-14
lorth Carolina DENR	State Program	4	269	12-31-13
lorth Carolina DHHS	State Program	4	13701	07-31-14
Oklahoma	State Program	6	9984	08-31-13
ennsylvania	NELAP	3	68-00474	06-30-14
uerto Rico	State Program	2	GA00006	01-01-14
South Carolina	State Program	4	98001	06-30-13 *
ennessee	State Program	4	TN02961	06-30-14
exas	NELAP	6	T104704185-08-TX	11-30-13
SDA	Federal		SAV 3-04	04-07-14
irginia	NELAP	3	460161	06-14-14
Vashington	State Program	10	C1794	06-10-14
Vest Virginia	State Program	3	9950C	12-31-13
Vest Virginia DEP	State Program	3	94	09-30-13
visconsin	State Program	5	999819810	08-31-13
Vyoming	State Program	8	8TMS-Q	06-30-13 *

^{*} Expired certification is currently pending renewal and is considered valid.

Method Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn TestAmerica Job ID: 680-92481-2

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Method	Method Description	Protocol	Laboratory
3081A_8082	Organochlorine Pesticides & PCBs (GC)	SW846	TAL SAV
8010B	Metals (ICP)	SW846	TAL SAV
Moisture	Percent Moisture	EPA	TAL SAV

Protocol References:

EPA = US Environmental Protection Agency

SW846 = "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

Laboratory References:

TAL SAV = TestAmerica Savannah, 5102 LaRoche Avenue, Savannah, GA 31404, TEL (912)354-7858

Sample Summary

Client: Genesis Project, Inc. Project/Site: Former Holiday Inn

TestAmerica Job ID: 680-92481-2

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Lab Sample ID	Client Sample ID	Matrix	Collected	Received
680-92481-9	BS-071813-1 0-1'	Solid	07/18/13 14:30	07/20/13 10:08
680-92481-10	BS-071813-1 1-2'	Solid	07/18/13 14:35	07/20/13 10:08
680-92481-11	BS-071813-2 0-1'	Solid	07/18/13 14:40	07/20/13 10:08
680-92481-12	BS-071813-2 1-2'	Solid	07/18/13 14:45	07/20/13 10:08



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THE LEADER IN ENVIRONMENTAL TESTING

Client Contact	Project Mana		er: Mike Price		1	P Contract	Site Centred Gavle Macelly	1	Date: 7140143	1	LOO No.
Genesis Project, Inc.	TeVFax: 770-319-7217	0-319-721	1		12	3	lab Contact: M Koreau		Carrier.		300
1258 Concord Rd	4	Analysis Tu	Ivsis Turnaround Time	Time	+	E	and the same	E	Colline.		Some leading and a second
Smyrna, Ga 30080	CALENDAR DAYS	R DAYS	NON I	WORKING DAYS	T						For I shilter Only:
770-319-7217	TAT	TAT if different from Below	m Below		Г	(N					Walk-in Cleant
	•	2	2 weeks		(N	14					Lab Sampling:
Project Name: Former Holiday Inn Site:		-	1 week		14)) as					
PO#) 	2 1	2 days 1 day		əldu	SWI / S	_	_			Job / SDG No.:
Semple Identification	Sample Date	Sample	Sample Type (C=Comp, G=Grab)	Matrix	Co o o o	PCE 8062	Pb 6010				Samula Spacific Notes
BS-071813-1 0-1'	7/18/2013	1430	COMP	SOIL	Z	×	×				
BS-071813-1 1-2"	7/18/2013	1435		SOIL		×	×				
BS-071813-2 0-1*	7/18/2013	1440	COMP	SOIL	- N	×	×			E	
BS-071813-2 1-2"	7/18/2013	1445	COMP	SOIL		×	×			E	
						Н					
				1	+						
					+	-					
		Ĭ			2					F	
						H					
Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the community.	Se List any EPA	Waste Co	Market Control of the complete	i dame	7	Sample	mple Disposal (A fee	e ed kem	assessed If samp	ples are re	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
Comments Section if the lab is to dispose of the sample.		200		III Aldille	2						
Non-Hazard Rammable Skin Imfant	Poison B		Unknown	ç	Γ		Return to Client	Ô	Disposal by Lab	Archive for	e for Months
Special Instructions/QC Requirements & Comments:									100	1	182.69
									1.0 C		670 - 1510
Custody Seals Intact: Tes No	Custody Seal No.:	No.:			П	П	Cooler Temp. (°C): Obs'd;	C): Op		Con'd:	Therm ID No.:
Joh Thurk	Company:	Popert	/	Date/Tipne: 7/19/13 14/0:	140	Received by:	d by:		Company:		Date/Time:
retinquishedoy:	Company:			Date/Time:		Received by:	d by:		Company:		Date/Time:
Relinquished by:	Company:			Date/Time:		Receive	Received in Jaboratory by:		Company:	3	Date/Time:
										Form No.	V. 4.2,

Login Sample Receipt Checklist

Client: Genesis Project, Inc.

Job Number: 680-92481-2

Login Number: 92481 List Number: 1

List Source: TestAmerica Savannah

Creator: Conner, Keaton

Trouton, reacon			
Question	Answer	Comment	
Radioactivity wasn't checked or is = background as measured by a survey meter.</td <td>True</td> <td></td> <td></td>	True		
The cooler's custody seal, if present, is intact.	True		
Sample custody seals, if present, are intact.	True		
The cooler or samples do not appear to have been compromised or tampered with.	True		
Samples were received on ice.	True		
Cooler Temperature is acceptable.	True		
Cooler Temperature is recorded.	True		
COC is present.	True		
COC is filled out in ink and legible.	True		
COC is filled out with all pertinent information.	True		
is the Field Sampler's name present on COC?	N/A		
There are no discrepancies between the containers received and the COC.	True		
Samples are received within Holding Time.	True		
Sample containers have legible labels.	True		
Containers are not broken or leaking.	True		
Sample collection date/times are provided.	True		
Appropriate sample containers are used.	True		
Sample bottles are completely filled.	True		
Sample Preservation Verified.	True		
There is sufficient vol. for all requested analyses, incl. any requested	True		

True

True

True

N/A

MS/MSDs

<6mm (1/4").

Multiphasic samples are not present.

Residual Chlorine Checked.

Samples do not require splitting or compositing.

