

**APPENDIX G
WASTE DISPOSAL MANIFESTS**



Soilex Corporation
 Post Office Box 1444
 Chesapeake, VA 23327
 (757) 549-8448
 FAX: (757) 549-6668

**NON-HAZARDOUS
 SHIPPING MANIFEST**

MANIFEST NO. _____

GENERATOR

NAME **Dominion Virginia Power** TELEPHONE _____
 ADDRESS **5000 Dominion Blvd.** CITY **Glen Allen** STATE **VA**
 SHIPMENT ORIGIN **1001 Centerville Turnpike** CITY **Chesapeake** STATE **VA**
 AUTHORIZED AGENT **c/o Clean Harbors** FIRM _____
 ADDRESS _____ OTHER _____

MATERIAL CHARACTERIZATION

ACTIVITY GENERATING THIS MATERIAL: UST/AST REMOVAL _____ OTHER **Site Investigation**
 PETROLEUM TYPE (S): VIRGIN PRODUCT _____ NON-VIRGIN PRODUCT _____
 PHYSICAL STATE: STOCKPILED _____ EXCAVATING _____ DRUMS **20** OTHER _____
 HANDLING INSTRUCTIONS: **Transport To Facility Designated Below**
 FIRE OR SPILL INSTRUCTIONS: **Non-Flammable / Non-Hazardous**
 DESTINATION: **Chesapeake Facility**

I hereby certify, to the best of my knowledge, the material characterized above is non-hazardous as defined by the Virginia Hazardous Waste Management Regulations, Federal Regulations under Subtitle C - RCRA, U.S. Department of Transportation, or local / state of origin regulations.

John on behalf of Dominion
 Signature of Generator / Agent
Joseph Becky on behalf of Dominion
 Printed Name / Date

TRANSPORTER

TRANSPORTER NAME **Soilex Corporation** TELEPHONE **549-8448** TRUCK NO. **Box**
 I certify that the materials described above were received by me for shipment and delivered to the designated facility.
James Beckley **3-11-09**
 Transporter Signature / Date

FACILITY

I certify that the materials described above were delivered to the facility and received by me.

ACCEPTED BY _____ DATE _____
 REASONS FOR REJECTION _____

Gross Weight	
Tare Weight	
Net Weight	
Tons	

DOCUMENT NO. 104851

WORK ORDER NO. _____

STRAIGHT BILL OF LADING