Containers requiring zero headspace have no headspace or bubble is

APPENDIX D DAILY AIR MONITORING RECORDS

```
>"Model Number", "PDR-1500", 01.33
"Serial no. ", "0115248746"
"Tag Number
              ", 8
"Start Time
              ", 07:49:53
              ", 27-Aug-2013
"Start Date
"Log Period
              ", 00:05:00
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APPENDIX E

PHOTOGRAPHS



Photo 1: Construction of decontamination pad with Geotex® 801 nonwoven geotextile fabric overlain by clean fill.



Photo 2: Installation of double piping along Station A-0 to A-2. Geotex® 801 nonwoven geotextile marker layer was overlain with stone and gravel prior to placement of piping.



Photo 3: Construction of temporary staging pad. 6 millimeter plastic sheeting is visible in the background.



Photo 4: Excavation and placement of piping run over Geotex® 801 nonwoven geotextile marker layer at Station A-2+400.



Photo 5: Temporary staging of PCB-containing soil (greater than 1 and less than 50 ppm) covered by 6 millimeter plastic sheeting and surrounded by silt fence and hay bales.



Photo 6: Construction of the roadway turnaround area (Geotex® 801 nonwoven geotextile fabric overlain with gravel following minimal excavation).



Photo 7: Dismantlement of temporary staging area following completion of work.

APPENDIX F CONTRACTOR DAILY REPORTS

Day#

Construction Daily Work Report

Project Number/Name:	HDR Contractor: Holmes 2 Contracting
Safety meeting topic:	Ditch & Equipment Scaley
Date/Day	8-27-13 Tuesday

Task working: identified by sampling points inclusive of measurements and loaded out to Roll off# or truck# Clear trees from A-00 to A-1+50 Lag Storn line from A-D TO A-1+00

EQUIPMENT	HOURS	EQUIPMENT	HOURS
Execution	11/2		
735 off-Road back	6		

Labor

NAME	OCCUPATION	START TIME:	STOP TIME:
Mike Fergoson	Supervisor/SHO	6:00th	61000
Randy Honeycott	Labor	6:00 An	6100m
Tim Ashworth	Labor	6:00 A	6:00 PM
James Hoffman	openater	6:00A	6:00PM
	+		-

Delays/Opportunities/Comments: 100' x 15' of soil sequenter fabric used, 200' silt force 2001's of 20'x 100' plastic, 3 Loads of stone, 2 Loads of surge stone

Weath	DOT KE	COPTE
		Mar 191

Sunny & mild

Day #

Construction Daily Work Report

Project Number/Name:	HDR Contractor: Holmes 2 Contracting
Safety meeting topic:	Ditch, Equipment, Hest
Date/Day	8-28-13 Wed

Task working: identified by sampling points inclusive of measurements and loaded out to Roll off# or truck # Lay Storn pipe from A-1+00 to A-1+143

EQUIPMENT	HOURS	EQUIPMENT	HOURS
330 Excauder	11/2 hes		
Air quality monotor	12 hcs		24
735 of Roal track	12 hrs		

Labor

NAME	OCCUPATION	START TIME:	STOP TIME:
Mike Fenguson	Supervisor/SHO	6100m	6:000
Randy Honoycut	Labor	6:004	6:000
Tim Ashwards	Labor	6:00 ^A	6:000
Janes Hoffman	Openates	6:00 m	6:000
	+		

Delays/Opportunities/Comments: 2 Loads of # 6 Store used, 3 Loads of surge store ored

	1000				-
W	eat	ner	Ke	nor	15:

Sunny + mild

Jahr 1 Juy - 28-Aug-13

Day#

Construction Daily Work Report

Project Number/Name:	HDR	Conti	actor: F	lolmes 2 Contracting	
Safety meeting topic:					
Date/Day	29-Aug.	-13	Thac	5.	

Task working: identified by sampling points inclusive of measurements and loaded out to Roll off# or truck# Lay Storn Line A-2, Effected Agra from A-2+300 to A-2+375 Decontaminate 330 Excausion

EQUIPMENT	HOURS	EQUIPMENT	HOURS
320 Executor	12/2		

Labor

NAME	OCCUPATION	START TIME:	STOP TIME:
Mike Forgason	Supervisor/SHO	6:00m	6:00
Randy Honegart	Labor	6:00An	6:00
Tim Ashvorh	Lasor	6:00 pm	4:00
James Hollman	Operator	6:00 An	10:00
1-1-1		-4	
	-		

Delays/Opportunities/Comments:	41x751 of soil Seperatur fabric used	
1-Load of #6 Stone		

w	parh	OF RO	ports:
		e: ne	HOLE IN
			•

Sunny & mild

Method H fun 29-Aug-13

Day #

Construction Daily Work Report

Project Number/Name:	HDR	Contractor: Holmes 2 Contracting
Safety meeting topic:		
Date/Day	8/30	113 FRI

Task working: identified by sampling points inclusive of measurements and loaded out to Roll off# or truck # Lay shown (inc. A-2

Decon CAT 320 bucket & svt. truck

Covered soil stockpile w/poly staped seams. Secured w/ hay bales.

EQUIPMENT	HOURS	EQUIPMENT	HOURS
320	91/2		
CATB5	8		

Labor

NAME	OCCUPATION	START TIME:	STOP TIME:
Mike	Supervisor/SHO		
)>mes Hoffman	Operator	6:00	3:30
Randy Honeycutt	Lahor	6:00	3:30
Tim Ashworth	Labor	(0:00	3:30
	- interest of the second		
		41 1	

Delays/Opportunities/Com	ments:
4'x 56' 501 6x	o faloric

Weather Reports:

Sumy is hot

500 RL

Day #

Construction Daily Work Report

Project Number/Name:	HDR Contractor: Holmes 2 Contracting
Safety meeting topic:	Equipment Safty, Hoort
Date/Day	9-10-13 Tuesday

Task working: identified by sampling points inclusive of measurements and loaded out to Roll off# or truck # Under Cut + Stock pile in cut da Sac, covered with 618 fabric + filled with stone

EQUIPMENT	HOURS	EQUIPMENT	HOURS
Excavater	3		
Dozer	6		
Roller	5		

Labor

NAME	OCCUPATION	START TIME:	STOP TIME:
Mike	Supervisor/SHO	8:004	5:00m
James Hother	operator	8:00A	5.000
Tim Ashworth	Labor	11:00#	5:00°~
14			
		_	-

Delays/Opportunities/Comments: Fabric - 25'x	
Stone 30 Loads 8	12.
31916 - 30	490

Weather Reports:

Day#

Construction Daily Work Report

Project Number/Name:	HDR Contractor: Holmes 2 Contracting
Safety meeting topic:	Trip hazand - Road Softy
Date/Day	9-11-13 Wends.

Task working: identified by sampling points inclusive of measurements and loaded out to Roll off# or truck# load Stock piled Dirt on trucks and How! to 3 corners

Acce Rock own celda sac Aeron

EQUIPMENT	HOURS	EQUIPMENT	HOURS
Excavater	7	H-144 Dumpfirch	91/2
Doz es	5	H-143 Dung truck	
Roller	3	H-142 Dung truck	91/2
		H-140 Dung truck	9%

Labor

STOP TIME:
+
1

Delays/Opportunities/Comments: 4 · Loads of Rock (surge

	Control of the Control	
Weat	SOF POP	MAPPER
AACGN	iei ne	MAL TO:

Sunny + Hot



Project Number/Name:	HDR Contrac	tor: Holmes 2 Contracting	
Safety meeting topic:			
Date/Day	General Sur 12-Sept-13	Thursday	
Task working: identified	hu campling points in	dusive of measurements and la	anded out to Poll offit or
truck# Load Sto	ck piled Dirt o	n trucks , Hauled to	3 courses
EQUIPMENT	HOURS	EQUIPMENT	HOURS
Excavator		H-144 Dunptruck	10%
Dozen		H-143 Domptruck	101/2
		H-142 Dumptruck	101/2
		H-140 Dunptruck	104
NAME	OCCUPATION	START TIME:	STOP TIME:
Mike Fenguson	Supervisor/SHO	6:00 An	5:000-
James Hoffman	sperader	6:00 ^A ^	5:00~

Weather Reports:

Hot & Sunny

X

Equipment Sa 16-Sept-13	Monday	and loaded out to Roll off# 2' in Roll off Dumps+
y sampling points income Pit at FO-6 g dirt in sta	Monday lustve of measurements of 50, Placed Top aging aera	
y sampling points inc Pit at FO-6 g dirt in sta	lustre of measurements of 50, Placed top aging aera	
HOURS		
	EQUIPMENT	HOURS
100		
		STOP TIME:
		5:001
operates	(0:00m	5:001~
	-	
- 101-	-	
nments:		
	OCCUPATION Supervisor/SHO Q φεΛωθες	Supervisor/SHO 6:004~ Openate 6:004~ Imments:

A

Day #

Construction Daily Work Report

Project Number/Name:	HDR Contractor: Holmes 2 Contracting
Safety meeting topic:	General Suffy
Date/Day	17-Sept-13

Task working: identified by sampling points inclusive of measurements and loaded out to Roll off# or

truck#

Dig H'adtional Bebon The 1st 2' on For-650 Hawlad Clean dirt to Backfill pit at-650

Hauled Dirt from 0+00 TO Stock pill - hauldirt Back To Back IN

EQUIPMENT	HOURS	EQUIPMENT	HOURS
Excavatan	5	H-140 Dunotaxx	3
off-Road Dump	3	H-142 Dungtons	3
Backbane.		HUMBER	-3
		H-144 Dungtruck	3

Labor

NAME	OCCUPATION	START TIME:	STOP TIME:
Mike	Supervisor/SHO	6:00A~	5:00%
James Hoffman	operaten	6:00A~	5:000
Tim Ashworth	operaton/labor	6:00A~	5:00%
	1		
10411			
		-	
		+	

Delays/Opportunities/Comments:	3-loads of clean Dirt modelin to Backfill
	3-loads of Dirthouled out to 3 corners bodfit

Weather Reports:

Sunny + mild

Decemed 2-Execulators
3-Dumptrucks
1-Off-Road Dumptruck

Project Number/Name:	HDR Contrac	tor: Holmes 2 Contractin	g
Safety meeting topic:	Contamination		В
Date/Day	18-Sept-13		- Ven
	Hainment owna	clusive of measurements (Dirt, Alastic, hasbail	and loaded out to Roll off# or
EQUIPMENT	HOURS	EQUIPMENT	HOURS
Excaveler	1 hr	- Con man	1100113
Labor NAME	OCCUPATION	CTART TRAF	ATTAIN THE AIR.
Mike	Supervisor/SHO	START TIME:	STOP TIME:
Times Hollings	opucher	10:00A	11:00%
			- In
Delays/Opportunities/Co	omments:		

APPENDIX G WASTE DISPOSAL DOCUMENTATION

ease print or type (Form desig	anad for use on eller tee	cn) typewriter.)	croe # 30	or 1	rsock #	6106			ID No ONEN
UNIFORM HAZARDOUS	Generator ID Number.	10.16	2. Page 1 of 3. Er	nergency Respon	nse Phone	4. Manifes	st Tracking Nu	Approved. ON	
WASTE MANIFEST 5. Generator's Name and Mailin	<i>HU)0040 </i>	19048	1 1 8	00)424	2-930C	2 01	<u>0216</u>	5142	<u> GB</u>
Solutila Ty 102 Clyde Amuistou, Generator's Phone:	AL 36201-53 6) 231-8400	y of Eastern 1328	i Chamacan	rator's Site Addre	ss (if different th	nan mailing addir	ress)		
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7. Transporter 2 Company Nam		,				U.S. EPAID			<u> </u>
8. Designated Facility Name and	d Site Address 369	might Western A	HWY. 1	MENT, -	INC,	U.S. EPA ID		62246	4
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k28 CVN. INC. - EVELLE esses Receipt # 493782 stare .. VEIGHT SUMMARY ... Date/Time In 9/20/13 10:20 Load Type Rolloff Federal EPA ID ALDO67138891 Gross 65960.00 Treasporter ROBBIE D WOOD INC Tare . 66 DOLONITE let AL. . 66 MI. . 80 Truck Sunter 204 Trailer/Contar #1 2562 #2 13 Adj. Net Root Doc Document Profile Profile Generator Cat Cat Total # DCS Sched Federal CPA Lat lat Rusher Sales Invoicing Customer # Code PCB Cat Vaste Status ADEA # 1 1 00216514208F CH9879 SOLUTIA 1 CN 15000.00 K Kilogram Y PLFB GC Undeterminable 673114-BB67 ANNISTON AL SIMCC Value - MO COD Reg'd Doc Seq # 1 DE SOLUTTA P.O. Man SSIN OR (SIN DEBRIS (CINCLE) 68055 35260 lb PREFILLED VAULT Y OR II (CIRCLE) >511 OR SIX MAG ION INSPECTION (CINCLE) 02:19PM 09/20/2013 BILLY HATCRIAL ONLY: SAIPLED/INSPECTED FREE LIQUIDS DETECTED! YES / BD YES / NO SELECT NATERIAL/NON-SCIECT NATERIAL WIND DISPERSAL MATERIAL? SAMPLER/APPROVAL PHYSICAL DESCRIPTION OF WASTE: SPOT SAMPLE: PHYS. DESCRIPTION 813-RAD, SCREEN POS TEG TELL SCREET POS MES 128 SOL. S F PT/SOL MAN RENTERP. INITIAL NO REN REACTS HZO RXW/TEMP. SMIN. NO RXW REACTS oh (PAPER) CA SCREEN . - SALFIDE SCREEN . - I ADDITIONAL ANALYTICAL REGIDT Y N DESCRIBE: PCB CONC. (PPH) SULFIDE (9838) THE BY UF CYANIDE (9018C) TAB VASTE Y R PAINT FILTER TEST/ P F SPEC. GRAVITY MIZ CONC. CONNENTS (SAFETY/OPERATIONAL) OK RXDI COMPAT. TEST W/ ADD'L SPOT SAMPLE ATTACHED! Y I DISPOSAL NETHED: S SP ST-3 ST-3/PT P-ST-3 P-ST-3/PT ST-5 ST-5/PT P-ST-5 SAI-PTA B-PIN OTHER P-ST-5/PT ST-8 ST-8/PT WIC MAC (MAC INSPECT) F INC SP-PS PCB-MAC P-MAC P-ST-8 P-ST-8/PT VS-3 VS-5 VS-8 INDICATOR PARAMETER WILL BE CIRCLED B-NAC LOADS REQUIRING INSPECTION THAT ARE FOUND TO BE LESS THAN 511 INIST BE RETURNED TO LAB AND PLACED ON HOLD. RELEASED FOR DISPOSAL BY: DATES

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77				are found	10 BE L	ess th	AN 51% N	UST					

	Box 1049		, Ž					
Plea	ise print or type. (Form designed for use on elite (12-pitch) typewriter.) Instruction 1. Generator 1. Generator 1. Description 1. Generator 1.	of 3. Emergen	cy Response	Phone		racking Num	ber	GBF
	WASTE MANIFEST ALD 004019048 5. Generator's Name and Malling Address Solution INC Subsidiary OF Eastman Chamical	Generators		, -	an mailing addres	<u>ZIO</u>	<u>5144</u>	<u>ubi</u>
	5. Generator's Name and Mailing Address Solution July Subsidiary of Eastman Chamicals 702. Chydesidale Hyeruse HANNISTON, AL 36201-5328 Generator's Phone: Generator's Phone: Generator's Phone: Generator's Phone: Generator's Company No. 100 (1988)							
	6. Transporter 1 Company Name Robbie D. Wood TNC. 7. Transporter 2 Company Name				U.S. EPA ID N	06713	38891	<u>'</u>
		ggener	T, FA	!c-	U.S. EPA ID N	umber		
	8. Designated Facility Name and Site Address Step 14 Habana Hwy. Emether, Ab. 35459 Facility's Phone: 205) 652-9721	79			ALD	000	6224	64
	9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	,	10. Contain	ners Type	11. Total Quantity	12. Unit Wt./Vol.	13. Wast	
FOR -	V BO Ducklop wared Biotenus Solid 9 40	13452	na l	aua	(57)	7/	A	Bs
GENERATOR	12 Inhle CM	9879	00/_	CM	885A			
	3.							
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	4.	,						
	14. Special Handling Instructions and Additional Information (M. QB19 PRG-171 * OSD : 10/11	13_RV	-(He	Jah	ting)		POB L	Abets Yunnds
	CM 9819 ERG-171 State of Origin - At ERT Provider 15 GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment	: Che	TREC	WM	CONTRAC	-1)		
	marked and labeled/placarded, and are in all respects in proper condition for transport according to app	plicable international owledgment of	ional and nat Consent.	ional governi	nental regulations.	ipping name, If export ship	and are classifie ment and I am ti	d, packaged, ne Primary
	Certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity grade of the control	Signature	Insi O	7 X	hhr		Month 10	Day Year
NT'L *		m ly.s.	Port of er Date leav	-				
RTER	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name S	Signature		7/			Month	Day Year
TR ANSPORTER INT'L	Transporter 2 Printed/Typed-Harne	Signature	Kar	<u></u>	-		Month	Day Year
T T	18. Discrepancy							
	18a. Discrepancy Indication Space Quantity Type Corrected Wt ber Jerry Hopber	10/4/12 Mani	Residue	a Niverbare	Partial Rej	ection		Full Rejection
;ILITY	18b. Alternate Facility (or Generator)	IAISHII	est Releienc	e inumber.	U.S. EPA ID I	Number		
DESIGNATED FACILITY	Facility's Phone: 18c. Signature of Alternate Facility (or Generator)						Month	Day Year
SIGNA	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, dispo		ng systems)					
B	HISL		s noted in the	m 18a	4.			
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the materials cover	Signature		texa			Month 10	Day Year
FP.	A Form 8700-22 (Rev. 3-05) Previous editions are obsolete.		/	7	-			

Joshua Threadgill

From:

Acker, Melissa <MAcker@wm.com> Thursday, October 17, 2013 4:33 PM

Sent: To:

Joshua Threadgill

Subject:

RE: Emelle Weight Ticket

Net weight was 19520 P, 8854 K.

Gross = 54660 Tare = 35140 Net = 19520

Thanks, Lisa Acker Chemist/Discrepancies CWM-Emelle macker@wm.com

Chemical Waste Management PO Box 50 36964 AL Hwy 17 Emelle, AL 35459 Tel 205 652 8195 Fax 866 820 6302

From: Joshua Threadgill [mailto:jthreadgill@genproject.com]

Sent: Thursday, October 17, 2013 3:07 PM

To: Acker, Melissa

Subject: Emelle Weight Ticket

Good afternoon Melissa,

Can you provide me with the final weight on the attached ticket for the Former Holiday Inn Property in Oxford, Alabama?

Thank you Josh

Josh Threadgill

Genesis Project, Inc. Office: 770-319-7217 Mobile: 770-337-4689 Fax: 770-319-7219

Recycling is a good thing. Please recycle any printed emails.



Original Ticket# 293902

Ph: (256) 447-1881

Customer Name SOLUTIA CF6400 CW5520 408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/17/2013 Vehicle# H142 Volume Payment Type Credit Account Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028367

Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross 81060 lb 09/17/2013 12:05:03 In Scale1 jgallman Tane 28920 lb Out 09/17/2013 12:05:03 idallman Net 32140 15 Tons 16,07 Comments

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Qty	UOM	Rate	Fee	Asount	Origin
1234	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	16.07	Tons % % Load %				CALAL CALAL CALAL CALAL

Renald & Maney Driver's Signature

Total Fees Total Ticket

403WM

Printed Name Signature Month Day Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature Month Day 'Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY



Original Ticket# 293901

Volume

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION

Ticket Date 09/17/2013 Vehicle# H144

Payment Type Credit Account Container
Manual Ticket# Driver

Route Check#

Hauling Ticket# Billing# 0000679

Destination Grid

PO# 1) 4503928546 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028368

Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

71860 15 Gross Inbound Scale Operator Tare 29720 15 09/17/2013 11:50:05 Scale1 jgallman In 42140 1b Net Out 09/17/2013 11:50:05 jgallman 21.07 Tons

Comments

MON-FRI 7:00 AM-4:30 PM / BAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product		LD%	Oty	UOM	Rate	Fee	Amount	Origin
2 FUEL-Fuel 3 EVF-L-Star	PCB SDIL/DEBRI Surcharge + L ndard Environs Llatory Cost R	100		Tons % Coad %				CALAL CALAL CALAL CALAL

Driver's Signature

posio Reavas

Total Fees Total Ticket

Signature

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY

Signature

Gold-TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

(Year)



Original Ticket# 293898

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408_SOL_Carrier HOLMES EXCAVATION Ticket Date 09/17/2013 Vehicle# H140 Volume Payment Type Credit Account Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid PD# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028370 Profile# CF6400 (Special Waste Misc)

Time Scale Operator Inbound Gross 67120 lb 09/17/2013 11:30:52 Scale1 Tr jgallman Tare 27680 16 Out 09/17/2013 11:30:52 jgallman Net 39440 15 Tons 19.72

Comments

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Qty	NOW	Rate	Fee	Amount	Origin
2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	19,72	Tons % Load %	and many speed could need to the speed and spe			CALAL CALAL CALAL CALAL

Driver's Signature Day Park

Generator 181-SOLUTIA SOLUTIA

Total Fees Total Ticket

403WM

Printed Name

Signature

Signature

Month Day Year

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name

Signature

Month Day Year

Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold- TRANSPORTER #1 COPY



Original Ticket# 293809

Ph: (256) 447-1881

Customer Name SOLUTIA CF6400 CW5520 408 SOL Carrier HOLMES EXCAVATION Volume Ticket Date 09/12/2013 Container Payment Type Credit Account Driver Manual Ticket# Check# Route Billing# 0000679 Hauling Ticket# Grid PO# 1) 4503928546 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2020369 Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross 79540 lb
Time Scale Operator Inbound Gross 79540 lb
In 09/12/2013 13:03:48 Scale1 jgallman Net 49820 lb
Out 09/12/2013 13:03:48 jgallman Tons 24.91

Comments PO PENDING OK TO DUMP PER STACEY COTHRAN

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

	LD%	Qty	UOM	Rate	Fee	Asount	Urigin
1 NON-TSCA PCB SOIL/DEBRI	100	24.91	Tons				CALAL
2 FUEL-Fuel Surcharge - L 3 EVF-L-Standard Environm 2 DEC-D-Regulatory Cost R	100	1	Load %				CALAL CALAL

Driver's Signature

Jessie Reason

Total Fees Total Ticket

19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature		Signature	1			Month	Day	Yea
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature	Jessie her	Ues	1 Danselia	NPO	ann			A CONTRACTOR
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature	19. Certificate of Final Treatment/Disposal				1 X Variable			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature								
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature								
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature		ent facility, that to the best of		of Later State		and the second		
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature	I certify, on behalf of the above listed treats	ent facility, that to the best of	my knowledge, the a	bove-described w	/aste was mana	ged in compliance	e with all	
Printed Name Signature	l certify, on behalf of the above listed treats applicable laws, regulations, permits and lic	ises on the dates listed above			/aste was mana	ged in complianc	e with all	
Signature Signature Signature Si	I certify, on behalf of the above listed treats applicable laws, regulations, permits and lic	ises on the dates listed above			aste was mana	ged in complianc	ce with all	
	l certify, on behalf of the above listed treati applicable laws, regulations, permits and lic 20. Facility Owner or Operator: Certification	ises on the dates listed above			vaste was mana	ged in complianc	ce with all	
	l certify, on behalf of the above listed treati applicable laws, regulations, permits and lic 20. Facility Owner or Operator: Certification	of receipt of non-hazardous r	naterials covered by t		aste was mana	ged in complianc	ce with all	

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold- TRANSPORTER #1 COPY



THREE CORNERS LANDFILL 2205 COUNTY ROAD 5

Original Ticket# 293809

PIEDMONT, AL, 36272 Ph: (256) 447-1881 Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/12/2013 Payment Type Credit Account Vehicle# H144 Manual Ticket# Volume Container Route Driver Hauling Ticket# Check# Destination Billing# 0000679 1) 4503928546 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028369

Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Time In 09/12/2013 13:03:48 Scale1 Operator Inbound Out 09/12/2013 13:03:48 Gross jgallman 79540 16 Tare jgallman 29720 16 Comments PO PENDING OK TO DUMP PER STACEY COTHRAN Net 49820 15 Tons 24.91

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct					OF MUNT	H OPEN 7-11	:30AM
1 2 2 23	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	24. 91 1	LOM	Rate	Fee	Amount	Origin CALAL CALAL CALAL
								CALAL

iver's Signature

Lessie Deaus

Total Fees Total Ticket

Printed Name	318. www. — — — — — — — — — — — — — — — — —			(
19. Certificate of Final Treatment/Disposal			Τ	ļ
I certify, on behalf of the above listed treatment facility, that	to the best of my knowledge, the above-described was	ste was managed in complian	nce with all	rali
applicable laws, regulations, permits and licenses on the date	es listed above.	ste was managed in complia	nce with all	
I certify, on behalf of the above listed treatment facility, that applicable laws, regulations, permits and licenses on the date 20. Facility Owner or Operator: Certification of receipt of no Printed Name	es listed above.	ste was managed in complian	nce with all	Year

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY



Original Ticket# 293806

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SDL Carrier HOLMES EXCAVATION Volume Vehicle# H140 Ticket Date 09/12/2013 Payment Type Credit Account Container Manual Ticket# Driver Check# Route Billing# 0000679 Hauling Ticket# Grid

Destination Grid
PD# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028364

Profile# CF6400 (Special Waste Mise)

Generator 181-SOLUTIA SOLUTIA

66500 15 Inbound Grass Scale Operator Time Tare 27680 15 Scalet jgallman 09/12/2013 12:45:11 38820 lb Net jgallman Out 09/12/2013 12:45:11 19,41 Tons

Comments PO PENDING OK TO DUMP PER STACEY COTHRAN

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 NON-TSCA PCB SOIL/DE 2 FUEL-Fuel Surcharge 3 EVF-L-Standard Envir 4 RCR-P-Regulatory Cos	- L 100	19.41	Tons % Load %				CALAL CALAL CALAL

Driver's Signature Day Par

Total Fees Total Ticket

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name
Signature

Month
Day
Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY
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Original Ticket# 293803

Volume

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/12/2013 Vehicle# H143

Payment Type Credit Account

Manual Ticket# Route

Hauling Ticket#

Destination

1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028363

Profile# CF6400 (Special Waste Misc)

In

Generator 181-SOLUTIA SOLUTIA

Scale Time 09/12/2013 12:18:15

Scale1 Out 09/12/2013 12:18:15

jgallman juallman

Inbound

Tare Net Tons

Gross

29680 lb 40500 1b 20.25

70180 15

Comments PO PENDING OK TO DUMP PER STACEY COTHRAN

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Container

Billing# 0000679

Driver

Check#

Grid

Operator

Pro	duct	LD%	Gty	NOM	Rate Fee	Amount	Origin
1 2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	20.25 1	Tons % Load %			CALAL CALAL CALAL CALAL

Driver's Signature

I ammy howley

Total Fees Total Ticket

403WM

Month Day Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature / Day -Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293804

Ph: (256) 447-1881

Customer Name SOLUTIA_CFS400_CW5520_408 SOL Carrier HOLMES EXCAVATION Volume Vehicle# H142 Ticket Date 09/12/2013 Container Payment Type Credit Account Driver Manual Ticket# Check# Route Billing# 0000679 Hauling Ticket# Grid Destination PO# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028366

Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

61420 lb Inbound Gross Operator Scale 28920 15 Time jgallman Tare In 09/12/2013 12:26:59 Scale1 32500 lb Net jgallman Out 09/12/2013 12:26:59 16.25 Tons

Comments PO PENDING OK TO DUMP PER STACEY COTHRAN

MON-FRI 7:00 AM-4:30 PM / SATASUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product	山边泽	Oty	MOU	Rate	Fee	Amount	Origin
1 NON-TSCA PCB SOIL/DEBRI 2 FUEL-Fuel Surcharge - L 3 EVF-L-Standard Environs 4 RCR-P-Regulatory Cost R	100	16, 25	Tons % Load %				CALAL CALAL CALAL

Driver's Signature

Renald & yarry

Total Fees Total Ticket

403WM		Month	Day	Year
19. Certificate of Final Treatment/Disposal	at to the best of my knowledge, the above-described waste was manage			
The day of the day of the day of the day	tes listed above.	ed in compliand	e with all	
applicable laws, regulations, permits and licenses on the dat 20. Facility Owner or Operator: Certification of receipt of n	tes listed above.	ed in compliance	e with all	

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293796

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/12/2013 Vehicle# H144 Volume Payment Type Credit Account Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid 1) 4503928546 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028362 Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross 68440 lb
In 09/12/2013 10:17:32 Scale1 jgallman Tare 29720 lb
Out 09/12/2013 10:17:32 jgallman Net 38720 lb
Tons 19.36

Comments PO PENDING OK TO DUMP PER STACEY COTHRAN

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Oty - UOM	Rate Fee	Amount	Origin
1 2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environa RCR-P-Regulatory Cost R	100	19.36 Tons % 1 Load %			CALAL CALAL CALAL CALAL

Driver's Signature

Jessi Feares

Total Fees Total Ticket

T E	Printed Name	Signature*	Month	Day	Year
				16	4 -
	 Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, the applicable laws, regulations, permits and licenses on the da 	to the best of my knowledge, the above-described waste was managed in cost listed above.	omplianc	e with all	
	I certify, on behalf of the above listed treatment facility, that	s listed above.	omplianc	e with all	

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold- TRANSPORTER #1 COPY



Original Ticket# 293794

Ph: (256) 447-1881

Customer Name SOLUTIA CF8400 CW5520 408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/12/2013 Vehicle# H140 Volume Payment Type Credit Account Container Manual Ticket# Driver Route Chack# Hauling Ticket# Billing# 0000679 Destination Grid 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 DOM Manifest# 2028360

Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross 63280 1b In 09/12/2013 10:00:06 Scalel jgallean Tare 27680 lb Out 09/12/2013 10:00:06 jgallman 35600 lb Net 17.80 Tons

OK PER STACEY COTHRAN TO SUMP - PENDING PO

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Oty	HOM	Rate	Fee	Amount	Origin
1 2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100		Tons % Load %	met entre (met) (met entre (mete	Mark Williams and Mark Williams (Mark 2004)	Trans male main main main main and ann air may, main	CALAL CALAL CALAL CALAL

Driver's Signature Day Parih

Total Fees Total Ticket

403WM

oignature Month Day Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature Month White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293795

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/12/2013 Vehicle# H142 Volume Payment Type Credit Account Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028361 Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Scale Operator Inbound 64100 15 Gross 09/12/2013 10:04:09 Scalet juallman Tare 28920 16 Out 09/12/2013 10:04:09 juallman Net 35180 16 Tons 17,59

Comments PENDING PO OK TO DUMP PER STACEY COTHRAN

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Oty UOM	Rate	Fee	Amount	Origin
1 2 3 4	NON-TSCA PCB SDIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	17.59 Tons % 1 Load %	ng maninan ang kanang mang dipinanan ang pag-		***************************************	CALAL CALAL CALAL CALAL

Driver's Signature

403WM

Ronald & yarry

Total Fees Total Ticket

E R Month Day Ye.

19. Certificate of Final Treatment/Disposal

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

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name

Signature

Printed Name Mallman Signature MID

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

Month

Day

Year



Original Ticket# 293793

Volume

Ph: (256) 447-1881

Customer Name SOLUTIA CF6400 CW5520 408 SOL Carrier HOLMES EXCAVATION

Ticket Date 09/12/2013 Vehicle# H143

Payment Type Credit Account Container Manual Ticket# Driver

Route Checke Hauling Ticket# Billing# 0000679

Destination Grid

PD# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028359

Profilet CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time Scale Operator 70160 1b Inbound Gross 09/12/2013 09:49:16 Scalel jgallman Tare 29680 lb

Out 09/12/2013 09:49:16 jgallman 40480 1b Net Tons 20,24

Comments PO PENDING OK PER STACEY COTHRAN TO DUMP

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/IST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Oty	UOM	Rate	Fee	Amount	Origin
1 2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	20.24	Tons % Load %	to my cupic class. Then the man class could be	ne older dies gewonder voor voor voor onder voor	egge bleve sides medit have aller, have president and de	CALAL CALAL CALAL CALAL

Driver's Signature of enny Rouley

Total Fees Total Ticket

403WM

Printed Name Signature Month Day Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature Year Month Day

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY Pink- FACILITY USE ONLY Gold-TRANSPORTER #1 COPY



Original Ticket# 293787

Ph: (256) 447-1881

Customer Name SOLUTIA CF6400 CW5520 408 SOL Carrier HOLMES EXCAVATION

Ticket Date 09/12/2013 Vehicle# H144

Volume

Manual Ticket#

Payment Type Credit Account

Container Driver

Check#

0000679

Hauling Ticket# Destination

Route

Billing# Grid

PO#

1) 4503928546 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028358

Profile#

CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time

Scale

fesso +

Operator

Inbound Gross 71900 lb

In

09/12/2013 07:53:28 Scalei

jgallman

Tare Net

29726 15 42180 15

Out 09/12/2013 07:53:28

joallman

Tons

21.09

Comments

OK TO DUMP PER STACEY COTHRAN PO PENDING

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product	LD%	Qty	MOU	Rate	Fee	Amount	Origin
NON-TSCA PCB SDIL/DEBRI FUEL-Fuel Surcharge - L SEVF-L-Standard Environm RCR-P-Regulatory Cost R	100		Tons % Load %		**************************************		CALAL CALAL CALAL CALAL

Driver's Signature

Total Fees Total Ticket

403WM

Printed Name Signature Month 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature Month Day Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

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Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



THREE CORNERS LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL, 36072

Original Ticket# 293785

19.25

6

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION

Ticket Date 09/12/2013 Vehicle# H142 Volume

Payment Type Credit Account Container
Manual Ticket# Driver
Route Check#

Hauling Ticket# Billing# 0000679

Destination Grid

PO# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028357

Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Scale Operator Inbound Gross 67420 1b In 09/12/2013 07:41:35 Scalat joallman (Tare 28920 lb Out 09/12/2013 07:41:35 juallman Net 38500 lb

Comments OK TO DUMP PER STACEY COTHRAN PO PENDING

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD% Oty	LOM	Rate Fee	Asount	Origin
1 2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100 1	Tons % Load %	Committee committee the committee that the committee com	dir mara mara mara digir ang a diniminar ang anan ang ang ang	CALAL CALAL CALAL CALAL

Driver's Signature Ronald & Yarry

Total Fees Total Ticket

Tons

403WM

Printed Name

Signature

Signature

Month Day Year

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name

Signature

Month Day Year

Month Day Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293784

Volume

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date

09/12/2013

Payment Type Credit Account

Vehicle# H140 Container

Manual Ticket#

Driver

Route

Hauling Ticket#

Check#

Destination

Billing# 0000679

Grid

1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028356

Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time

Scale Scale1 Operator

Gross

Tons

69340 1b

09/12/2013 07:39:24

jgallman

Tare Net

27680 15 41660 15

20.83

Out 09/12/2013 07:39:24

Comments OK TO DUMP PER STACEY COTHRAN PO PENDING

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Produ	uct	LDX	Qty .	MOM	Rate	Fee	Amount	Origin
3	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100 100		Tons % Load	THE THE SECTION SECTIO	a file data state gable and san kant angu		CALAL CALAL CALAL CALAL

jgallman

Princed wame

Driver's Signature Day (au)

Total Fees Total Ticket

403WM

Jigi lature

19. Certificate of Final Treatment/Disposal

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

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name

Signature

Yellow- GENERATOR #1 COPY

Month

Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293784

20,83

Ph: (256) 447-1881

Customer Name SDLUTIA_CF6400_CW5520_408 SDL Carrier HOLMES EXCAVATION Ticket Date 09/12/2013 Vehicle# H140 Volume Payment Type Credit Account Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid PO# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028356 Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross 69340 1b
In 09/12/2013 07:39:24 Scale1 jgallman Tare 27680 1b
Out 09/12/2013 07:39:24 jgallman Net 41660 1b

Comments OK TO DUMP PER STACEY COTHRAN PO PENDING

MON-FRI 7:00 AM-4:30 PM / SATASUN CLOSED/IST SAT OF MONTH OPEN 7-11:30AM

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	20.83	Tons % Load %			and the two sets the set was all the set of the	CALAL CALAL CALAL CALAL

Driver's Signature Dayland

Total Fees Total Ticket

Tons

403WM

T Printed Name	Signature	The same the same of the same			
E R	Signature		Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, applicable laws, regulations, permits and licenses on the	that to the best of my knowledge, the sky				
applicable laws, regulations, permits and licenses on the 20. Facility Owner or Operator: Certification of receipt of	dates listed above.	e-described waste was managed in	complianc	e with all	
Printed Name	Signature Signature	manifest.	Month	On: 3	
White-TREATMENT STORAGE DISPOSAL FACILITY CODY	L XXI		CA	uay	Year

- WELLT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY
Gold-TRANSPORTER #1 COPY



Original Ticket# 293782

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408_SUL Carrier HOLMES EXCAVATION Ticket Date 09/12/2013 Vehicle# H143 Volume Payment Type Credit Account Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 PO# Manifest# 2028355 Profile#

CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross In 09/12/2013 07:31:41 68720 16 Scalei jgallman Tare Out 09/12/2013 07:31:41 29680 15 jgallman Net 39040 16 PO PENDING OK TO DUMP PER STACEY COTHRAN Tons Comments 19.52

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Oty	UOM	Rate	Fee	Amount	Origin
2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	19.52	Tons % Load %			mention was one and any any any page page.	CALAL CALAL CALAL CALAL

Driver's Signature Jenny Klucy

Total Fees Total Ticket

403WM

Printed Name Signature Month Day Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Gold-TRANSPORTER #1 COPY



Original Ticket# 293773

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/11/2013 Vehicle# H143 Payment Type Credit Account Volume Container Manual Ticket# Driver Route Checks Hauling Ticket# Billing# 0000679 Destination Grid 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028352 Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Time Scala Operator 09/11/2013 15:04:44 In Inbound Gross Scalei 73440 1b jgallman Out 09/11/2013 15:05:15 Tare 29680 15* Scalei jgallman Net 43760 15 * Manual Weight PO PENDING OK PER STACEY COTHRAN TO DUMP Comments Tons 21.88

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	1 75.05						
		LD%	Qty	UOM	Rate	Fee	Amount	Origin
3	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	21.88	Tons % Load %				CALAL CALAL CALAL CALAL

my telling

Total Fees Total Ticket

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10. Hansporter z memorine **Printed Name** Signature Month Day Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature Month Day Year

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Gold-TRANSPORTER #1 COPY



Original Ticket# 293770

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION

Ticket Date 09/11/2013 Payment Type Credit Account

Vehicle# H144

Volume

Manual Ticket#

Driver

Route

Check#

Container

Hauling Ticket#

Billing# 0000679

Destination

Grid

PD# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028351

Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time

Scale

Operator

Inbound

Gross

72440 15

In 09/11/2013 14:58:11 Scale1

jgallman

Tare

29720 16 42720 1b

Out 09/11/2013 14:58:11

jgallman

Net Tons

21.36

Comments PO PENDING OK PER STACEY TO LET THEM DUMP

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Qty	UOM	Rate	Fee	Amount	Origin
2 3 4	NON-TSCA PCB SDIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	21.36	Tons % Load %	and the second s			CALAL CALAL CALAL CALAL

Total Fees Total Ticket

Driver's Signature

lessie Deaves

19. Certificate of Final Treatment/Disposal		2. 10 To		-							
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.											
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.										

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Original Ticket# 293771

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/11/2013 Vehicle# H142 Payment Type Credit Account Volume Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid PO# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2026356 Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Time Scale In 09/11/2013 15:00:40 Scale1 Operator Inbound Gross 68200 15 joallman Out 09/11/2013 15:00:40 Tare 28920 16 jgallman Net 39280 1b Comments PO PENDING OK PER STACEY COTHRAN TO DUMP Tons 19.64

MON-FRI 7:00 AM-4:30 PM / SATESUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product	LD%	Qty	MON	Rate	Fee	Amount	Origin
NON-TSCA PCB SOIL/DEB FUEL-Fuel Surcharge - GEVF-L-Standard Enviro RCR-P-Regulatory Cost	L 100 nm 100	19.64	Tons % Load %		me ann ann an a	THE WAY WAS GOT THE WAY THE THE THE THE	CALAL CALAL CALAL CALAL

Driver's Signature

Rended of yancy

Total Fees Total Ticket

R											
AI	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.										
1 7	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.										

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

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THREE CORNERS LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL, 36272 Ph: (256) 447-1881

Original Ticket# 293772

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION

Ticket Date 09/11/2013 Payment Type Credit Account Vehicle# H140

Volume

Manual Ticket#

Container

Driver

Route

Check#

Billing# 0000679

Hauling Ticket# Destination

Grid

PO# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028354 Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Scale

Operator

Inbound Gross

67640 1b

Time

jgallman

Tare

27680 15

In 09/11/2013 15:02:43 Scale1 Out 09/11/2013 15:02:43

jgallman

Net Tons

39960 16 19.98

Comments

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	- Qty	NOM	Rate	Fee	Amount	Origin
1 2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100 100 100 100	19. 98	Tons % Load %	and place and another place and another place and and	and the sales had been seen the sales and th	and the state of t	CALAL CALAL CALAL CALAL

Driver's Signature Hay Pail

Total Fees Total Ticket

403WM

T	Printed Name	Signature	Month	Day	Year
R				A	OE:
	19. Certificate of Final Treatment/Dispos	al			
FA		atment facility, that to the best of my knowledge, the above-described wa	este was managed in complien	no with all	
C	applicable laws, regulations, permits and	licenses on the dates listed above.	iste was manageu in compilant	ce with all	
L	20. Facility Owner or Operator: Certifica	tion of receipt of non-hazardous materials covered by this manifest.		1	
T	Printed Name	Signature 0 1/0	Month	Day :	Year .
	11/1/2				115

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293756

Ph: (256) 447-1881

Customer Name SOLUTIA CF6400 CW5520 408 SOL Carrier

Ticket Date 09/11/2013

HOLMES EXCAVATION

Vehicle# H143

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Route Hauling Ticket# Check# Billino# 0000679

Grid

Destination 1) 450405122 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028350 Profile#

CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time

Scale

Operator

Inbound Gross 71020 15

In

Scalel

jgallman

Tare

09/11/2013 11:48:52

Net

29680 lb

Out 09/11/2013 11:48:52

jgallwan

Tons

41340 15 20. 67

Comments

PO# 4504076091

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/IST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Qty	MON	Rate	Fee	Amount	Origin
1 2	NON-TSCA PCB SOIL/DEBRI FUEL Fuel Surchargs - L		20, 67	Tons	and the control of th	and the same and the same and the same		CALAL
	EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	1	Load ×				CALAL

Total Fees Total Ticket

403WM

Printed Name Signature 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature Month Day/ /Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293758

20.58

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/11/2013 Vehicle# H140 Payment Type Credit Account Volume Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid PD# 1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028349 Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA Time Scale Operator 09/11/2013 11:58:16 Scale1 Inbound Gross 68840 1b joallman Out 09/11/2013 11:58:16 Tare 27680 16 jgallman Net 41160 15 Comments PO# 4504076091 Tons

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/15T SAT OF MONTH OPEN 7-11:30AM

Proc	uct							a mortilla
	See	LDx	Oty	UOM	Rate	Fee	Amount	Origin
3	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	20.58	Tons % Load %	and the same and t	month than the date was bette make such		CALAL CALAL CALAL CALAL

Driver's Signature Wangfand

Total Fees Total Ticket

J3WM ➂ rmiteu van e Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature Month Day White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY Blue- GENERATOR #2 COPY Yellow- GENERATOR #1 COPY Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY



Original Ticket# 293759

Ph: (256) 447-1881

HOLMES EXCAVATION

Customer Name SOLUTIA_CF6400_CW5520_408_BOL Carrier

Ticket Date

09/11/2013 Payment Type Credit Account Vehicle# H142 Container

Volume

Manual Ticket#

Driver

Check#

Route

Hauling Ticket#

Billing#

0000679

Destination

1) 4504076091 2) 4503928546 3) 4503928546 4) 4503928546

Grid

Manifest# 2028347

CF6400 (Special Waste Misc)

Profiles Generator 181-SOLUTIA SOLUTIA

Time

In

09/11/2013 12:04:17

Scale Scalei Operator jgallman jgallman Inbound

Gross Tare Net

64880 lb 28920 lb 35960 lb

09/11/2013 12:04:17

Tons

17.98

PO # PENDING OK PER STACEY COTHRAN

MON-FRI 7:00 AM-4:30 PM / SATESUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product	LD%	Qty	UOM	Rate	Fee	Assunt	Origin
1 NON-TSCA PCB SOIL/DEBRI 2 FUEL-Fuel Surcharge - L 3 EVF-L-Standard Environm 4 RCR-P-Regulatory Cost R	100	17.98	Tons % Load %	and the same and t			CALAL CALAL CALAL CALAL

Driver's Signature

Total Fees Total Ticket

403WM

Printed Name

Signature Month 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Signature

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

Day

Year



Original Ticket# 293757

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION
Ticket Date 09/11/2013 Vehicle# H144 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Route Check#
Hauling Ticket# Billing# 0000679

O# 1) 4503928546 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028348

Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross 71200 15 09/11/2013 11:51:04 Scale1 jgallman Tare 29720 15 Out 09/11/2013 11:51:04 juallman. Net 41480 15 Tons 20.74 Comments PD# 4504075091

MON-FRI 7:00 AM-4:30 PM / SATESUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Fro	duct	LD%	Qty	UOM	Rate	\ Fee	Amount	Origin
1 2 3 4	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	20.74	Tons % Load			and the same and t	CALAL CALAL CALAL CALAL

Total Fees Total Ticket

Driver's Signature

Jessie Recues

403WM

Printed Name

Signature

Month Day Year

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name

Signature

Month Day Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink-FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold- TRANSPORTER #1 COPY



Original Ticket# 293743

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/11/2013 Vehicle# H142 Volume Payment Type Credit Account Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid 1) 450405122 2) 4503928546 3) 4503928546 4) 4503928546 PO#

Manifest# 2028346 Profile# CF6400 (Special Waste Misc) Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross 09/11/2013 09:15:00 63360 15 Scalet jgallman Tare Out 09/11/2013 09:37:02 58950 19 Scalei juallman Net 34440 15 Tons 17.82

Comments NO PO # ON THIS ONE EITHER

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Pro	duct	LD%	Qty	UOM	Rate	Fee	Amount	Origin
3	NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L EVF-L-Standard Environm RCR-P-Regulatory Cost R	100	17. 22 1	Tons % Load %		e Table dates made come pain cales.	wat the first has the case that the case the case	CALAL CALAL CALAL CALAL

Driver's Signature of Yourly

Total Fees Total Ticket

403WM

Printed Name Signature Month Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature Month Day Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

Œ



Original Ticket# 293742

Ph: (256) 447-1881

Customer Name SOLUTIA CF6400 CW5520 408 SOL Carrier HOLMES EXCAVATION

Ticket Date 09/11/2013 Payment Type Credit Account Vehicle# H140

Volume

Driver Check#

Manual Ticket# Route

Billing# 0000679

Hauling Ticket#

Grid

Destination 1) 450405122 2) 4503928546 3) 4503928546 4) 4503928546

Manifest# 2028345

CF6400 (Special Waste Misc) Profiles

Generator 181-SOLUTIA SOLUTIA

Out 09/11/2013 09:35:15

Time 09/11/2013 09:13:53

Scale Scalel

Scalei

Operator jgallman jgallgan

Inbound Gross

67440 lb 27680 11 Tare Net 39760 lt

Tons

19.8

Comments PO # IS BLANK ON THIS MANIFEST

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product	LD%	Oty	UOM	Rate	Fee	Amount	Origin
1 NON-TSCA PCB SOIL/DEBRI 2 FUEL-Fuel Surcharge - L 3 EVF-L-Standard Environm 4 RCR-P-Regulatory Cost R	100	19.86	Tons % Load %				CALAL CALAL CALAL CALAL

Driver's Signature Tam Parish

Total Fees Total Ticket

403WM

oignature' Month Day Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature Month Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293741

Ph: (256) 447-1881

Customer Name SOLUTIA_CF5400_CW5520_408 SOL Carrier

Ticket Date

09/11/2013

HOLMES EXCAVATION H143 Vehicle*

Volume

Payment Type Credit Account

Container Driver

Manual Ticket#

Route

Check*

Hauling Ticket#

Billino# 0000679

Destination

Grid

PD#

1) 450405122 2) 4503928546 3) 4503928546 4) 4503928546

Manifest#

2028343 Profile#

CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time

09/11/2013 09:12:39

Scale Scale! Operator jaallman Inbound

Gross

64260 1b

09/11/2013 09:33:26

Scalei

joallman

Tare Net

29680 lb 34580 16

Out

Tons

17.29

Cosments

PO SAYS NEW AND PENDING

MON-FRI 7:00 AM-4:30 PM / SAT&SUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product	LD%	Qty	NOM	Rate	Fee	Amount	Origin
1 NON-TSCA PCB SOIL/DEBRI 2 FUEL-Fuel Surcharge - L 3 EVF-L-Standard Environe 4 RCR-P-Regulatory Cost R	100	17.29	Tons % Load %				CALAL CALAL CALAL CALAL

Driver's Signature

Jenny Lely

Total Fees Total Ticket

403WM

Printed Name Signature Month Day Year 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. **Printed Name** Signature Year-Month Day

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



Original Ticket# 293740

Ph: (256) 447-1881

Customer Name SOLUTIA_CF6400_CW5520_408 SOL Carrier HOLMES EXCAVATION Ticket Date 09/11/2013 Payment Type Credit Account Vehicle* H144 Volume Container Manual Ticket# Driver Route Check# Hauling Ticket# Billing# 0000679 Destination Grid PB# 1) 4503928546 2) 4503928546 3) 4503928546 4) 4503928546 Manifest# 2028344

Profile# CF6400 (Special Waste Misc)

Generator 181-SOLUTIA SOLUTIA

Time Scale Operator Inbound Gross 70420 lb In 09/11/2013 09:10:22 Scale1 jgalluan Tare 29720 15 Out 09/11/2013 09:30:19 Scale1 jgallman Net 40700 15 Tons 20.35

Comments NEW PENDING IS WHAT PO # SAYS

MON-FRI 7:00 AM-4:30 PM / SATESUN CLOSED/1ST SAT OF MONTH OPEN 7-11:30AM

Product	LD%	Oty	LIOM	Rate Fee	Amount	Origin
NON-TSCA PCB SOIL/DEBRI FUEL-Fuel Surcharge - L GRAND BUF-L-Standard Environm RCR-P-Regulatory Cost R	100		Tons % Load %			CALAL CALAL CALAL CALAL

's Signature

Total Fees Total Ticket

403WM

Printed Name	Signature	Month	Day	Year
, Barrier, per inter directises of	ility, that to the best of my knowledge, the above-described waste on the dates listed above. eipt of non-hazardous materials covered by this manifest.	was managed in compliance	e with al	1
	manifest.			
Printed Name Mallman	Signature /// // //	Month	i Daš	Year

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY



NON-HAZARDOUS MANIFEST

	1. Generator's US	4019048				2. Page 1 of					
3. Generator's Mailing Address:						1					
SOLUTIA INC (ANNISTON PCB 702 CLYDESDALE AVENUE ANNISTON, AL 36201	SITE) A	enerator's Site Address (i NNISTON PCB SITE NNISTON, AL	f different than m	ailing):		est Number VMNA B. State	2028 Senerator				
5. Transporter 1 Company Name		6. US FPA	ID Number	-							
Aller I de la			ib Number		C. State Transporter's ID						
7. Transporter 2 Company Name		8. US FPA	ID Number		D. Trans	oorter's Phone	porter's ID				
			is manibel		E. State	ransporter's II					
9. Designated Facility Name and Site	Address	10. US FPA	A ID Number		F. Transporter's Phone G. State Facility ID						
THREE CORNERS REGIONAL LA	ANDFILL		in ladiliper								
2205 COUNTY ROAD 6							256	447.40			
PIEDMONT, AL 36272					n. State	acility Phone	256-	447-18	81		
11. Description of Waste Materials			12. Cor	ntainers	13, Total						
a. NON-HAZARDOUS IMPACT	SOIL & DEPRIS		No.	Туре	Quantity	14. Unit Wt./Vol.	1, 1	Misc. Comm	ents		
	SOIL & DEBKIS		1	DT							
b. WM Pro	ofile # CF6400							51			
.											
w	M Profile #										
C					F						
				1111							
d. W	M Profile #						5				
w	M Profile #										
. Additional Descriptions for Materi	als Listed Above		K. Disposa	Location							
			Cell				Level				
			Grid								
15. Special Handling Instructions and A	Additional Information	n	Grid								
15. Special Handling Instructions and A	Additional Information	n	Grid								
pe 1	Additional Information	. P		NE NO :	DONN W	III I ANAS CON					
Purchase Order # 6. GENERATOR'S CERTIFICATE:	1 4 1	EMERGENCY CO	NTACT / PHO			ILLIAMS 60:					
'urchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe	ed materials are not h	EMERGENCY CO	NTACT / PHOI	D 254							
rurchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe ccurately described, classified and pag	ed materials are not h	EMERGENCY CO nazardous wastes as defin per condition for transpo	NTACT / PHOI ed by 40 CFR rtation accord	D 254							
urchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe ccurately described, classified and pace rinted Name DONN WILLIAMS	ed materials are not h	EMERGENCY CO nazardous wastes as defin per condition for transpo Signature "On beha	NTACT / PHOI ed by 40 CFR rtation accord	D 254			nave been				
furchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe ccurately described, classified and pace rinted Name DONN WILLIAMS 7. Transporter 1 Acknowledgement of	ed materials are not h	EMERGENCY CO nazardous wastes as defin per condition for transpo Signature "On beha	NTACT / PHOI ed by 40 CFR rtation accord	D 254			nave been	fully and			
urchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe ccurately described, classified and pace rinted Name DONN WILLIAMS	ed materials are not h	EMERGENCY CO nazardous wastes as defin per condition for transpo Signature "On beha	NTACT / PHOI ed by 40 CFR rtation accord	D 254			nave been	fully and	Yea		
urchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe ccurately described, classified and pace rinted Name DONN WILLIAMS 7. Transporter 1 Acknowledgement of	ed materials are not h ckaged and are in pro of Receipt of Materials	EMERGENCY CO nazardous wastes as defin per condition for transpo Signature "On beha s Signature	NTACT / PHOI ed by 40 CFR rtation accord	D 254			Month	Day	Yea		
urchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe curately described, classified and pace rinted Name DONN WILLIAMS 7. Transporter 1 Acknowledgement of	ed materials are not h ckaged and are in pro of Receipt of Materials	EMERGENCY CO nazardous wastes as defin per condition for transpo Signature "On beha s Signature	NTACT / PHOI ed by 40 CFR rtation accord	D 254			Month Month	Day Day	Yea		
urchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe ccurately described, classified and par rinted Name DONN WILLIAMS 7. Transporter 1 Acknowledgement of Printed Name 8. Transporter 2 Acknowledgement of	ed materials are not hockaged and are in pro of Receipt of Materials of Receipt of Materials	EMERGENCY CO nazardous wastes as defin per condition for transpo Signature "On beha Signature	NTACT / PHOI ed by 40 CFR rtation accord	D 254			Month Month	Day	Yea		
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urchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe curately described, classified and par rinted Name DONN WILLIAMS 7. Transporter 1 Acknowledgement of Printed Name 8. Transporter 2 Acknowledgement of Printed Name 9. Certificate of Final Treatment/Disperentify, on behalf of the above listed to	ed materials are not hockaged and are in proof of Receipt of Materials of Receipt of Materials osal	EMERGENCY CO pazardous wastes as defin per condition for transpo Signature "On beha Signature Signature Signature	NTACT / PHOI ed by 40 CFR rtation accord If of"	Part 261 or ling to appl	r any applica licable regul	ble state law, lations.	Month Month Month	Day Day	Yea		
Purchase Order # 6. GENERATOR'S CERTIFICATE: hereby certify that the above-describe ccurately described, classified and partitled Name DONN WILLIAMS 7. Transporter 1 Acknowledgement of Printed Name 8. Transporter 2 Acknowledgement of Printed Name 9. Certificate of Final Treatment/Disponentify, on behalf of the above listed trapplicable laws, regulations, permits an	ed materials are not hockaged and are in proof of Receipt of Materials of Receipt of Materials osal reatment facility, that ad licenses on the date	EMERGENCY CO nazardous wastes as defin per condition for transpo Signature "On beha Signature Signature to the best of my knowle es listed above.	ed by 40 CFR rtation accord for	Part 261 or ling to appl	r any applica licable regul	ble state law, lations.	Month Month Month	Day Day	Yea Yea		
7. Transporter 1 Acknowledgement of Printed Name 8. Transporter 2 Acknowledgement of	ed materials are not hockaged and are in proof of Receipt of Materials of Receipt of Materials osal reatment facility, that ad licenses on the date	EMERGENCY CO nazardous wastes as defin per condition for transpo Signature "On beha Signature Signature to the best of my knowle es listed above.	ed by 40 CFR rtation accord for	Part 261 or ling to appl	r any applica licable regul	ble state law, lations.	Month Month Month	Day Day	Year Year		

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST	1. Generator's US	or's US EPA ID No. Manifest Doc No. 2. Page 1 of									
		04019048									
3. Generator's Mailing Address:		Generator's Site Address (If different than n	nailing):	A. Manife	st Number					
SOLUTIA INC (ANNISTON PCB	SITE)	ANNISTON PCB SITE			W	MNA	20283	367			
702 CLYDESDALE AVENUE						B. State (Generator's ID				
ANNISTON, AL 36201		ANNISTON, AL									
4. Generator's Phone 601-8 5. Transporter 1 Company Name	07-1187	I c uses	15 N - 1		NA.						
3. Transporter 1 Company Name		6. US EPA	ID Number		C State T	ransporter's II	<u> </u>				
		M	P			orter's Phone					
7. Transporter 2 Company Name		8. US EPA	8. US EPA ID Number								
					E. State Transporter's ID F. Transporter's Phone						
9. Designated Facility Name and Site	Address	10. US EP	A ID Number		F. Transpo	orter's Phone					
THREE CORNERS REGIONAL LA			A ID INGILIDEI		G. State Facility ID						
2205 COUNTY ROAD 6						H. State Facility Phone 256-447-1881					
PIEDMONT, AL 36272					II. State F	acinty Phone	230-4	47-100	1		
11. Description of Waste Materials			12. Co	ontainers	13. Total Quantity	14. Unit	1. N	lisc. Comme	nts		
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS			Туре	Qualitity	Wt./Vol.					
			1	DT							
WM Pro	ofile # CF6400				15-5-16-5						
b.											
v	/M Profile #			Ex							
c.											
							7				
d.	/M Profile #										
J. Additional Descriptions for Mater	/M Profile #		K Disno	sal Location			W				
•			K. Dispo	sar cocation		F					
			Cell				Level				
1E Consist Handling Instruction and	A -1-19-1 1		Grid								
15. Special Handling Instructions and	Additional Informa	tion									
		1 1/2 1	1	1							
Purchase Order #		EMEDGENCY	ONTACT / DU	ONE NO .	DONALIA	ULLIANAS S	21 007 1	107			
16. GENERATOR'S CERTIFICATE:		EMERGENCY C	ONTACT / PH	ONE NO.:	DONN W	/ILLIAMS 60)1-807-1.	187			
hereby certify that the above-descri	hed materials are no	nt hazardous wastes as de	fined by 40 CI	D Dart 261	or any applica	able state lavus	have become	£.11			
accurately described, classified and p	ackaged and are in	proper condition for transp	ortation acco	ording to ap	plicable regu	lations.	, nave beer	Tully and			
Printed Name	1.16	Signature "On bel		afril .	10	1. lin	Month	Day	Ye		
17. Transporter 1 Acknowledgement	10. Trepix	10 - 1119	01 mg/10	pur	- Affect	CE -HIC.	69	1/	1		
Printed Name	of Receipt of Mater		1	1							
Frinced Name	Youren	Signature	erroll	& Mas	new		Month	Day	Ye		
18. Transporter 2 Acknowledgement			24 -36-101	1 100	-						
Printed Name		Signature					Month	Day	Ye		
19. Certificate of Final Treatment/Dis	nosal				-						
certify, on behalf of the above listed		that to the hest of my know	wledge the al	have doser	had wasta	or managed !	s compliant	المطالب م			
applicable laws, regulations, permits	and licenses on the	dates listed above.	wieuge, the al	Jove-descri	bed waste w	as managed ir	compliand	e with all			
20. Facility Owner or Operator: Certi			covered by t	his manifest							
Printed Name		Signature					Month	Day	Ye		
	25-						1				
White- TREATMENT, STORAGE, DISPO					Ye	low- GENERA	TOR #1 CO	Pγ			
Pink- FACILITY USE O	VLY	Gold- TRANSPORT	ER #1 COPY								



NON-HAZARDOUS MANIFEST	1. Generator's US E		Manifest Doc No. 2. Page 1 of				4				
2 Camanatania Marilia - Add		4019048			1						
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB 702 CLYDESDALE AVENUE	SITE) G	enerator's Site Address (IF NNISTON PCB SITE	different than ma	ailing):	1	est Number	20283	368			
ANNISTON, AL 36201	307-1187	NNISTON, AL				B. State	Generator's	100121			
5. Transporter 1 Company Name	007-1187	6. US EPA	D Number		A .						
		o. OSEFAI	Distalliber		C State T	ransporter's I	D				
10 620 10 10 10 10	the second	11/14	10			orter's Phone					
7. Transporter 2 Company Name		8. US EPA I	D Number								
						ransporter's I					
9. Designated Facility Name and Site	Address	10. US EPA	ID Number		r. Transp	orter's Phone	Te Control				
THREE CORNERS REGIONAL LA	ANDFILL				G. State F	acility ID					
2205 COUNTY ROAD 6					1	acility Phone	256-4	47-1881			
PIEDMONT, AL 36272		**************************************						100.			
11 Description of Ways Mark 1.1			12 Cor	ntainers	13. Total	44 11-16					
11. Description of Waste Materials			No.	Type	Quantity	14. Unit Wt./Vol.	I. M	isc. Commen	s		
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT							
WM Pr	ofile # CF6400			102				(1) TO (1)			
b.											
c. V	VM Profile #					THE DE					
•											
v	VM Profile #										
d.					1						
V	VM Profile #		0								
J. Additional Descriptions for Mater	rials Listed Above		K. Disposa	al Location							
			C-11								
			Cell		-		Level				
15. Special Handling Instructions and	Additional Information	on	- Cita								
				1 2							
and the state of	1 1/2 1		!	. le							
Purchase Order #		EMERGENCY CO	NITACT / DUC	NE NO .	DONN W	/ILLIAMS 60	01-807-11	87			
Purchase Order #		ENTERIORITE CO	WIACI/PHC	NITE ITO.							
16. GENERATOR'S CERTIFICATE:											
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri	bed materials are not	hazardous wastes as defir	ned by 40 CFF	R Part 261 o	or any applic	able state law	, have been	fully and			
16. GENERATOR'S CERTIFICATE:	bed materials are not ackaged and are in pro	hazardous wastes as defir	ned by 40 CFF	R Part 261 o	or any applic	able state law lations.			Was		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descriaccurately described, classified and p	bed materials are not ackaged and are in pro	hazardous wastes as defir	ned by 40 CFF	R Part 261 o	or any applic	able state law lations.	, have been	fully and	Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name	ackaged and are in pro	hazardous wastes as defir oper condition for transpo Signature "On beha	ned by 40 CFF	R Part 261 o	or any applic	able state law lations.			Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS	ackaged and are in pro	hazardous wastes as defir oper condition for transpo Signature "On beha	ned by 40 CFF	R Part 261 o	or any applic	able state law lations.			Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name	ackaged and are in pro	hazardous wastes as defir oper condition for transpo Signature "On beha Is	ned by 40 CFF	R Part 261 o	or any applic	able state law lations.	Month	Day	13		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement	ackaged and are in pro	hazardous wastes as defir oper condition for transpo Signature "On beha Is Signature	ned by 40 CFF	R Part 261 o	or any applic	able state law lations.	Month	Day	Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name Printed Name	ackaged and are in pro	hazardous wastes as defir oper condition for transpo Signature "On beha Is	ned by 40 CFF	R Part 261 o	or any applic	able state law lations.	Month	Day	Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name	of Receipt of Materia of Receipt of Materia	hazardous wastes as defir oper condition for transpo Signature "On beha Is Signature	ned by 40 CFF	R Part 261 o	or any applic	able state law lations.	Month	Day	Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Dislicertify, on behalf of the above listed	of Receipt of Materia of Receipt of Materia of Receipt of Materia	hazardous wastes as defir oper condition for transpo Signature "On behals Signature Signature Signature Signature	ned by 40 CFF rtation accor lf of"	R Part 261 of ding to app	or any applic olicable regu	lations.	Month Month Month	Day Day	Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Dis I certify, on behalf of the above listed applicable laws, regulations, permits	of Receipt of Materia of Receipt of Materia of Receipt of Materia sposal treatment facility, the	hazardous wastes as defir oper condition for transpo Signature "On behals Signature Signature Signature state to the best of my knowletes listed above.	ned by 40 CFF rtation accor if of"	R Part 261 or ding to app	or any applic plicable regu	lations.	Month Month Month	Day Day	Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Distinct Certify, on behalf of the above listed applicable laws, regulations, permits 20. Facility Owner or Operator: Certify	of Receipt of Materia of Receipt of Materia of Receipt of Materia sposal treatment facility, the	hazardous wastes as definoper condition for transpo Signature "On behands" Is Signature Is Signature at to the best of my knowledge to the	ned by 40 CFF rtation accor if of"	R Part 261 or ding to app	or any applic plicable regu	lations.	Month Month Month compliance	Day Day	Year		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Dis I certify, on behalf of the above listed applicable laws, regulations, permits	of Receipt of Materia of Receipt of Materia of Receipt of Materia sposal treatment facility, the	hazardous wastes as defir oper condition for transpo Signature "On behals Signature Signature Signature state to the best of my knowletes listed above.	ned by 40 CFF rtation accor if of"	R Part 261 or ding to app	or any applic plicable regu	lations.	Month Month Month	Day Day	Year		

Pink- FACILITY USE ONLY



WATER NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT	EPA ID No Ma	enifest Doc No),	2. Page 1 of	f					
NON-HAZARDOUS MANIFEST 1. Generator's US EPA ID No. Manifest Doc No. 2. ALD004019048										
					A. Manifest	Number				
. Generator's Mailing Address:		enerator's Site Address (If o	ifferent than mail	ing):			20222			
SOLUTIA INC (ANNISTON PCB	SITE) A	NNISTON PCB SITE			WN	ANA	2028346	5		
02 CLYDESDALE AVENUE						B. State G	enerator's ID			
ANNISTON, AL 36201	Δ.	NNISTON, AL								
	307-1187									
	007-1107	6. US EPA I	D Number		FIRE	10			T	
. Transporter 1 Company Name		0. OS LI A I			ansporter's ID	r's ID				
					D. Transpo	rter's Phone				
7. Transporter 2 Company Name	-	8. US EPA I	D Number		1					
7. Transporter 2 company Name					CHICAGO COLONIA COLONIA	ansporter's ID)			
					F. Transpo	rter's Phone				
9. Designated Facility Name and Site	e Address	10. US EPA	ID Number							
THREE CORNERS REGIONAL L	ANDFILL				G. State Fa	acility ID		S-11-		
2205 COUNTY ROAD 6					H. State Fa	acility Phone	256-44	7-1881		
					25-12			71.5		
PIEDMONT, AL 36272										
			12. Con		13. Total	14. Unit	I. Misc	Comments		
11. Description of Waste Materials			No.	Туре	Quantity	Wt./Vol.				
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT						
WM P	rofile # CF6400			100						
b.										
						Sim		7/		
	WM Profile #									
C.			1							
				1000						
	WM Profile #									
d.										
	WM Profile #			37		223				
J. Additional Descriptions for Mat	terials Listed Above		K. Dispos	al Location	li .					
			- "			_	Level			
			Cell				Level	_		
			Grid				-			
15. Special Handling Instructions a	nd Additional Inform	ation								
Purchase Order #		EMERGENCY (CONTACT / PH	ONE NO.:	DONN	WILLIAMS 6	601-807-11	87		
16 CENERATOR'S CERTIFICATE							4.			
I hereby certify that the above-des	cribed materials are	not hazardous wastes as de	fined by 40 CI	R Part 261	or any appli	cable state la	w, have been	fully and		
accurately described, classified and	d nackaged and are in	proper condition for trans	portation acco	ording to a	oplicable reg	ulations.				
Printed Name	# 15	Signature "On be	half of"		1.11.	1	Month	Day	Ye	
DONN WILLIAMS	WILL FORDE	18 Describe	TOTAL	V- 1	Chilles .	Fine.	0.1	- IN		
17. Transporter 1 Acknowledgeme	BUT THE PARTY OF THE PARTY.		111		•					
	en or necespe or wat	Signature	11 1	1			Month	Day	Ye	
Printed Name		oignoture.	2 10 1	34735	68.1		N W	l, , , , , ,		
					7.5					
AO T WALL 2 A June World drawn	ant of Possint of Mat	prials			A.					
18. Transporter 2 Acknowledgeme	ent of Receipt of Mat			1	4-		Month	Day	Ye	
18. Transporter 2 Acknowledgeme Printed Name	ent of Receipt of Mat	erials Signature			A		Month	Day	Y	
	ent of Receipt of Mat				A		Month	Day	Ye	
Printed Name	/Disposal	Signature			A					
Printed Name	/Disposal	Signature	owledge, the a	above-desc	ribed waste	was managed				
Printed Name 19. Certificate of Final Treatment, I certify, on behalf of the above lis	/Disposal ted treatment facility	Signature /, that to the best of my kno	owledge, the a	above-desc	ribed waste	was managed				
Printed Name 19. Certificate of Final Treatment, I certify, on behalf of the above lis applicable laws, regulations, perm	/Disposal ited treatment facility its and licenses on th	Signature /, that to the best of my known dates listed above.				was managed			Ye	
Printed Name 19. Certificate of Final Treatment, I certify, on behalf of the above lis applicable laws, regulations, perm 20. Facility Owner or Operator: C	/Disposal ited treatment facility its and licenses on th	Signature /, that to the best of my known to fine dates listed above. t of non-hazardous materia				was managed				
Printed Name 19. Certificate of Final Treatment, I certify, on behalf of the above lis applicable laws, regulations, perm	/Disposal ited treatment facility its and licenses on th	Signature /, that to the best of my known dates listed above.				was managed	d in compliance	ce with all		

Pink- FACILITY USE ONLY



	1. Generator's US EPA	A ID No. M	anifest Doc N	0.	2. Page 1 c	of			
NON-HAZARDOUS MANIFEST	ALD0040	19048	TV #		1				
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB 702 CLYDESDALE AVENUE		erator's Site Address (If o NISTON PCB SITE	different than ma	iling):	A. Manifes	MNA	202834 Senerator's II	-	
ANNISTON, AL 36201 4. Generator's Phone 601-8	ANI 807-1187	NISTON, AL							
5. Transporter 1 Company Name		6. US EPA I	D Number					3 3	
MIL TE	: 1 -75-	ild				ansporter's II	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-3050	16
7. Transporter 2 Company Name	My Hice	8. ÚS EPA I	D Number	-	D. Transpo	orter's Phone	ACT BALLETY	(note	
						ransporter's II orter's Phone)		
9. Designated Facility Name and Site		10. US EPA	ID Number						
THREE CORNERS REGIONAL L	ANDFILL				G. State F		256.4	47 4004	
2205 COUNTY ROAD 6 PIEDMONT, AL 36272					H. State F	acility Phone	256-44	47-1881	
PIEDWONT, AL 30272									
11. Description of Waste Materials			12. Cor No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	sc. Comment	s
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT		T			
WM Pr	rofile # CF6400						2000		
b.						7			
	WM Profile #			3.5	1340				
C.									
	AVA Du-El- #								
d.	WM Profile #						1		
	WM Profile #				10.00				
J. Additional Descriptions for Mate	A CONTRACTOR OF THE PARTY OF TH		K. Dispos	al Location					
			Cell		_		Level		
			Grid				Level		
15. Special Handling Instructions an	d Additional Informatio	n ·							
Purchase Order#		EMERGENCY C	ONTACT / PH	ONE NO.:	DONN V	VILLIAMS 6	01-807-11	187	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-description	ribed materials are not l	hazardous wastes as def	ined by 40 CF	R Part 261	or any applic	cable state lav	v, have been	fully and	
accurately described, classified and Printed Name	packaged and are in pro	oper condition for transp Signature "On beh	ortation acco	ording to ap	plicable regu	nations.	Month	Day	Yes
DONN WILLIAMS	10, toples	W/ 18/2	Hopbe &	- 30	Peter	FERE'S		-11	
17. Transporter 1 Acknowledgemen	nt of Receipt of Material	ls /	11						
17. Hansporter 1 Acknowledgemen	it of receipt of water of						Month		
Printed Name	at of Necespagos Material	Signature						Day	Ye
		Signature						Day	Ye
Printed Name		Signature					Month	Day	
Printed Name 18. Transporter 2 Acknowledgemen	nt of Receipt of Material Disposal Ed treatment facility, the	Signature Signature at to the best of my know	wledge, the al	bove-descr	ibed waste v	vas managed	Month	Day	Ye
Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Discretify, on behalf of the above lister	nt of Receipt of Material Disposal ed treatment facility, that is and licenses on the da	Signature Signature at to the best of my knowntes listed above.				vas managed	Month in compliance	Day ce with all	
Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Discretify, on behalf of the above lister applicable laws, regulations, permit	nt of Receipt of Material Disposal ed treatment facility, that is and licenses on the da	Signature Signature at to the best of my knowntes listed above.				vas managed	Month	Day	Ye

Pink- FACILITY USE ONLY



NON-HAZARDOUS MANIFEST	1. Generator's US EP	A ID No. Ma	nifest Doc N	lo.	2. Page 1 c	of	-		
NON-HAZARDOOS WARITEST	ALD0040	019048	Tet.	and the same	1			2	
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB 702 CLYDESDALE AVENUE ANNISTON, AL 36201	SITE) AN	erator's Site Address (If di NISTON PCB SITE NISTON, AL	fferent than ma	iling):	A. Manifes	MNA	202834 Senerator's I		
	07-1187								
5. Transporter 1 Company Name	J INC.	6. US EPA ID	Number			ansporter's I		31-75	47.5
7. Transporter 2 Company Name	h sha hora	8. US EPA ID	Number		D. Transpo	rter's Phone	Marie My Con	-,-,-	7.00
						ansporter's I rter's Phone	D	_1-1-10	
9. Designated Facility Name and Site		10. US EPA	ID Number		C State F	ellite ID			
THREE CORNERS REGIONAL L 2205 COUNTY ROAD 6	ANDFILL				G. State Fa		256 4	17-1881	-
PIEDMONT, AL 36272					H. State F	acility Phone	230-44	+/-1001	
FIEDWONT, AL 30272									
11. Description of Waste Materials				ntainers	13. Total	14. Unit Wt./Vol.	I. Mis	c. Comment	5
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		No. 1	DT	Quantity	Wt./Vol.			
WM P	rofile # CF6400								
b.	ome# Cro400			100					
				1-		M			
	WM Profile #		(3.7						
C.									
						<u> </u>			
	WM Profile #								
d.									
J. Additional Descriptions for Mate	WM Profile #		K. Dispos	al Location	1				
7. Additional Descriptions for Water	.nais Listed Above				*				
			Cell				Level		
15. Special Handling Instructions an	none of Di	EMERGENCY CO		ONE NO :	DONN	/ILLIAMS 6	01-807-11	97	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desc	ribed materials are not	hazardous wastes as defir	ned by 40 CF	R Part 261	or any applic	able state lav			
accurately described, classified and	packaged and are in pro			ording to ap	oplicable regu	lations.	Month	Day	Year
Printed Name DONN WILLIAMS	of forms	Signature "On beha	alt of	1-1/	the of	10.	Month	Day	rear
17. Transporter 1 Acknowledgemen	nt of Receipt of Materia	ls /	11	2017		-			
/ Printed Name		Signature	Ų.	9		-	Month	Day	Year
JIMMY LOW	0.11	- Lange	11	Juli	not.				
18. Transporter 2 Acknowledgemen	nt of Receipt of Materia	ls	1		1				
Printed Name		Signature			*		Month	Day	Year
19. Certificate of Final Treatment/II I certify, on behalf of the above liste applicable laws, regulations, permit	ed treatment facility, the		ledge, the a	bove-descr	ribed waste v	vas managed	in compliance	e with all	
20. Facility Owner or Operator: Ce	rtification of receipt of i	non-hazardous materials o	covered by t	his manife	st.				
Printed Name		Signature					Month	Day	Year
White- TREATMENT, STORAGE, DIS	POSAL FACILITY COPY	Blue- GENERATOR	R #2 COPY		Ye	ellow- GENER	ATOR #1 CO	ργ	



	1. Generator's US EP	A ID No.	Manifest Doc N	No.	2. Page 1 c	of			
NON-HAZARDOUS MANIFEST	ALD0040	019048	TK 4		1				
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB 702 CLYDESDALE AVENUE		nerator's Site Address INISTON PCB SITE	(If different than m	ailing):	A. Manifes	MNA	202834 Generator's		
ANNISTON, AL 36201 4. Generator's Phone 601-8	807-1187 AN	NISTON, AL				2,51			
5. Transporter 1 Company Name		6. US EP	A ID Number						
41 To Van	1 7.6	111	4			ansporter's I		21.98	1
7. Transporter 2 Company Name	The same	8. US EP	A ID Number	-	D. Transpo	orter's Phone	THE PARTY CO.	31-10	7
						ansporter's Il orter's Phone	D .		
9. Designated Facility Name and Site		10. US E	PA ID Number						
THREE CORNERS REGIONAL L	ANDFILL				G. State Fa	acility ID			
2205 COUNTY ROAD 6					H. State Fa	acility Phone	256-4	47-1881	
PIEDMONT, AL 36272									
and 11. Description of Waste Materials			12. Co	intainers	13. Total	14. Unit	1 40	sc. Comment	
			No.	Туре	Quantity	Wt./Vol.	1. 100	sc. comment	3
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT		7			
R WM P	rofile # CF6400						-4	\$K_=4	
A b.									
T O									
R	WM Profile #								
C.			1						
	WM Profile #				<u> </u>				
d.				1111111			1		
	WM Profile #	<u> </u>		4,33		P	Me		
J. Additional Descriptions for Mate	erials Listed Above		K. Dispos	sal Location					
			Cell				Level		
			Grid						
15. Special Handling Instructions an	d Additional Informatio	on Seela Registerie	4						
Purchase Order # 16. GENERATOR'S CERTIFICATE:	rolling)	EMERGENCY	CONTACT / PH	ONE NO.:	DONN W	VILLIAMS 6	01-807-11	187	
I hereby certify that the above-desc							v, have been	fully and	
accurately described, classified and Printed Name	packaged and are in pro	Signature "On b		ording to ap	plicable regu	liations.	Month	Day	Year
DONN WILLIAMS	y O. Hebber	1 Settley 0		Je 4 44	Malin 6	Mar.	61	-	
17. Transporter 1 Acknowledgemen	nt of Receipt of Materia	ls	11	9	1				
Printed Name		Signature					Month	Day	Year
18. Transporter 2 Acknowledgemen	at of Possint of Materia	le .							
Printed Name	it of Receipt of Materia	Signature		-			Month	Day	Year
E R		1.0					N FEET		
19. Certificate of Final Treatment/D	ed treatment facility, the		owledge, the a	bove-descr	bed waste w	vas managed	in compliance	ce with all	
	s and licenses on the da	ites listed above.							
20. Facility Owner or Operator: Ce			als covered by t	his manifes	t.				
20. Facility Owner or Operator: Ce			als covered by t	his manifes	t.		Month	Day	Year



Generator's Mailing Address: COLUTIA INC (ANNISTON PCB SITE) COLUTIA INC (ANNISTON PCB SITE) COLUTIA AVENUE Generator's Site Address (If different than mailing): ANNISTON PCB SITE WMNA 2028348 B. State Generator's ID	NON HAZADDOUS MANUEEST	1. Generator's US El	PA ID No.	Manifest Doc N	lo.	2. Page 1 o	f					
OLUTIA INC (ANNISTON PCB SITE) ANNISTON, AL 8. State Generator's ID 8. US EPA ID Number C. State Transporter's ID 1. Transporter 2 Company Name 8. US EPA ID Number C. State Transporter's ID 1. Transporter's Phone C. State Transporter's ID 1. Transporter's ID 1. Transporter's Phone C. State Transporter's ID 1. Transporter's ID 1. Transporter's Phone C. State Transporter's ID 1. Transporter's ID 1. Transporter's ID 1. Transporter's ID 1. Transporter's Phone C. State Transporter's ID 1. Trans	NON-HAZARDOUS MANIFEST	ALD004	019048	TC#		1						
ANNISTON, AL 36201 Generator's Phone 601-807-1187 G. US EPA ID Number C. Transporter Company Name G. US EPA ID Number C. State Transporter's ID D. Transporter's Phone E. State Transporter's ID E. State Transporter	3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB	100		If different than ma	ailing):			202834	8			
. Transporter 1 Company Name 6. US EPA ID Number 7. Transporter 2 Company Name 8. US EPA ID Number 8. Estate Transporter's ID 9. State Facility ID 9. H. State Transporter Is 9. State Facility ID 9. H. State Facility ID 9. State Facility ID 9. State Facility ID 9. State Facility ID	ANNISTON, AL 36201	Account to the second	NNISTON, AL				B. State	Generator's II				
C. State Transporter's ID D. Transporter's Phone E. State Transporter's ID D. Transporter's Phone E. State Transporter's ID F. Transporter's Phone E. State Transporter's ID F. Transporter's Phone E. State Transporter's ID F. Transporter's Phone G. State Facility ID H. State Fa		307-1187	G IIS EDA	1D Number	-							
8. US EPA ID Number E. State Transporter's ID F. Transporter's ID	6. Transporter 1 Company Name		6. OS EFF	TID HUILIDE		C. State Tr	ansporter's I	D				
E. State Transporter's D Designated Facility Name and Site Address HIREE CONNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 11. Description of Waste Materials No. Type Guessey NM Profile # CF6400 D. WM Prof	All Francisco	the Trans				D. Transpo	orter's Phone	r's Phone				
Designated Facility Name and Site Address HMRE CORNERS REGIONAL LANDFILL 20DS COUNTY ROAD 6 PIEDMONT, AL 36272 10. US EPA ID Number G. State Facility ID H. State Facility ID H. State Facility ID H. State Facility ID 11. Description of Waste Materials DN NON-HAZARDOUS IMPACT SOIL & DEBRIS No NOPHAZARDOUS IMPACT SOIL & DEBRIS WM Profile II G. WM Profile II G. WM Profile II G. State Facility ID H. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID H. State Facility ID H. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID L. Mod. Comments II DT WM Profile II G. State Facility ID L. Mod. Comments II DAT II DT WM Profile II G. State Facility ID L. Mod. Comments II DAT II DT II DT II DT II DT II DAT II Mod. Comments II DAT II	. Transporter 2 Company Name		8. US EPA	A ID Number								
1. Designated Facility Name and Site Address HREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 1. Description of Waste Materials 1. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1. NON-HAZARDOUS IMPACT SOIL & DEBRIS 2. WM Profile # 1. Additional Descriptions for Materials Listed Above 2. WM Profile # 1. Additional Descriptions for Materials Listed Above 2. EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 1. Special Handling Instructions and Additional Information EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 1. G. ENERATOR'S CERTIFICATE: Hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature Signature Month Day Month Day 13. Frainporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Month Day Month Day Level Month Day Jone Month Day Jon						The Mark to the State of the St						
HREE CONNERS REGIONAL LANDFILL 205 COUNTY ROAD 6 PIEDMONT, AL 36272 1. Description of Waste Materials 1. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1. DT WM Profile # CF6400 2. WM Profile # CF6400 3. WM Profile # CF6400 4. WM Profile # CF6400 5. Additional Descriptions for Materials Listed Above Edil Grid Level Level Grid Level 15. Special Handling Instructions and Additional Information EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: Thereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature Month Day Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature Month Day 19. Finited Name Month Day 19. Finited Name Signature Month One Day 19. Finited Name Signature Month Day 2. Finited Name Signature Month Day 2. Finited Name Signature Month Day 2. Finited Name Signature Month Day 3. Finited Name Month Day 2. Finited Name Signature Month Day 3. Finited Name Signature Month Day 3. Finited Name Month Day 3. Finited Name Signature Month Day 3. Finited Name Month Day 4. Finited Name Signature Month Day 4. Finited Name Month Day 4. Finited Name Month Day 4. Finited Name Month Day 4.	100	× 10	10 110 0	DA ID Number	-	F. Transpo	rter's Prione					
A State Facility Phone 256-447-1881 Containers 13 Total 14 Unit 14 Unit 15			10. 03 27	PA ID Nullibei		G State Fa	acility ID					
EDMONT, AL 36272 12. Containers 13. Total 14. Link 1. Minc. Comments 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT 1. Minc. Comments 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT 1. Minc. Comments 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT 1. Minc. Comments 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT 1. Minc. Comments 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT 1. Minc. Comments 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT 1. Minc. Comments 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1. Minc. Comments 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 15. NON-HAZARDOUS IM		ANDFILL						256-4/	17-1991			
11. Description of Waste Materials 12. Containers 13. Total 14. Unit 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT WM Profile # CF6400 16. WM Profile # 17. Additional Descriptions for Materials Listed Above 18. Tansporter 2 Acknowledgement of Receipt of Materials 19. Printed Name 19. Signature 19. Certificate of Final Treatment/Disposal 10. Certificate of Final Treatment/Disposal 10. Certificate of Final Treatment/Disposal 11. Certificate of Final Treatment/Disposal 12. Containers 13. Total 34. Unit 14. Month Day 15. Month Day 16. GENERATOR'S CERTIFICATE: 17. Transporter 2 Acknowledgement of Receipt of Materials 18. Transporter 2 Acknowledgement of Receipt of Materials 19. Certificate of Final Treatment/Disposal 19. Certificate of Final Treatment/Disposal 10. Month Day 19. Certificate of Final Treatment/Disposal 10. Month Day 10. Certificate of Final Treatment/Disposal 10. Certificate of Final Treatment/Disposal 10. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. 10. Month Day 10. Month Day 10. Month Day 10. Month Day 10. Certificate of Final Treatment acility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable leave, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						H. State Fa	+1-1001					
1. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1. NON-HAZARDOUS IMPACT SOIL & DEBRIS 2. WM Profile # CF6400 2. WM Profile # CF6400 3. WM Profile # CF6400 4. WM Profile # CF6400 5. WM Profile # CF6400 6. WM Profile # CF6400 6. CF64000 6. CF64000 6. CF64000 6. CF64000 6. CF640000 6. CF64000000000000000000000000000000000000	PIEDMON1, AL 36272								- "			
NON-HAZARDOUS IMPACT SOIL & DEBRIS WM Profile # CF6400 WM Profile # CF	Description of Waste Materials							I. Mis	c. Comment	s		
WM Profile # CF6400 WM Profile # S. WM		COIL & DEBBIS		NO.		Quantity	Titly ross					
WM Profile # WM Profile #	. NON-HAZARDOUS INIPACT	SOIL & DEDNIS		1	DT		7					
WM Profile # . Additional Descriptions for Materials Listed Above WM Profile # . Additional Descriptions for Materials Listed Above EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: thereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable expellations. Printed Name Signature Signature Month Day Month Day 18. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature Month Day Month Day 19. Certificate of Final Treatment/Disposal 10. Certificate of Final Treatment/Disposal 11. Certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed Name Signature Month Day	WAS D	rofile # CE6400										
WM Profile # WM Profile # WM Profile # Additional Descriptions for Materials Listed Above Cell Level Grid Level Grid DONN WILLIAMS 601-807-1187 EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 GENERATOR'S CERTIFICATE: thereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accordately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature Moeth Day Moeth Day Printed Name Signature Moeth Day Moeth Day Day Moeth Day Description of the above described Materials Printed Name Signature Moeth Day Moeth Day Description of the above described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. Signature Moeth Day Moeth Day Moeth Day Printed Name Signature Moeth Day Moeth Day Moeth Day Description of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. Signature Moeth Day		Tollie # Cl 0400							- U.S. SAN T			
MM Profile # MM Profile # Additional Descriptions for Materials Listed Above K. Disposal Location Cell Level Grid Cell Control Co	•											
WM Profile # Additional Descriptions for Materials Listed Above K. Disposal Location Cell Level Grid Cell Level Grid DONN WILLIAMS 601-807-1187 EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-11		MAINA Dunctila #										
WM Profile # WM Profile # Additional Descriptions for Materials Listed Above EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 DONN WILLIAMS 601-807-1187 EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-8		WIVI Profile #										
WM Profile # Additional Descriptions for Materials Listed Above Edl	•											
WM Profile # 1. Additional Descriptions for Materials Listed Above Cell		WM Profile #										
Additional Descriptions for Materials Listed Above Cell Level												
Additional Descriptions for Materials Listed Above Cell Level												
Additional Descriptions for Materials Listed Above Cell Level		WM Profile #							71			
Signature Signature Signature Month Day				K. Dispo	sal Location	n						
Signature Signature Signature Month Day				0.11	-			Laurel	-			
Purchase Order # EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day 17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature Wonth Month Day 19. Certificate of Final Treatment/Disposal 10. Certificate of Final Treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Signature Month Day Month Day Month Day Month Day Signature Signature Month Day Month Day Signature Month Day Month Day Month Day Signature Month Day Month Day Signature Month Day Month Day Month Day					-			Level				
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Pink- FACILITY USE ONLY



WWW. NON-HAZARDOUS MANIFEST

ALDO4019048 Generator's Mailing Address: OLUTIA INC (ANNISTON PCB SITE) OZ CLYDESDALE AVENUE INNISTON, AL 36201 ANNISTON, AL 36201 B. State Generator's ID D. Transporter 2 Company Name 6. US EPA ID Number C. State Transporter's ID D. Transporter's Phone C. State Transporter's ID D. Transporter's Phone C. State Transporter's ID D. Transporter's Phone C. State Transporter's ID D. Transpo	WASTE MANAGEMENT	S EPA ID No.	Manifest Doc No. 2. Page									
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E. State Transporter's ID Designated Facility Name and Site Address THREE CONNERS REGIONAL LANDFILL 2256 COUNTY ROAD 6 PIEDMONT, AL 36272 11. Description of Waste Materials a. NON-HAZARDOUS IMPACT SOIL & DEBRIS b. WM Profile # C. WM Profile # C. WM Profile # J. Additional Descriptions for Materials Listed Above WM Profile # J. Additional Descriptions for Materials Listed Above EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 The contact was the waste been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature Signature Nowth Day Signature Signature Nowth Day Nowth Day Month Day Nowth Day Nowth Day Month Day Nowth Day Signature Signature Signature Signature Nowth Day Donn Williams Printed Name Signature Signature Signature Nowth Day Signature Signature Signature Signature Signature Nowth Day Signature Signature Signature Signature Signature Nowth Day Nowth Day Nowth Day Nowth Day Signature Signature Signature Signature Signature Signature Nowth Day Nowth Day Nowth Day Nowth Day Signature Signature Signature Day Signature Signature Nowth Day Nowth Day Signature Nowth Day Nowth Day Nowth Day Nowth Day Signature Signature Signature Signature Signature Signature Sign	1,000 1,000		Q IIS FD.	A ID Number		D. Transpo	orter's Phone	STHORE				
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22 CONTAIN AL 36272 11. Description of Waste Materials 12. Consider: 13. Total 14. Unix 15. Type: 16. Orgon. 17. Type: 17. Additional Descriptions for Materials Listed Above 17. Additional Descriptions for Materials Listed Above 18. Special Handling Instructions and Additional Information 19. Cetting Certificate or Materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. 19. Transporter 1 Acknowledgement of Receipt of Materials Printed Name 19. Certificate of Final Treatment/Disposal 10. Certificate of Final Treatment/Disposal 10. Certificate of Final Treatment/Disposal 11. Total 13. Unix Wit. Vol. Micro. Comments 10. Month Day Indicate the Comments of C		ANDFILL						256.44	7 1001			
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WM Profile # Additional Descriptions for Materials Listed Above K. Disposal Location Cell Grid Level Grid 15. Special Handling Instructions and Additional Information EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: 11 hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of!" DONN-WILLIAMS 17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature Nonth Day Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature 19. Certificate of Final Treatment/Disposal 1 certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		WIVI FIOTHE #										
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Cell Level Grid 15. Special Handling Instructions and Additional Information Purchase Order # EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day		The second secon		V Dien	ocal Location							
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Month Day				ials covered by	y this manife	est.						
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Pink- FACILITY USE ONLY



NON HAZARDOUS MANUESCE	Manifest Doc No. 2. Page 1 of					-					
NON-HAZARDOUS MANIFEST	ALD	THE			1						
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB	SITE)	Generator's Site Addr ANNISTON PCB SI		mailing):	A. Manife	est Number	2020				
702 CLYDESDALE AVENUE					W	/MNA	2028				
ANNISTON, AL 36201		ANNISTON, AL				B. State	Generator's	s ID			
	07-1187										
5. Transporter 1 Company Name		6. US	EPA ID Number								
						ransporter's I					
7. Transporter 2 Company Name	-	8. US	EPA ID Number		D. Fransp	orter's Phone		7			
					E. State T	ransporter's I	D				
9. Designated Facility Name and Site	Address	10. U	C FDA ID N		F. Transporter's Phone						
THREE CORNERS REGIONAL LA		20. 0	S EPA ID Numbe		C State I	illa . ID					
2205 COUNTY ROAD 6					G. State F		256	447.400			
PIEDMONT, AL 36272					H. State I	acility Phone	256-4	447-188	31		
11. Description of Waste Materials	1		12. C No.	ontainers Type	13. Total Quantity	14. Unit Wt./Vol.	1. N	lisc. Comme	ents		
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS					700					
			1	DT		7					
WM Pro	ofile # CF6400										
b.											
c. W	/M Profile #							国			
			0			0					
W	/M Profile #										
d.											
	/M Profile #										
J. Additional Descriptions for Mater	ials Listed Above		K. Dispo	sal Location							
			Cell				Level				
			Grid				Level				
15. Special Handling Instructions and	Additional Inform	ation									
Purchase Order #		FMEDGEN	CV CONTACT / DU								
16. GENERATOR'S CERTIFICATE:		EMERGEN	CY CONTACT / PH	ONE NO.:	DONN W	/ILLIAMS 60	01-807-13	L87			
I hereby certify that the above-describ	ned materials are	not hazardous wastes as	defined by 40 C	D D-+ 251							
accurately described, classified and pa	ackaged and are in	proper condition for tra	ensportation acco	ording to ap	or any applica plicable regu	able state law lations.	, have been	fully and	1		
Printed Name	A Hall	Signature "On	behalf of"	Wa	1.6-	1	Month	Day	Year		
17. Transporter 1 Acknowledgement	of Parallel Share	- I EMPL	Ch Harry Jan	- 3661	WEST TO	1366	25	15	13		
Printed Name	or Receipt of Mate		- 11	1	1		, ,				
		Signature					Month	Day	Year		
18. Transporter 2 Acknowledgement	of Receipt of Mate	erials						-11	11)		
Printed Name		Signature					Month	Day	Year		
19. Certificate of Final Treatment/Dis	posal										
certify, on behalf of the above listed	treatment facility,	that to the best of my k	nowledge, the al	oove-describ	bed waste wa	as managed in	complianc	e with all			
applicable laws, regulations, permits a	ind licenses on the	dates listed above.				as managea n	reomphane	C WILLI GII			
20. Facility Owner or Operator: Certif	fication of receipt		ials covered by t	nis manifest							
Printed Name		Signature					Month	Day	Year		
White-TREATMENT, STORAGE, DISPO	SAL FACILITY CON	V Blue OFNER	ATOR #2 COPY			low- GENERA					



1. Generator's US EPA ID No. Manifest Doc No. 2. Page 1 of										
NON-HAZARDOUS MANIFEST	ALD00	4019048		1						
3. Generator's Mailing Address:	G	enerator's Site Address	(If different than ma	iling):	A. Manifes	t Number				
SOLUTIA INC (ANNISTON PCE	SITE) A	NNISTON PCB SITE			WI	MNA	202834	17		
702 CLYDESDALE AVENUE						23720	Generator's II			
ANNISTON, AL 36201	A	NNISTON, AL								
4. Generator's Phone 601-	807-1187									
5. Transporter 1 Company Name		6. US EP	A ID Number					. I		
						ansporter's I				
State of the second	to dela	o ucro	A ID Number		D. Transpo	orter's Phone				
7. Transporter 2 Company Name		8. US EP	A ID Number		E. State Tr	e Transporter's ID				
						rter's Phone				
9. Designated Facility Name and Si	e Address	10. US E	PA ID Number			[2] (Z ₁₀)				
THREE CORNERS REGIONAL	ANDFILL				G. State Fa	acility ID	1			
2205 COUNTY ROAD 6					H. State Fa	acility Phone	256-44	47-1881		
PIEDMONT, AL 36272						77				
			13 600	nênîmare	42 T-1-1	14 Unit				
11. Description of Waste Materials			No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	sc. Comment	S	
a. NON-HAZARDOUS IMPAC	SOIL & DEBRIS		1	DT						
			1	DI						
WMF	rofile # CF6400						- <u>-</u>			
b.										
				-1-3						
	WM Profile #				E					
C.										
	WM Profile #					(actions are	0			
d.										
	WM Profile #		- Lv -:	10		5791-1				
J. Additional Descriptions for Ma	erials Listed Above		K. Dispos	al Location	n					
			Cell				Level	10-	3	
A CONTRACTOR OF THE CONTRACTOR			Grid							
15. Special Handling Instructions a	nd Additional Informat	tion								
Purchase Order #		EMERGENC	CONTACT / PH	ONE NO.:	DONN V	VILLIAMS 6	01-807-11	.87	-	
16. GENERATOR'S CERTIFICATE:										
I hereby certify that the above-des	cribed materials are no	ot hazardous wastes as	defined by 40 CF	R Part 261	l or any applic	able state la	w, have been	fully and		
accurately described, classified and Printed Name	packaged and are in p	Signature "On I		ording to a	pplicable regu	nations.	Month	Day	Year	
DONN WILLIAMS	up. Honde	The second secon	4416	140	Solvetta	the.	4.9			
17. Transporter 1 Acknowledgeme	100000	The state of the s	1//		1					
Printed Name		Signature	- 1	- A			Month	Day	Year	
harrie L	Jas		ro all "t	101	7 City		69	43	13	
18. Transporter 2 Acknowledgeme	ent of Receipt of Mater	rials		1	- 0					
Printed Name		Signature					Month	Day	Year	
19. Certificate of Final Treatment/	Disposal									
I certify, on behalf of the above list		that to the best of my ki	nowledge, the a	bove-desc	ribed waste v	vas managed	in compliance	e with all		
applicable laws, regulations, permi										
20. Facility Owner or Operator: Co			als covered by t	his manife	st.					
Printed Name		Signature					Month	Day	Year	
White-TREATMENT STORAGE DI	SPOSAL FACILITY COPY	/ Blue- GENERA	TOR #2 COPY		Y	ellow- GENER	ATOR #1 CO	PY	-	



ALDO04019048 Generator's Mailing Address: OLUTIA INC (ANNISTON PCB SITE) O2 CLYDESDALE AVENUE ANNISTON, AL 36201 Generator's Phone G01-807-1187 Generator's SITE ANNISTON PCB SITE WMNA G028351 B. State Generator's ID C. State Transporter's ID D. Transporter's Phone G. State Transporter's ID F. Transporter's Phone G. State Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL GO State Facility Phone GO STATE Phone GO STATE Facility Phone GO STA	1. Generator's US EPA ID No. Manifest Doc No. 2. Page 1 o						f			
OLUTIA INC (ANNISTON PCB SITE) OLUTIAN INC (ANNISTON PCB SITE) ANNISTON, AL B. State Generator's ID Transporter 1 Company Name 6. US EPA ID Number C. State Transporter's ID D. Transporter's Phone E. State Transporter's ID Transporter's ID Transporter's ID Transporter's ID Transporter's Phone E. State Transporter's ID Transporter's ID Transporter's ID Transporter's Phone E. State Transporter's ID Transporter's ID Transporter's Phone E. State Transporter's ID Transporter's I	NON-HAZARDOUS MANIFEST	I I STATE OF THE PARTY OF THE P		All w						
ANNISTON, AL 36201 Generator's Phone 601-807-1187 6. US EPA ID Number C. State Transporter's ID D. Tran	3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB	SITE)		different than mail	ing):			202835	1	
Transporter 2 Company Name 8. US EPA ID Number E. State Transporter's ID D. Transporter's Phone E. State Transporter's ID E.	702 CLYDESDALE AVENUE ANNISTON, AL 36201		ANNISTON, AL				B. State C	Generator's IC)	
C. State Transporter's ID D. Transporter's Phone E. State Transporter's ID E. Transporter's Phone E. State Transporter's ID E. Transporter's ID E. Transporter's Phone E. State Transporter's ID E. Transporter's Phone E. State Transporter's ID E. Transporter's Phone G. State Facility ID H. State Fac		307-1187	6 HE EDA I	D Number			70.00			
Transporter 2 Company Name 8. US EPA ID Number E. State Transporter's Phone E. State Fracility ID F. Transporter's Phone C. State Fracility ID H. State Facility Phone C. State Fracility ID H. State Facility Phone 256-447-1881 DI DI DI DI DI DI DI DI DI D	5. Transporter 1 Company Name		B. OSEFAI	Divamber		C. State Tr	ansporter's II			
E. State Facility Done										
Designated Facility Name and Site Address 10. US EPA ID Number 10. US EPA ID Number 10. State Facility ID 11. State Facility ID 12. Containers 12. Containers 13. Total 14. Long Int. Address 14. DT 15. State Facility Phone 256-447-1881 16. Mac. Comments 17. Total 16. Long Int. Additional Descriptions for Materials Listed Above 18. Additional Descriptions for Materials Listed Above 19. Additional Descriptions for Materials Listed Above 19. Special Handling Instructions and Additional Information 19. EMERGENCY CONTACT / PHONE NO: 10. DONN WILLIAMS 601-807-1187 10. Total 16. Long Int. Additional Descriptions for Materials Listed Above 15. Special Handling Instructions and Additional Information 16. GERRATOR'S CERTIFICATE: Thereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. 17. Transporter 3 Acknowledgement of Receipt of Materials 18. Transporter 2 Acknowledgement of Receipt of Materials 19. Certificate of Final Treatment/Disposal tectrify, on behalf of the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 19. Estate Facility ID H. State Facility ID H.	. Transporter 2 Company Name		8. US EPA I	D Number						
10. US EPA ID Number Contract					The second secon)			
HREE CONRTS REGIONAL LANDFILL 2005 COUNTY ROAD 6 PIEDMONT, AL 36272 11. Description of Waste Materials 12. Constances 13. Total 14. Unit 14. Unit 15. State Facility Phone 256-447-1881 13. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT							rter's Phone			
256-447-1881 1205 COUNTY ROAD 6 PIEDMONT, AL 36272 13. Total Section of Waste Materials P. No. Type P. Country Win, Aut. P. No. Type P. Country Win, Aut. P. No. Type P. Country Win, Aut. P. No. Type P. Country P. Count			10. US EPA	ID Number		BANK THE	dia de			
PIEDMONT, AL 36272 11. Description of Waste Materials 12. Containers 13. Total 14. Unit 14. Unit 15. Total 16. Unit 17. Total 17. Total 18. Total 19. Non-HAZARDOUS IMPACT SOIL & DEBRIS 10. NON-HAZARDOUS IMPACT SOIL & DEBRIS 11. DT 12. DT 13. Total 14. Unit 14. Unit 15. Total 16. Unit 17. Total 18. Total 18. Total 19. Unit 19. Unit 19. Unit 19. Unit 19. Additional Descriptions for Materials Listed Above 19. Additional Descriptions for Materials Listed Above 19. Special Handling Instructions and Additional Information 19. EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 19. GENERATOR'S CERTIFICATE: 19. Introduce of the Signature of Donn Williams 19. Signature of Donn Williams 19. Signature of Donn Williams 19. Certificate of Final Treatment/Disposal 19. Certificate of Final Treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable inexp. Requisitions, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		ANDFILL						255.44	7 4004	
12. Containments 13. Total 14. Unit 15. NON-HAZARDOUS IMPACT SOIL & DEBRIS 1 DT WM Profile # CF6400 WM Profile # C. WM Profile # C. WM Profile # M. Month Descriptions for Materials Listed Above EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature Signature Signature Month Day Y M	2205 COUNTY ROAD 6					H. State Fa	acility Phone	256-44	7-1881	
No. Type Quantity W. Vol.	PIEDMONT, AL 36272									
MM Profile # CF6400 WM Profil	1. Description of Waste Materials							I. Mis	c. Comments	
WM Profile # d. WM Profile # J. Additional Descriptions for Materials Listed Above K. Disposal Location			IIS		303					
WM Profile # d. WM Profile # D. Additional Descriptions for Materials Listed Above K. Disposal Location Cell Level Grid Level Grid DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" DONN WILLIAMS 18. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature Signature Month Day 19. Certificate of Final Treatment/Disposal Lecetify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			20		100					
WM Profile # WM Profile #		rofile # CF640	30							
WM Profile # . Additional Descriptions for Materials Listed Above Cell Level										
MM Profile # I. Additional Descriptions for Materials Listed Above Cell Level							L			
WM Profile # Additional Descriptions for Materials Listed Above K. Disposal Location Cell Level Grid Its. Special Handling Instructions and Additional Information EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 In GENERATOR'S CERTIFICATE: Interest of the proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day Yerinted Name Signature 18. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature Signature Month Day 1 19. Certificate of Final Treatment/Disposal Lecrtify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		WM Profile #						1		
WM Profile # Additional Descriptions for Materials Listed Above Cell Grid Level Cell Grid DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: It hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" DONN WILLIAMS 17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature Signature Month Day Month Day Level Month Day Tensporter 2 Acknowledgement of Receipt of Materials Printed Name Signature 19. Certificate of Final Treatment/Disposal 1 certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	•									
WM Profile # 1. Additional Descriptions for Materials Listed Above Cell						NE CONTRACTOR				
WM Profile # Cell		WIVI Profile #		MAC .		1				
Additional Descriptions for Materials Listed Above Cell	•									
Additional Descriptions for Materials Listed Above Cell										
Cell Level Grid 15. Special Handling Instructions and Additional Information Purchase Order # EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day Nonth Day	Additional Descriptions for Man	THE RESIDENCE OF THE PARTY OF T	WO	K. Dispos	al Location	1				
Purchase Order # EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day Y DONN-WILLIAMS 17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	J. Additional Descriptions for Mai	teriais Listed Abo	45							
Purchase Order # EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day Yented Name Signature Signature 17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature Signature Month Day Yented Name Signature 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 10. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				Cell				Level		
Purchase Order # EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day Printed Name Signature "Signature "On behalf of" Month Day Nonth Nonth Nonth Day Nonth				Grid						
16. GENERATOR'S CERTIFICATE: hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day Year		nd Additional Inte		CONTACT / PH	ONE NO.:	DONN	VILLIAMS (501-807-11	.87	
I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name Signature "On behalf of" Month Day Nonth			LINENCENCI	7.00						
Accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations. Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature Month Day 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	I hereby certify that the above-des	cribed materials	are not hazardous wastes as de	fined by 40 CF	R Part 261	or any appli	cable state la	w, have been	fully and	
Printed Name DONN-WILLIAMS 17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature Month Day 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	accurately described, classified and	d packaged and a	re in proper condition for transp	portation acco	ording to a	pplicable regi	ulations.			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature Month Day 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	Printed Name	0 11	Signature "On be	half of"	1	link.	En.	Month	Day	
Printed Name Signature Signature Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature Month Day Month Day 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		my Cx H		110000	3072	preces	and t			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature Month Day 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		ent of Receipt of I		*/				Month	Dav	,
Printed Name Signature Month Day 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	Printed Name		Signature			4.70			44	
Printed Name Signature Month Day 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	40. Turning 2.4.1	ant of Bossint of	Materials	-		II.e				
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		ent of Receipt of	THE RESERVE OF THE PARTY OF THE					Month	Day	
l certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	Printed Name		Jignature							
l certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	19. Certificate of Final Treatment	/Disposal								
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	I certify, on behalf of the above lis	ted treatment fac	cility, that to the best of my kno	wledge, the a	bove-desc	ribed waste	was managed	d in complian	ce with al	
Month Day	20. Facility Owner or Operator: C	ertification of rec	ceipt of non-hazardous material	s covered by t	his manife	est.				
			The second secon		1			Month	Day	
	Times Hame									

Pink- FACILITY USE ONLY



WATER NON-HAZARDOUS MANIFEST

	1. Generator's US EPA	A ID No.	Manifest Doc N	0.	2. Page 1 o	f			
NON-HAZARDOUS MANIFEST	ALD0040	19048	#		1				
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB	0.000	erator's Site Address (I NISTON PCB SITE	f different than ma	iling):	A. Manifes	t Number NNA	202835	53	
702 CLYDESDALE AVENUE ANNISTON, AL 36201 4. Generator's Phone 601-8	07-1187	NISTON, AL	*			B. State G	ienerator's l	D	
5. Transporter 1 Company Name		6. US EPA	ID Number			ansporter's ID	A COUNTY OF THE PARTY OF		
7. Transporter 2 Company Name	N, WG.	8. US EPA	ID Number	-	D. Transpo	rter's Phone	259031	- 709	<i>\(\)</i>
						ansporter's ID rter's Phone)	7	
Designated Facility Name and Site THREE CORNERS REGIONAL L		10. US EP	A ID Number		G. State Fa	cility ID		10000	
2205 COUNTY ROAD 6					H. State Fa	cility Phone	256-4	47-1881	
PIEDMONT, AL 36272									
11. Description of Waste Materials			12. Cor	tainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mi	sc. Comment	s
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT	122.5	T			
WM Pr	ofile # CF6400								
b.									
,	VM Profile #								
с.	WWW.Tome.w								
	NM Profile #			4					
d.									
A CONTRACTOR OF THE PARTY OF TH	WM Profile #								
J. Additional Descriptions for Mate	erials Listed Above		K. Dispos	al Locatio	n	-			
			Cell				Level		
15. Special Handling Instructions an	d Additional Informatio	in .	Grid						
Weight + Courifice	to or Dispo	sals Ryuns	nd						
Purchase Order # 16. GENERATOR'S CERTIFICATE:	ending)	EMERGENCY	CONTACT / PH	ONE NO.:	DONN W	/ILLIAMS 6	01-807-11	187	
I hereby certify that the above-desc accurately described, classified and	ribed materials are not	hazardous wastes as de	efined by 40 CF	R Part 26: ording to a	or any applic	able state lav lations.	v, have been	fully and	
Printed Name DONN WILLIAMS	4 O. Hoppie	Signature "On be		eu- ,	Sofietia:	Ana.	Month	Day	Y
17. Transporter 1 Acknowledgemen	nt of Receipt of Materia		11				Month	Day	Y
Printed Name	August 12 II	Signature	and h	11/10	nothing		LG	Tier by	
18. Transporter 2 Acknowledgemen	nt of Receipt of Materia	ls							
Printed Name		Signature					Month	Day	Y
19. Certificate of Final Treatment/D I certify, on behalf of the above liste applicable laws, regulations, permit	ed treatment facility, th		owledge, the a	bove-desc	ribed waste w	vas managed	in complian	ce with all	
20. Facility Owner or Operator: Ce			ls covered by t	his manife	est.				
Printed Name		Signature					Month	Day	Y
White- TREATMENT, STORAGE, DIS	POSAL FACILITY COPY	Blue- GENERAT	OR #2 COPY		Ye	ellow- GENER	ATOR #1 CO	PY	

Pink- FACILITY USE ONLY



NON-HAZARDOUS MANIFEST	1. Generator's US E	PA ID No. Mai	nifest Doc N	0.	2. Page 1 o	of			
NON-MAZARDOUS MANIFEST	ALD004	77.4	IF.		1				
3. Generator's Mailing Address:		nerator's Site Address (If dif	ferent than ma	iling):	A. Manifes	t Number	1		
SOLUTIA INC (ANNISTON PCB	SITE) AN	INISTON PCB SITE			W	MNA	202835	4	
702 CLYDESDALE AVENUE						B. State G	ienerator's II)	
ANNISTON, AL 36201	AN	NNISTON, AL							
	307-1187				1				
5. Transporter 1 Company Name		6. US EPA ID	Number		C Chata Te	ansporter's ID			
Holance II Connector	nel Tu	U/A				orter's Phone		31.96	15
7. Transporter 2 Company Name	100 AVICE	8. US EPA ID	Number		D. Transpe	rter 37 Hone	Ann Contract	7.5	
7. Transporter 2 company Name		G. GS ET THE			E. State Tr	ansporter's ID)		
					F. Transpo	rter's Phone			
9. Designated Facility Name and Site		10. US EPA I	D Number						
THREE CORNERS REGIONAL L	ANDFILL				G. State Fa	acility ID			
2205 COUNTY ROAD 6					H. State Fa	acility Phone	256-44	17-1881	
PIEDMONT, AL 36272									
			12 Cor	ntainers	13. Total	14. Unit			
11. Description of Waste Materials			No.	Type	Quantity	Wt./Vol.	I. Mis	c. Comments	
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT	(E37.)	-	1		
			1	Di	22.5	7	1		
WMP	rofile # CF6400		11/1/2				2010		
b.									
				100					
	WM Profile #								
c.									
				X					
	WM Profile #		5/10	100			74		
d.									
						Carrier -			
	WM Profile #			11.00					
J. Additional Descriptions for Mat	erials Listed Above		K. Dispos	al Location					
			C-II				Level	-	-
			Cell				revei		
15. Special Handling Instructions ar	nd Additional Informati	on							
Waight + Centre	ONTE OF DIST	256 Royall LTE 4	1						
panjen carne	/	, ,							
Purchase Order # / May = 12	matalinte)	EMERGENCY CO	NTACT / PH	ONE NO.:	DONN V	VILLIAMS 6	01-807-11	.87	
16. GENERATOR'S CERTIFICATE:	11								
					or any applic	able state lav	v, have been	fully and	
I hereby certify that the above-desc	cribed materials are no	t hazardous wastes as defir	ed by 40 CF	R Part 261	and the second second				
I hereby certify that the above-desc accurately described, classified and	ribed materials are no packaged and are in p	t hazardous wastes as defir roper condition for transpo	rtation acco	ording to ap	plicable regu	lations.	1	-	-
accurately described, classified and Printed Name	packaged and are in p	roper condition for transpo Signature "On beha	rtation acco	ording to ap	plicable regu	llations.	Month	Day	Year
accurately described, classified and Printed Name DONN-WILLIAMS	packaged and are in p	roper condition for transpo Signature "On beha	rtation acco	ording to ap	plicable regu	llations.	Month	Day	Year
accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgeme	packaged and are in p	oper condition for transpo Signature "On beha als	rtation acco	ording to ap	plicable regu	llations.	03		13
accurately described, classified and Printed Name DONN-WILLIAMS	packaged and are in p	roper condition for transpo Signature "On beha	rtation acco	ording to ap	pplicable regu	llations.	Month	Day	Year
accurately described, classified and Printed Name DONN-WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name	packaged and are in p	Signature "On beha	rtation acco	Part 261	pplicable regu	llations.	03		13
accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name 18. Transporter 2 Acknowledgeme	packaged and are in p	Signature "On beha	rtation acco	R Part 261	plicable regu	llations.	03		13
accurately described, classified and Printed Name DONN-WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name 18. Transporter 2 Acknowledgeme Printed Name	packaged and are in p	Signature "On beha	rtation acco	R Part 261	plicable regu	llations.	Month	Day	Year
accurately described, classified and Printed Name DONN-WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name 18. Transporter 2 Acknowledgeme Printed Name	packaged and are in p	Signature "On beha	rtation acco	R Part 261	plicable regu	lations.	Month	Day	Year
accurately described, classified and Printed Name DONN-WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name 18. Transporter 2 Acknowledgeme Printed Name 19. Certificate of Final Treatment/	nt of Receipt of Materi	Signature "On beha	rtation acco	ording to ap	policable regu	lations.	Month	Day	Year
accurately described, classified and Printed Name DONN-WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name 18. Transporter 2 Acknowledgeme Printed Name 19. Certificate of Final Treatment/I I certify, on behalf of the above list	nt of Receipt of Materi	Signature "On behalas Signature Signature als Signature sals Signature shat to the best of my know	rtation acco	ording to ap	policable regu	lations.	Month	Day	Year
accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name 18. Transporter 2 Acknowledgeme Printed Name 19. Certificate of Final Treatment/I I certify, on behalf of the above list applicable laws, regulations, permit	nt of Receipt of Materi ent of Receipt of Materi ent of Receipt of Materi Disposal ed treatment facility, to	Signature "On behar als Signature Signature Signature als Signature hat to the best of my know dates listed above.	rtation according of the second of the secon	bove-descr	ibed waste v	lations.	Month	Day	Year
accurately described, classified and Printed Name DONN-WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name 18. Transporter 2 Acknowledgeme Printed Name 19. Certificate of Final Treatment/I I certify, on behalf of the above list applicable laws, regulations, permit 20. Facility Owner or Operator: Ce	nt of Receipt of Materi ent of Receipt of Materi ent of Receipt of Materi Disposal ed treatment facility, to	Signature "On behar als Signat	rtation according of the second of the secon	bove-descr	ibed waste v	lations.	Month Month in compliance	Day Day	Year
accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgeme Printed Name 18. Transporter 2 Acknowledgeme Printed Name 19. Certificate of Final Treatment/I certify, on behalf of the above list applicable laws, regulations, permit	nt of Receipt of Materi ent of Receipt of Materi ent of Receipt of Materi Disposal ed treatment facility, to	Signature "On behar als Signature Signature Signature als Signature hat to the best of my know dates listed above.	rtation according of the second of the secon	bove-descr	ibed waste v	lations.	Month	Day	Year

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold- TRANSPORTER #1 COPY



NON-HAZARDOUS MANIFEST Manifest Doc No. 2. Page 1 of

WASTE WINTERGEMENT	1. Generator's US	EPA ID No. M	lanifest Doc N	No.	2. Page 1 d	of			
NON-HAZARDOUS MANIFEST	ALD00	4019048	TP#		1				
3. Generator's Mailing Address:	G	enerator's Site Address (If	different than ma	ailing):	A. Manifes	st Number			
SOLUTIA INC (ANNISTON PCB	SITE) A	NNISTON PCB SITE			W	MNA	202835	2	
702 CLYDESDALE AVENUE ANNISTON, AL 36201		NNISTON, AL				B. State	Generator's ID		
5. Transporter 1 Company Name	507-1107	6. US EPA	ID Number	-					
5. Hansporter 2 company Name						ransporter's l			
					D. Transp	orter's Phone	2		
7. Transporter 2 Company Name		8. US EPA	ID Number			ransporter's l orter's Phone			
9. Designated Facility Name and Site	e Address	10. US EPA	ID Number						
THREE CORNERS REGIONAL L	ANDFILL				G. State F	acility ID			
2205 COUNTY ROAD 6					H. State F	acility Phone	256-44	7-1881	
PIEDMONT, AL 36272									2
11. Description of Waste Materials			12. Co	ontainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	c. Comments	
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT		T			
WM P	rofile # CF6400								
b.	Tome ii or o roo								
		1							
	WM Profile #			40			1	- 43	
c.									
	WM Profile #					8 8-8-8-8-8-8			
d.									
									State of
	WM Profile #		K Dieno	sal Location	1				100
J. Additional Descriptions for Mat	erials Listed Above		K. Dispe	Sai Location					
			Cell				Level		
15. Special Handling Instructions an	nd Additional Informa	ation	Grid						
				10115 110	DONNI	AZILLIANAS	CO1 907 11	07	
Purchase Order #		EMERGENCY (LUNIACI / PI	TONE NO.:	DONN	VILLIAIVIS	601-807-11	.07	
 GENERATOR'S CERTIFICATE: I hereby certify that the above-descaccurately described, classified and 	cribed materials are r	not hazardous wastes as de	fined by 40 C	CFR Part 261	or any appli	cable state la	w, have been	fully and	
Printed Name	packaged and are in	Signature "On be	half of"		0///-	1	Month	Day	Ye
DONN WILLIAMS	ya, franti	2 - Elleft	John M	00-	of feeting	elga-	127	11	
17. Transporter 1 Acknowledgeme	nt of Receipt of Mate	erials	11	1	1				
Printed Name	ery	Signature	my	KA	dey		Month	Day	Ye
18. Transporter 2 Acknowledgeme	ent of Receipt of Mate		1	-	1		Month	Day	Ye
Printed Name		Signature		0			Month	Day	1
19. Certificate of Final Treatment/ I certify, on behalf of the above list applicable laws, regulations, permi	ed treatment facility	, that to the best of my kno	owledge, the	above-desc	ribed waste	was manage	d in complian	ce with all	
20. Facility Owner or Operator: Co	ertification of receipt	of non-hazardous materia	s covered by	this manife	st.				
Printed Name		Signature					Month	Day	Ye
White-TREATMENT, STORAGE, DI	SPOSAL FACILITY COP	Y Blue- GENERAT	OR #2 COPY			rellow- GENE	RATOR #1 CO	PY	

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold- TRANSPORTER #1 COPY



NON-HAZARDOUS MANIFEST	1. Generator's US EP	10	nifest Doc N	0.	2. Page 1				
	ALD004	1/1	N. Comment		1				
3. Generator's Mailing Address:		nerator's Site Address (If d	fferent than ma	iling):	A. Manife	st Number			
SOLUTIA INC (ANNISTON PCB	SITE) AN	INISTON PCB SITE			W	MNA	20283	55	
702 CLYDESDALE AVENUE ANNISTON, AL 36201 4. Generator's Phone 601-8	AN 807-1187	INISTON, AL				B. State	Generator's	ID	
5. Transporter 1 Company Name	507-1167	6. US EPA II	Number	_					
111 = = .	3	11/1	, italiibei		C. State Tr	ansporter's I	D		
Holmes IL EXCHUTT	THE LOVE.	NIA			D. Transpo	orter's Phone	(556) E	31-45	90
7. Transporter 2 Company Name		8. US EPA II	Number		F 0				
						ansporter's Il orter's Phone)	-	-
9. Designated Facility Name and Site	e Address	10. US EPA	D Number		1. Hunspe	reer 31 Hone			
THREE CORNERS REGIONAL L	ANDFILL				G. State Fa	acility ID			
2205 COUNTY ROAD 6		Marie and the			H. State Fa	acility Phone	256-4	47-1883	
PIEDMONT, AL 36272				200					2000
			12.000		B-0-7-8-7-10-1	- Web			
11. Description of Waste Materials	tre sub-u		12. Con No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I, M	isc. Commen	ts
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT	E37				
			-	01	225	7			
	rofile # CF6400				10.23				
b.									
	WM Profile #			146					
c.									
	WM Profile #								
d.									
						VI.			
	WM Profile #					0			
	rials Listed Above		K. Disposa	l Location					
J. Additional Descriptions for Mate			0.11						
J. Additional Descriptions for Mate							Level		_
J. Additional Descriptions for Mate			Cell						
15. Special Handling Instructions and	d Additional Informatio	isposal Regu	Grid						
15. Special Handling Instructions and	Gene EF D	Sposal Rega	Grid	ONE NO.:	DONN W	/ILLIAMS 6	01-807-11	187	
15. Special Handling Instructions and Purchase Order # 16. GENERATOR'S CERTIFICATE:	iding of D	EMERGENCY CO	Grid NTACT / PHO						
15. Special Handling Instructions and Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descr	ibed materials are not	EMERGENCY CO	Grid NTACT / PHO ed by 40 CFF	R Part 261	or any applic	able state law			
15. Special Handling Instructions and Purchase Order # 16. GENERATOR'S CERTIFICATE:	ibed materials are not	EMERGENCY CO	Grid NTACT / PHC ed by 40 CFF rtation accord	R Part 261	or any applic	able state law			Yea
15. Special Handling Instructions and Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descr accurately described, classified and printed Name DONN WILLIAMS	ribed materials are not loackaged and are in pro	EMERGENCY CO	Grid NTACT / PHC ed by 40 CFF rtation accord	R Part 261	or any applic	able state law	, have been	fully and	Yea
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descraccurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgemen	ribed materials are not loackaged and are in pro	EMERGENCY CO hazardous wastes as defin oper condition for transpo Signature "On beha	Grid NTACT / PHC ed by 40 CFF rtation accord	R Part 261	or any applic	able state law	, have been	fully and	Yea
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descraccurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement	ribed materials are not backaged and are in pro	EMERGENCY CO hazardous wastes as defin pper condition for transpo Signature "On beha s Signature	Grid NTACT / PHC ed by 40 CFF rtation accord	R Part 261	or any applic	able state law	, have been	fully and	1
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgemen Printed Name	ribed materials are not loackaged and are in protection of the second of	EMERGENCY CO hazardous wastes as defin pper condition for transpo Signature "On beha s Signature	Grid NTACT / PHC ed by 40 CFF rtation accord	R Part 261	or any applic	able state law	, have been	fully and	1
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descriaccurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgemen Printed Name 18. Transporter 2 Acknowledgemen	ribed materials are not loackaged and are in protection of the second of	EMERGENCY CO hazardous wastes as defin oper condition for transpo Signature "On beha s Signature	Grid NTACT / PHC ed by 40 CFF rtation accord	R Part 261	or any applic	able state law	Month Month	fully and Day Day	Yea
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descr accurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgemen Printed Name	ribed materials are not loackaged and are in protection of the second of	EMERGENCY CO hazardous wastes as defin pper condition for transpo Signature "On beha s Signature	Grid NTACT / PHC ed by 40 CFF rtation accord	R Part 261	or any applic	able state law	, have been	fully and	Yea
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgemen Printed Name 18. Transporter 2 Acknowledgemen Printed Name	t of Receipt of Material	EMERGENCY CO hazardous wastes as defin oper condition for transpo Signature "On beha s Signature	Grid NTACT / PHC ed by 40 CFF rtation accord	R Part 261	or any applic	able state law	Month Month	fully and Day Day	Yea
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descriaccurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Directify, on behalf of the above listed	t of Receipt of Material t of Receipt of Material t of receipt of Material	EMERGENCY CO hazardous wastes as defin oper condition for transpo Signature "On beha s Signature s Signature tt to the best of my knowledges to the best o	Grid NTACT / PHC ed by 40 CFF rtation accord f of	R Part 261 of ding to app	or any application of the second of the seco	able state law	Month Month Month	Day Day	Yea
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descraccurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Discretify, on behalf of the above lister applicable laws, regulations, permits	t of Receipt of Material isposal d treatment facility, that	EMERGENCY CO hazardous wastes as defin oper condition for transpo Signature "On beha s Signature s Signature s to the best of my knowl tes listed above.	Grid NTACT / PHC ed by 40 CFF rtation accord f of	R Part 261 of ding to app	or any application of the control of	able state law	Month Month Month	Day Day	Yea Yea
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descriaccurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Dicertify, on behalf of the above listed	t of Receipt of Material isposal d treatment facility, that	EMERGENCY CO hazardous wastes as defin oper condition for transpo Signature "On beha s Signature s Signature s to the best of my knowl tes listed above.	Grid NTACT / PHC ed by 40 CFF rtation accord f of	R Part 261 of ding to app	or any application of the control of	able state law	Month Month Month	Day Day	Yea



THE I HAVE THE STATE OF THE STA	1. Generator's US EPA	ID No. /Ma	nifest Doc N	0.	2. Page 1 o	f			
NON-HAZARDOUS MANIFEST	ALD0040	19048	E#		1				
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCE 702 CLYDESDALE AVENUE ANNISTON, AL 36201	S SITE) ANI	erator's Site Address (If di NISTON PCB SITE NISTON, AL	fferent than mai	ling):	A. Manifes	ANA	202835 Generator's 10		
5. Transporter 1 Company Name 7. Transporter 2 Company Name 9. Designated Facility Name and Si		8. US EPA ID	7/A		D. Transpo	ansporter's II orter's Phone ansporter's II rter's Phone	(256) 8.	31-72	45
THREE CORNERS REGIONAL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272	LANDFILL					acility Phone	255 44		
11. Description of Waste Materials			No.	tainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc	. Comments	
a. NON-HAZARDOUS IMPAC	T SOIL & DEBRIS		1	DT	22.5	T			
WM	Profile # CF6400					7			1,1
с.	WM Profile #								
	WM Profile #				N				7
J. Additional Descriptions for Ma	WM Profile # sterials Listed Above		K. Dispos	sal Location			Level		
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-de accurately described, classified an Printed Name DONN WILLIAMS	scribed materials are not ad packaged and are in pr	hazardous wastes as defioper condition for transp	ined by 40 C	FR Part 261	or any appli	cable state la	601-807-11 www, have been		Yea
17. Transporter 1 Acknowledgem Printed Name	ent of Receipt of Materia	Signature	1/	-			Month	Day	Yea
							UT		1
18. Transporter 2 Acknowledgem Printed Name	nent of Receipt of Materia	Signature					Month	Day	Yea
19. Certificate of Final Treatmen I certify, on behalf of the above li applicable laws, regulations, perr	sted treatment facility, the	ates listed above.				was manage	d in complian	ce with all	
20. Facility Owner or Operator:	Certification of receipt of		covered by	this manife	st.		Month	Day	Yea
Printed Name		Signature							
White- TREATMENT, STORAGE, I	DISPOSAL FACILITY COPY	Blue- GENERATO	OR #2 COPY		1	ellow- GENE	RATOR #1 CO	PY	

Pink- FACILITY USE ONLY



NON HAZARDOUS MANUESTE	1. Generator's	US EPA ID No.	Manifest Do	c No.	2. Page 1	of			_
NON-HAZARDOUS MANIFEST	ALD	0004019048	D# 14	1					
3. Generator's Mailing Address:		Generator's Site Address	If different them	<u> </u>			-		
SOLUTIA INC (ANNISTON PCB	SITE)	ANNISTON PCB SITE	(if different than	mailing):	A. Manife	est Number			
702 CLYDESDALE AVENUE		THAT STORT CD SITE			W	MNA	2028	357	
ANNISTON, AL 36201		ANNISTON, AL				B. State	Generator'	s ID	
	07-1187	ANNISTON, AL							
5. Transporter 1 Company Name	0. 110,	6. US EPA	A ID Number						
111 - 5	, -		VID WUITIDE		C State T	ransporter's II	<u> </u>		
Mounes IL EXCAVATION	AL LINCO	N/A	1			orter's Phone		31-17	545
7. Transporter 2 Company Name		8. US EPA	ID Number			100			
					CONTRACTOR OF THE PARTY OF THE	ransporter's II)		
9. Designated Facility Name and Site		10. US EF	A ID Numbe		F. Transpo	orter's Phone			
THREE CORNERS REGIONAL L	ANDFILL		- I I IIIII		G. State F	acility ID			
2205 COUNTY ROAD 6							256		
PIEDMONT, AL 36272					n. State F	acility Phone	256-4	447-18	81
11. Description of Waste Materials				Containers	13. Total	14. Unit	1.4	Aisc. Commi	ente
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		No.	Туре	Quantity	Wt./Vol.	I. N	ac. comm	CHES
			1	DT	22.5	-			
WM Pro	ofile # CF6400				PART - 2				
b.									
w	M Profile #				+				
c.									
	M Profile #								
d.									
						1			
	M Profile #		77/						
J. Additional Descriptions for Mater	ials Listed Above		K. Dispo	sal Location	1				
			Call	-			L		
Address to the second			Cell				Level		
15. Special Handling Instructions and	Additional Inform	ation	- John						-
Weight + CERTIFI			mare 1						
Wagen + CENT	court of a	enstangen testen	SAL						
Purchase Order # / / / / / /	willian)	EMERGENCY C	ONTACT / PH	ONE NO.:	DONN W	ILLIAMS 60	1-807-11	197	
16. GENERATOR'S CERTIFICATE:	P			1000000	DOM: W	TELIMIVIS OU	1-007-11	107	-
hereby certify that the above-describ	ed materials are r	not hazardous wastes as def	ned by 40 CF	R Part 261	or any applica	hle state law	have been	fully and	4
accurately described, classified and pa	ckaged and are in	proper condition for transp	ortation acco	ording to ap	plicable regula	ations.	nave been	rully and	
Printed Name DONN WILLIAMS	1 .11	Signature "On beh	alf of"		14.	1	Month	Day	Yea
7. Transporter 1 Acknowledgement	of Possint of Mate		TIGPIE.	A W VOR	TREATE -	Epilla.	11 15		1
Printed Name	or receipt or water								
		Signature	11	1 1	11.		Month	Day	Yea
8. Transporter 2 Acknowledgement	of Receipt of Mate	erials	\		1.1,4,40		400		
Printed Name		Signature	1				Name I		1
		3.8.0.0					Month	Day	Yea
9. Cartificate of Final Taxature (2)	and .								1
Certificate of Final Treatment/Dispose certify on behalf of the above listed to		distribution of the second							
certify, on behalf of the above listed to pplicable laws, regulations, permits a	reatment facility,	that to the best of my know	ledge, the at	ove-descril	bed waste wa	s managed in	complianc	e with all	
0. Facility Owner or Operator: Certif	nu ncenses on the	dates listed above.							
Printed Name	or receipt (Signature	Lovered by th	iis manifest					
		Signature					Month	Day	Year
White- TREATMENT, STORAGE, DISPO	SAL FACILITY COPY	/ Blue- GENERATOR	#2 CODY				20.00		
Pink- FACILITY USE ON		Gold- TRANSPORTE			Yello	ow- GENERAT	UK #1 COP	Υ	



WANTE NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST 3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB S 702 CLYDESDALE AVENUE ANNISTON, AL 36201 4. Generator's Phone 601-80	ALD0040	19048	*	0.	2. Page 1 o	T			
SOLUTIA INC (ANNISTON PCB S 702 CLYDESDALE AVENUE ANNISTON, AL 36201 4. Generator's Phone 601-80	Gen	23010	# 141	4	1				
	SITE) ANI	erator's Site Address (If NISTON PCB SITE NISTON, AL	different than ma	iling):	A. Manifes	MNA	202835 Generator's II		
5. Transporter 1 Company Name Holmes TF Exemplaria	ien Inc.	6. US EPA I	D Number			ansporter's I orter's Phone	-	1-15	45
7. Transporter 2 Company Name			D Number			ansporter's I rter's Phone			
9. Designated Facility Name and Site of THREE CORNERS REGIONAL LA 2205 COUNTY ROAD 6		10. US EPA	ID Number		G. State Fa	acility ID	e 256-447-1881		
PIEDMONT, AL 36272			100						
11. Description of Waste Materials			No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	c. Comments	
a. NON-HAZARDOUS IMPACT S			1	DT	22.5	7			
b. WM Pro	ofile # CF6400				1				
	/M Profile #								
	/M Profile #								
d. W. J. Additional Descriptions for Mater	/M Profile #		K. Dispos	sal Location					
J. Additional Descriptions for Mater	iais tisted Above		Cell				Level		
	ere of Disp rending	EMERGENCY C	ONTACT / PH				601-807-11 w, have been		
16. GENERATOR'S CERTIFICATE:	ackaged and are in pro	oper condition for transp	ortation acco	ording to ap	plicable regu	ulations.	Month	Day	Y
I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS	y d. Hopes	Signature "On be	half of"	Bel .	X16 /14.62	AHE,		TI	
I hereby certify that the above-descri accurately described, classified and p Printed Name	y d. Hopes	Signature "On be	half of"	fres on	XX 726.62	(Mic)	Month	Day	Y
I hereby certify that the above-descri accurately described, classified and p Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement	t of Receipt of Materia	Signature "On bel	half of"	Bill on	586 J. J. L. C.	MIC,	Month	Day	
I hereby certify that the above-descriaccurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement	t of Receipt of Materia t of Receipt of Materia isposal d treatment facility, th	Signature "On bel	half of floth	bove-descr	ibed waste v	was managed	Month	Day	Y
I hereby certify that the above-descriaccurately described, classified and printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/Dit certify, on behalf of the above listed	t of Receipt of Materia t of Receipt of Materia isposal d treatment facility, the	Signature "On bel	wledge, the a			was managed	Month	Day	Y

Pink- FACILITY USE ONLY



NON-HAZARDOUS MANIFEST	1. Generator's US	V.	anifest Doc I	No.	2. Page 1	of			
	ALD00	4019048	1K# 1	43	1				
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PC 702 CLYDESDALE AVENUE	Contract of the Contract of th	enerator's Site Address (IF NNISTON PCB SITE	different than m	ailing):	1	st Number MNA B. State 0	202835 Generator's I	131	
ANNISTON, AL 36201 4. Generator's Phone 601	807-1187	NNISTON, AL							
5. Transporter 1 Company Name	and The	6. US EPA I	D Number			ransporter's II	-	2/-9/0	and in
7. Transporter 2 Company Name	11018 , JAN 56.4	8. US EPA I	D Number		E. State Tr	ransporter's II			
9. Designated Facility Name and St THREE CORNERS REGIONAL		10. US EPA	ID Number		G. State F				
2205 COUNTY ROAD 6					H. State F	acility Phone	256-44	17-1881	
PIEDMONT, AL 36272									
11. Description of Waste Materials			No.	ontainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	c. Comment	s
a. NON-HAZARDOUS IMPAC	T SOIL & DEBRIS		1	DT	22,5	T			
wm	Profile # CF6400								
b.									
c.	WM Profile #					000000000000000000000000000000000000000			
	WM Profile #			2.4					
d.	WM Profile #								
J. Additional Descriptions for Ma	terials Listed Above		Cell	sal Location			Level		
15. Special Handling Instructions a	nd Additional Informat	cion Cosel Rymeson	Grid		-				
Purchase Order # 16. GENERATOR'S CERTIFICATE:	ending)	EMERGENCY CO	ONTACT / PH			VILLIAMS 6			
I hereby certify that the above-des accurately described, classified and Printed Name DONN WILLIAMS	packaged and are in p	oroper condition for transp Signature "On beh	ortation acco				Month	Day	Year
17. Transporter 1 Acknowledgeme	nt of Receipt of Mater	Signature		23	1. 10-	,	Month	Day	Year
18. Transporter 2 Acknowledgeme	ent of Receipt of Mater	ials	1	4	1	1		-	2.0
Printed Name		Signature	/		1		Month	Day	Year
19. Certificate of Final Treatment/ I certify, on behalf of the above list applicable laws, regulations, perm	ed treatment facility, t		ledge, the a	bove-descri	bed waste w	vas managed i	in complianc	e with all	
20. Facility Owner or Operator: Co			covered by t	his manifes	t,				
Printed Name		Signature		-			Month	Day	Year
White-TREATMENT STORAGE DI	SPOSAL EACILITY CORY	Blue- GENERATO	P #2 CODY		Ve	llow- GENERA	ATOR #1 COR	V	



NON-HAZARDOUS MANUEST	1. Generator's US	EPA ID No.	Manifest Doc	No.	2. Page 1	of			
NON-HAZARDOUS MANIFEST	ALDOO	4019048	TP# 11	40	1				
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB		enerator's Site Address (f different than r	mailing):		est Number			
702 CLYDESDALE AVENUE	SITE) A	NNISTON PCB SITE			W	MNA	2028	360	
ANNISTON, AL 36201		NNISTON AL				B. State	Generator's		
	07-1187	NNISTON, AL							
5. Transporter 1 Company Name	07 1107	6. US EPA	ID Number	-					
Ul TE			/ »		C. State T	ransporter's I	0		
7. Transporter 2 Company Name	M, HAGE	- N	H			orter's Phone		537-9	54
. Transporter 2 company Name		8. US EPA	ID Number		C COURT				
					The state of the s	ransporter's II)	-	
9. Designated Facility Name and Site		10. US EP/	A ID Number			ater of none			
THREE CORNERS REGIONAL LA 2205 COUNTY ROAD 6	ANDFILL				G. State F	acility ID			
PIEDMONT, AL 36272					H. State F	acility Phone	256-4	447-188	31
					l le				
11. Description of Waste Materials			12, Co No.	ontainers Type	13. Total Quantity	14. Unit Wt./Vol.	1. N	lisc. Comme	ents
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS				(65%)	VVI./VUI.			
			1	DT	22.5	7		97	
b. WM Pro	ofile # CF6400							7	
							1		
**	M Profile #		1		-				
C.	IVI Profile #								
			1						
	M Profile #		I Paris			43.00			
d.									
	2		1						
J. Additional Descriptions for Mater	M Profile #			E 3					
Additional Descriptions for Mater	iais Listed Above		K. Dispos	al Location	1				
			Cell				Level		-
1E Consid Handling Later 1			Grid						
15. Special Handling Instructions and Weight & Confessor			1						
Purchase Order #	atten)	EMERGENCY CO	NTACT / DU	ONE NO .	DOMALWA	ULIANAS CO	4 007 44		
16. GENERATOR'S CERTIFICATE:	- therese	LIVIENGENCY CC	NIACI / PHI	JINE NO.:	DONN W	ILLIAMS 60	1-807-11	187	
hereby certify that the above-describ	ed materials are not	hazardous wastes as defi	ned by 40 CF	R Part 261	or any applica	hle state law	have been	fully	1
accurately described, classified and pa	ckaged and are in pr	oper condition for transpo	ortation acco	rding to ap	plicable regula	ations.	nave been	runy and	
Printed Name DONN WILLIAMS TO BE SEED TO B	10 Stores	Signature "On beha	alf of"		about!	L.	Month	Day	Year
17. Transporter 1 Acknowledgement	of Receipt of Materia	ls // ///	tioble	1-13	fore .	1000		16.	
Printed Name		Signature	-				Month	Day	Year
							A STATE OF THE STA	Jay	rear
18. Transporter 2 Acknowledgement	of Receipt of Materia								
Printed Name		Signature					Month	Day	Year
Marie Control of the									
9. Certificate of Final Treatment/Disp				THE RES					
certify, on behalf of the above listed to pplicable laws, regulations, permits a	reatment facility, the	at to the best of my knowl	edge, the ab	ove-descril	oed waste wa	s managed in	complianc	e with all	
Facility Owner or Operator: Certif	nd licenses on the da	tes listed above.							
Printed Name	or receipt of r	Signature	overed by th	is manifest					
		o.g.racare					Month	Day	Year
White-TREATMENT, STORAGE, DISPOS	SAL FACILITY COPY	Blue- GENERATOR	#2 COPY		Yell	ow- GENERAT	OR #1 COP	V	
Pink- FACILITY USE ON	LY	Gold-TRANSPORTE				- January I	2.1.112 COF		



	1. Generator's US EP.	A ID No. Ma	nifest Doc No	1.	2. Page 1 of				- 1
NON-HAZARDOUS MANIFEST	ALD0040	15	+ 141	2	1				
3. Generator's Mailing Address:		erator's Site Address (If d	ifferent than mail	ing):	A. Manifest	Number			
SOLUTIA INC (ANNISTON PCB		NISTON PCB SITE		-	WA	ANA	2028361		
702 CLYDESDALE AVENUE	, 5,112,				-		enerator's ID	-	
ANNISTON, AL 36201	AN	NISTON, AL				D. State C			
	807-1187								
5. Transporter 1 Company Name	807-1187	6. US EPA II) Number						
5. Transporter 1 company reams	and the second	1.10				insporter's ID		1 1000	100
Holmes II Exemples	now, Luc.	NIM			D. Transpo	rter's Phone	45/103/	-124	8
7. Transporter 2 Company Name	-	8. US EPA II	D Number		E State Tra	ensporter's ID			
						rter's Phone			
9. Designated Facility Name and Sit	te Address	10. US EPA	ID Number					- 20	
THREE CORNERS REGIONAL I					G. State Fa	cility ID			
2205 COUNTY ROAD 6					H. State Fa	cility Phone	256-44	7-1881	
PIEDMONT, AL 36272									
(IEDINION), NE GGE / E			-			are the te			
11. Description of Waste Materials			No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc.	Comments	
	HAZARDOUS IMPACT SOIL & DEBRIS		1		(EST.)	-			
a. INDIN-LIAZARDOOD INII AC	OUS IMPACT SOIL & DEBRIS			DT	24.5	7			
WMF	Profile # CF6400					400			
b.									
				1					
	WM Profile #								
c.									
	WM Profile #								
d.									
	WM Profile #					7 40			
J. Additional Descriptions for Ma	iterials Listed Above		K. Dispos	al Location	n				
			Cell				Level		
			Grid						
15. Special Handling Instructions a	and Additional Informati	on	,						
	A	sposal Repl	570 5						
Weight - Guns	Sichlan est mone	1							
Purchase Order # /// //	redisk)	EMERGENCY C	ONTACT / PH	ONE NO.:	DONN V	VILLIAMS 6	01-807-11	87	
	11								
16 GENERATOR'S CERTIFICATE:		. 1	fined by 40 CF	R Part 26:	1 or any applic	cable state lav	v, have been	fully and	
16. GENERATOR'S CERTIFICATE:	scribed materials are no	t nazardous wastes as de	inica by 40 ci		muliospio roa	ulations.		Day	Yea
	scribed materials are no id packaged and are in p	roper condition for transp	portation acco	ording to a	pplicable regu			207	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name	d packaged and are in p	roper condition for transpose Signature "On be	portation acco	ording to a	Achity	where.	Month		133
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS	d packaged and are in p	Signature "On be	portation acco	ording to a	Acfult.	And	Month		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem	d packaged and are in p	Signature "On be	portation acco	ording to a	Acofults.	Ance	Month	Day	Yea
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name	d packaged and are in p	Signature "On be	portation acco	de de la	Acfustic	And,	61	Day	Yea
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name	nd packaged and are in p	Signature "On be Signature"	portation acco	de de la	kofutri.	Aner	61	Day	Yea
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem	nd packaged and are in p	Signature "On be Signature" Signature	portation acco	de de la	kofutri.	Ance	61	Day	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name	nd packaged and are in p	Signature "On be Signature"	portation acco	de de la	kofutri.	Ance	Month	19	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name	nent of Receipt of Mater	Signature "On be Signature" Signature	portation acco	de de la	kofutri.	Ance	Month	19	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name	nent of Receipt of Mater	Signature On be Signature Signature Signature Signature	half of	from	kofutri rez	Ance	Month	Day	Yea
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-dea accurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment Lectify, on behalf of the above list	nent of Receipt of Mater ment of Receipt of Mater t/Disposal sted treatment facility, t	Signature On be Signature Signature Signature Signature shat to the best of my known to the best of my	half of	from	kofutri rez	Ance	Month	Day	Yea
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment I certify, on behalf of the above lisapplicable laws, regulations, pern	nent of Receipt of Mater t/Disposal sted treatment facility, to	Signature On be Signature Signature Signature ials Signature that to the best of my know dates listed above.	wledge, the a	bove-desc	Alefastic	Ance	Month	Day	Yea
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment I certify, on behalf of the above lisapplicable laws, regulations, perm 20. Facility Owner or Operator: 0	nent of Receipt of Mater t/Disposal sted treatment facility, to	Signature On be Signature Signature Signature Signature ials Signature that to the best of my know dates listed above. If non-hazardous material	wledge, the a	bove-desc	Alefastic	Ance	Month	Day	Yea
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified an Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment I certify, on behalf of the above lisapplicable laws, regulations, pern	nent of Receipt of Mater t/Disposal sted treatment facility, to	Signature On be Signature Signature Signature ials Signature that to the best of my know dates listed above.	wledge, the a	bove-desc	Alefastic	Ance	Month Month in compliance	Day e with all	Yea

Pink- FACILITY USE ONLY



WWW. NON-HAZARDOUS MANIFEST

NON-HAZADDOUS MANUEEST	1. Generator's US EP	A ID No. Ma	nifest Doc No	0.	2. Page 1 o				
NON-HAZARDOUS MANIFEST	ALD0040		F# 14	4	1				
	A CONTRACTOR OF THE PARTY OF TH	erator's Site Address (If d	House then mai	line):	A. Manifes	Number			
3. Generator's Mailing Address:		NISTON PCB SITE	merent than mar	mig).	100000000000000000000000000000000000000		202020	2	
SOLUTIA INC (ANNISTON PCE	10000	NISTON PCB SITE			WI	ΛNA	202836		
702 CLYDESDALE AVENUE						B. State G	enerator's ID)	
ANNISTON, AL 36201	and the same of th	NISTON, AL							
4. Generator's Phone 601-	807-1187								
5. Transporter 1 Company Name		6. US EPA II) Number		C State Te	anenortor's ID	-		
HI Thomas	FICH THE.	N/A			The state of the s	ensporter's ID erter's Phone		1-1134	15
	TICK , MAKES		D Number		D. Hallspo	ree 31 Hone			
7. Transporter 2 Company Name		o. OSLIAI	o italiibei		E. State Tr	ansporter's ID)		
					F. Transpo	rter's Phone			
9. Designated Facility Name and Si	te Address	10. US EPA	ID Number					56,71	
THREE CORNERS REGIONAL		1			G. State Fa	icility ID			
2205 COUNTY ROAD 6					H. State Fa	cility Phone	256-44	7-1881	
PIEDMONT, AL 36272						*			
11. Description of Waste Materials			No.	tainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	c. Comments	
			140.		(E3T.)				
a. NON-HAZARDOUS IMPAC	I JUIL & DEBKIS		1	DT	22.5	T			
			190		22.5 7				
	Profile # CF6400								
b.									
	WM Profile #								
c.									
						Transition of the last of the			
	WM Profile #					10			
d.									
	WM Profile #								
	torials Listed Ahove	3	K. Dispos	al Location					
J. Additional Descriptions for Ma	teriais tisted Above								
J. Additional Descriptions for Ma	teriais tisted Above		Cell				Level		
J. Additional Descriptions for Ma	terials disted Anote		Cell				Level		
		on	Cell Grid				Level		
4E Special Handling Instructions a	and Additional Information	on P	Grid				Level		
4E Special Handling Instructions a	and Additional Information	on spesal Regue	Grid				Level		
15. Special Handling Instructions a	and Additional Information	spesal Kegun	Grid	ONE NO.	DONNY	A SMALLIN		87	
15. Special Handling Instructions a	and Additional Information	emergency c	Grid	ONE NO.:	DONN V	VILLIAMS 6		.87	
15. Special Handling Instructions a Purchase Order # 16. GENERATOR'S CERTIFICATE:	and Additional Information	EMERGENCY C	Grid ONTACT / PH				01-807-11		
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-des	and Additional Information	EMERGENCY C	Grid ONTACT / PH	R Part 261	or any applic	able state lav	01-807-11		
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified and	and Additional Information	EMERGENCY C	ONTACT / PH	R Part 261	or any applic	able state lav	01-807-11		Ye
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified and Printed Name	and Additional Information	EMERGENCY C	ONTACT / PH	R Part 261 ording to a	or any applic	able state lav	01-807-11 v, have been	fully and	Ye
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified and Printed Name DONN WILLIAMS	and Additional Information	t hazardous wastes as defroper condition for transport Signature "On bel	ONTACT / PH	R Part 261 ording to a	or any applicable regu	able state lav	01-807-11 v, have been	fully and	Ye
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgements	and Additional Information	EMERGENCY C thazardous wastes as defroper condition for transp Signature "On bel	ONTACT / PH	R Part 261 ording to a	or any applicable regu	able state lav	01-807-11 v, have been	fully and	
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-des accurately described, classified and Printed Name DONN WILLIAMS	and Additional Information	t hazardous wastes as defroper condition for transport Signature "On bel	ONTACT / PH	R Part 261 ording to a	or any applicable regu	able state lav	01-807-11 v, have been	fully and	
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name	and Additional Information scribed materials are not d packaged and are in pro-	thazardous wastes as defroper condition for transport Signature "On belands" Signature Signature	ONTACT / PH	R Part 261 ording to a	or any applicable regu	able state lav	01-807-11 v, have been	fully and	
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-des accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgems Printed Name 18. Transporter 2 Acknowledgems	and Additional Information scribed materials are not d packaged and are in pro-	t hazardous wastes as defroper condition for transport Signature "On belats Signature als	ONTACT / PH	R Part 261 ording to a	or any applicable regu	able state lav	01-807-11 v, have been	fully and	Y
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name	and Additional Information scribed materials are not d packaged and are in pro-	thazardous wastes as defroper condition for transport Signature "On belands" Signature Signature	ONTACT / PH	R Part 261 ording to a	or any applicable regu	able state lav	01-807-11 w, have been Month Month	fully and Day Day	Y
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-des accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgems Printed Name 18. Transporter 2 Acknowledgems	and Additional Information scribed materials are not d packaged and are in pro-	t hazardous wastes as defroper condition for transport Signature "On belats Signature als	ONTACT / PH	R Part 261 ording to a	or any applicable regu	able state lav	01-807-11 w, have been Month Month	fully and Day Day	Y
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-des accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment	and Additional Information scribed materials are not dipackaged and are in present of Receipt of Materials ent of Receipt of Materials	EMERGENCY Control to the state of the state	ONTACT / PH	FR Part 261 ording to ap	or any applicable regu	cable state lav	01-807-11 v, have been Month Month	Day Day	Y
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-desaccurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment I certify, on behalf of the above list	scribed materials are not d packaged and are in prent of Receipt of Materials and of Receipt of Materials are not determined to the second state of Receipt of Materials are not determined by the second state of Receipt	EMERGENCY Control to the action of the actio	ONTACT / PH	FR Part 261 ording to ap	or any applicable regu	cable state lav	01-807-11 v, have been Month Month	Day Day	Y
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-des accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment I certify, on behalf of the above lis applicable laws, regulations, perm	scribed materials are not d packaged and are in prent of Receipt of Material ent of Receipt of Material (Disposal sted treatment facility, that's and licenses on the design of the desi	EMERGENCY Control to the also signature Signature Signature Signature als Signature als Signature	ONTACT / PH	FR Part 261 ording to a	or any applicable regularity	cable state lav	01-807-11 v, have been Month Month	Day Day	Y
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-des accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment I certify, on behalf of the above list	scribed materials are not d packaged and are in prent of Receipt of Material ent of Receipt of Material (Disposal sted treatment facility, that's and licenses on the design of the desi	EMERGENCY Control to the also signature Signature Signature Signature als Signature als Signature	ONTACT / PH	FR Part 261 ording to a	or any applicable regularity	cable state lav	o1-807-11 v, have been Month Month in compliance	Day Day Day	Ye
Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-des accurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgem Printed Name 18. Transporter 2 Acknowledgem Printed Name 19. Certificate of Final Treatment I certify, on behalf of the above lis applicable laws, regulations, perm	scribed materials are not d packaged and are in prent of Receipt of Material ent of Receipt of Material (Disposal sted treatment facility, that's and licenses on the design of the desi	EMERGENCY Control to the also signature Signature Signature Signature als Signature als Signature	ONTACT / PH	FR Part 261 ording to a	or any applicable regularity	cable state lav	01-807-11 v, have been Month Month	Day Day	Ye

Pink- FACILITY USE ONLY



	1. Generator's US E	PA ID No. N	lanifest Doc	No.	2. Page 1	of			-
NON-HAZARDOUS MANIFEST	ALD004	1019048	K# 11	4-2	1				
3. Generator's Mailing Address:	Ge	nerator's Site Address (If	different than n	nailing):	A. Manife	st Number	1		_
SOLUTIA INC (ANNISTON PCB	SITE) AN	NNISTON PCB SITE				MNA	20202		
702 CLYDESDALE AVENUE					- 00	SW Y'C	20283		
ANNISTON, AL 36201	AN	NNISTON, AL				b. State t	Generator's	ID	
	07-1187								
5. Transporter 1 Company Name		6. US EPA	D Number						
Holm TI En mi	the To	.11	1			ransporter's II			
7. Transporter 2 Company Name	11100 400	8. US EPA	D Number		D. Transp	orter's Phone		501-7	545
7. Transporter 2 company runne		a. USEPA	D Number		F. State Ti	ransporter's IE			
						orter's Phone			
9. Designated Facility Name and Site		10. US EPA	ID Number						
THREE CORNERS REGIONAL L	ANDFILL				G. State F	acility ID			
2205 COUNTY ROAD 6					H. State F	acility Phone	256-4	47-188	1
PIEDMONT, AL 36272						1000			
44 D			12.0	ontainers	13. Total	14. Unit			
11. Description of Waste Materials	5/L UI (2) (1) (2)		No.	Туре	Quantity	Wt./Vol.	1. M	isc. Commer	its
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT	(EST.)				
					22.5	7			
b. WM Pr	ofile # CF6400			1 6	B				
0.									
C. V	VM Profile #								
V	VM Profile #								
d.			III-						
v	VM Profile #								
J. Additional Descriptions for Mate	rials Listed Above		K. Dispo	sal Location					
			Cell			-	Laval	-	
			Grid		-		Level		
15. Special Handling Instructions and	Additional Informatio	on							-
Weight + Continion	TO OF Dio	Essel Reques	The state of						
1.1									
Purchase Order #	y dissey)	EMERGENCY CO	ONTACT / PH	IONE NO.:	DONN W	ILLIAMS 60	1-807-11	187	
16. GENERATOR'S CERTIFICATE!									
I hereby certify that the above-descri accurately described, classified and p	bed materials are not	hazardous wastes as defin	ned by 40 Cl	FR Part 261	or any applica	able state law,	, have been	fully and	
Printed Name	ackaged and are in pro	Signature "On behi		ording to ap	olicable regul	ations.	Month	Day	Year
DONN WILLIAMS	y D. HEDRIN		1100	Derson.	4/100	Lofic		10	1001
17. Transporter 1 Acknowledgement	of Receipt of Material	ls //	111	12					
Printed Name		Signature	. >	Dy.	1.4		Month	Day	Year
JIMMY LOWERY		Hum	of A	Red	ey				13
18. Transporter 2 Acknowledgement	of Receipt of Material		/	-	1				11
Printed Name		Signature		0			Month	Day	Year
19. Certificate of Final Treatment/Di									
I certify, on behalf of the above listed	treatment facility, tha	at to the best of my know	ledge, the a	bove-describ	ped waste w	as managed in	complianc	e with all	
applicable laws, regulations, permits			nover-it to	lata as a set					
20. Facility Owner or Operator: Cert Printed Name	incation of receipt of n	Signature	overea by t	nis manifest		-	1		
3,73,73,73,73		Signature					Month	Day	Year
White-TREATMENT, STORAGE, DISPO	OSAL FACILITY COPY	Blue- GENERATOR	#2 COPY		Vol	low- GENERA	TOR #1 COL	ov.	
Pink- FACILITY USE O		Gold- TRANSPORTE			161	OLIVEINA	. OIT WILL COP		



	1. Generator's US El	PA ID No.	Manifest Doc N	lo.	2. Page 1	of			
NON-HAZARDOUS MANIFEST	ALD004	1019048	147		1				
3. Generator's Mailing Address: SOLUTIA INC (ANNISTON PCB	1000000	nerator's Site Address NNISTON PCB SITE		iling):		st Number	202836	56	
702 CLYDESDALE AVENUE ANNISTON, AL 36201 4. Generator's Phone 601-8	AN 807-1187	NNISTON, AL				B. State	Generator's I		
5. Transporter 1 Company Name	n D	6. US EI	PA ID Number			ransporter's orter's Phone			
7. Transporter 2 Company Name		8. US EI	PA ID Number		E. State Ti	ransporter's	ID		· · · · · · · · · · · · · · · · · · ·
9. Designated Facility Name and Sit THREE CORNERS REGIONAL L 2205 COUNTY ROAD 6		10. US	EPA ID Number		G. State F	acility ID	256-4	47-1881	
PIEDMONT, AL 36272									
11. Description of Waste Materials			No.	ntainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mi	sc. Comments	s
a. NON-HAZARDOUS IMPACT	SOIL & DEBRIS		1	DT					
WMP	rofile # CF6400								
b. c.	WM Profile #								
	WM Profile #								
d.	WM Profile #								
J. Additional Descriptions for Mat			K. Dispos	sal Location	n	4			
			Cell				Level		
15. Special Handling Instructions an	nd Additional Informati	ion		,					
Purchase Order #		EMERGENO	CY CONTACT / PH	ONE NO.:	DONN V	VILLIAMS	601-807-1	187	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descaccurately described, classified and	cribed materials are no	t hazardous wastes as	defined by 40 CF	FR Part 261	l or any applicable region	cable state la	w, have beer	fully and	
Printed Name DONN WILLIAMS	ingle toll	Signature "On		the.	- Se feets	i Anc	Month	Day	Year
17. Transporter 1 Acknowledgeme Printed Name	nt of Receipt of Materi	Signature	Sprall !	F y	Vitting .		Month	Day	Year
18. Transporter 2 Acknowledgeme	nt of Receipt of Materi	ials		1					
Printed Name		Signature					Month	Day	Year
19. Certificate of Final Treatment/ I certify, on behalf of the above list applicable laws, regulations, permi	ed treatment facility, t		knowledge, the a	bove-desc	ribed waste	was manage	d in complian	ce with all	
20. Facility Owner or Operator: Ce			rials covered by t	this manife	est.				
Printed Name		Claustina					Month	Day	Year
		Signature					WOTEN	Day	



NON-HAZARDOUS MANIFEST	T. Ocherator 3 05 Er	A ID No. N	lanifest Doc N	0.	2. Page 1 d	of		
NOIS-HAZARDOOS IVIAIVITEST	ALD0040	019048	14.		1			
3. Generator's Mailing Address:	Gen	erator's Site Address (#	different than ma	iling):	A. Manifes	t Number		
SOLUTIA INC (ANNISTON PCB	SITE) AN	NISTON PCB SITE			W	MNA	202836	54
702 CLYDESDALE AVENUE								
ANNISTON, AL 36201	AN	NISTON, AL				D. State	Jenerator 31	
	07-1187	*						
5. Transporter 1 Company Name		6. US EPA	D Number					
		100						
The last of the state of		14	09		D. Transpo	orter's Phone	9	
7. Transporter 2 Company Name		8. US EPA	D Number		E State Tr	anchartar's I	2	
9. Designated Facility Name and Site	Address	10. US EPA	ID Number					
THREE CORNERS REGIONAL L					G. State Fa	cility ID		
2205 COUNTY ROAD 6					H. State Fa	cility Phone	256-44	47-1881
PIEDMONT, AL 36272			225					
11. Description of Waste Materials			No.		13. Total Quantity	14. Unit Wt./Vol.	I. Mis	sc. Comment
. NON-HAZARDOUS IMPACT	SOIL & DEBRIS							
			1	DI				
WM Pr	ofile# CF6400					WITH I		177
o.								
	WM Profile #			- 1				
	Generator's Site Address (If different than mailing): ANNISTON PCB SITE ANNISTON, AL 6. US EPA ID Number C. State Transporter's ID D. Transporter's ID D. Transporter's ID E. State Transporter's ID F. Transporter's ID F. Transporter's Phone To State Facility ID H. State Facility ID H. State Facility Phone 12. Containers No. Type Quantity WIL/Vol. TOPIC # WM Profile #							
							1	
	WM Profile #							
d.								
1	WM Profile #					W (5)	7	
	rials Listed Above		K. Dispos	al Location				
J. Additional Descriptions for Mate								
			Call	-			Level	
			Cell Grid				Level	
l. Additional Descriptions for Mate	d Additional Informatio	11	Grid	/				
Additional Descriptions for Mate Special Handling Instructions an	d Additional Informatio	n EMERGENCY C	Grid	ONE NO.:	DONN V	VILLIAMS 6	Level	.87
J. Additional Descriptions for Mate 15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE:	tides 1	EMERGENCY C	Grid ONTACT / PHO				01-807-11	
J. Additional Descriptions for Mate 15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descri	ribed materials are not	EMERGENCY C	Grid ONTACT / PHO	R Part 261	or any applic	able state lav	01-807-11	
J. Additional Descriptions for Mate 15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-description and accurately described, classified and	ribed materials are not	EMERGENCY Contact the state of	ONTACT / PHO	R Part 261	or any applic	able state lav	01-807-11 w, have been	fully and
J. Additional Descriptions for Mate 15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-description and Printed Name	ribed materials are not packaged and are in pro	EMERGENCY Contact the state of	ONTACT / PHO	R Part 261	or any applic	able state lav	01-807-11	
J. Additional Descriptions for Mate 15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-description and Printed Name DONN WILLIAMS	ribed materials are not packaged and are in pro	EMERGENCY Contact the state of	ONTACT / PHO	R Part 261	or any applic	able state lav	01-807-11 w, have been	fully and
15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descraccurately described, classified and Printed Name DONN WILLIAMS	ribed materials are not packaged and are in pro	EMERGENCY Contact the state of	ONTACT / PHO	R Part 261	or any applic	able state lav	01-807-11 w, have been	fully and
L5. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: hereby certify that the above-descretely described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement	ribed materials are not packaged and are in pro	hazardous wastes as deference condition for transport Signature "On bel	ONTACT / PHO	R Part 261	or any applic	able state lav	01-807-11 v, have been	fully and
15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descraccurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name	ribed materials are not packaged and are in produced in the pr	EMERGENCY Contact the state of	ONTACT / PHO	R Part 261	or any applic	able state lav	01-807-11 v, have been	fully and
Durchase Order # 16. GENERATOR'S CERTIFICATE: hereby certify that the above-described classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name	ribed materials are not packaged and are in produced in the pr	EMERGENCY Contact the state of	ONTACT / PHO	R Part 261	or any applic	able state lav	01-807-11 v, have been	fully and
15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-descraccurately described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name Printed Name 18. Transporter 2 Acknowledgement Printed Name	ribed materials are not packaged and are in production of Receipt of Material at of Receipt of Material	EMERGENCY Contact and the state of the state	ONTACT / PHO	R Part 261	or any applic	able state lav	Month	fully and Day Day
15. Special Handling Instructions and Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/E I certify, on behalf of the above lister 19. Certify, on behalf of the above lister 19. Certify, on behalf of the above lister 19.	ribed materials are not packaged and are in production of Receipt of Material of Receipt of Receipt of Material of Receipt of Material of Receipt of Receipt of Receipt of Material of Receipt of Recei	EMERGENCY Contact and the state of my known at to the best of my known at the best of my know	ONTACT / PHO	R Part 261 ording to ap	or any applic plicable regu	able state lav	Month Month	Day Day
15. Special Handling Instructions and Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described, classified and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name 19. Certificate of Final Treatment/D I certify, on behalf of the above listed applicable laws, regulations, permit	ribed materials are not packaged and are in production of Receipt of Material of Receipt of Receipt of Material of	EMERGENCY Contact and the state of the state	ONTACT / PHO	R Part 261 rding to ap	or any applicable regulation	able state lav	Month Month	Day Day
J. Additional Descriptions for Mate 15. Special Handling Instructions an Purchase Order # 16. GENERATOR'S CERTIFICATE: I hereby certify that the above-description and Printed Name DONN WILLIAMS 17. Transporter 1 Acknowledgement Printed Name 18. Transporter 2 Acknowledgement Printed Name	ribed materials are not packaged and are in production of Receipt of Material of Receipt of Receipt of Material of	EMERGENCY Contact and the state of the state	ONTACT / PHO	R Part 261 rding to ap	or any applicable regulation	able state lav	Month Month	Day Day



	and an arrange	Generator's US EPA ID No. Manifest Doc No.			No.	2. Page 1	of				
NON-HAZARDO	US MANIFEST	ALD00	4019048	048							
3. Generator's Mail	ling Address:	G	enerator's Site Address (If different than ma	ailing):	A. Manifes	st Number				
			NNISTON PCB SITE				MNA	20202	2020260		
702 CLYDESDAL								2028369			
ANNISTON, AL 36201 ANNISTON, AL						B. State Generator's ID					
4. Generator's Pho			in this tort, AL								
	nerator's Phone 601-807-1187			6. US EPA ID Number			5 - 5				
5. Hansporter 1 co	s. Transporter 1 Company Name			o. Os era lo Number			C. State Transporter's ID				
1111000							D. Transporter's Phone				
7. Transporter 2 Co	7. Transporter 2 Company Name			8. US EPA ID Number							
						E. State Transporter's ID					
							rter's Phone				
					10. US EPA ID Number						
THREE CORNER	S REGIONAL L					G. State Facility ID					
2205 COUNTY F	ROAD 6					H. State Facility Phone			256-447-1881		
PIEDMONT, AL	36272										
			12. Containers								
G 11. Description of	11. Description of Waste Materials					13. Total Quantity	14. Unit Wt./Vol.	I. Mi	sc. Commen	s	
a. NON-HAZARDOUS IMPACT SOIL & DEBRIS					Туре	Quantity	Tr., voi.				
a. NON-HAZARI	1	DT	3								
E	WM Pr	ofile # CF6400				E-TE					
b.	VVIVI PI	one # Cro400									
A D.											
o					-						
R	1										
c.											
	200000000000000000000000000000000000000										
	WM Profile #										
d.											
	WM Profile #										
J. Additional Desc	Additional Descriptions for Materials Listed Above				K. Disposal Location						
			0.11	Coll		-	Lovel				
				Cell				Level	Level		
15 Consist Use dis		d Additional Informati		Grid				-	-	-	
15. Special Handlin	ng instructions an	d Additional Informat	tion								
		1 17 1				10					
1-8000	the state of the s										
Purchase Order #	Purchase Order # EMERGENCY CONTACT / PHONE NO.: DONN WILLIAMS 601-807-1187										
	16. GENERATOR'S CERTIFICATE:										
	hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and										
	accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.										
Printed Name	HANG Toda	ul Meso	Signature "On be	nair or	They	em Sole	The Son	Month	Day	Year	
DONN WIL		of Bossist of Nation	iale	00 110	Jan Jan Sand	1	and of the Asta			-	
R	Acknowledgemen	t of Receipt of Mater						Month	Day	Year	
N Printed Name	Printed Name Signature								Day	rear	
P 10 Tennes et a 2	ransporter 2 Acknowledgement of Receipt of Materials										
0								Month	Day	Year	
Printed Name		A.	Signature					WOITH	Day	rear	
Ř	Sec. 35	9-11-4	400	6.3.	1	1 10	1				
19. Certificate of F	Final Treatment/D	isposal									
			that to the best of my kno	wledge, the al	bove-descri	ibed waste v	vas managed	in compliant	e with all		
		and licenses on the									
20. Facility Owner	or Operator: Cer	tification of receipt o	f non-hazardous materia	ls covered by t	his manifes	t.					
Printed Name			Signature					Month	Day	Year	
										-	
White- TREATMEN	T. STORAGE, DISE	POSAL FACILITY COPY	Blue- GENERAT	OR #2 COPY		Ye	llow- GENER	ATOR #1 CO	PY		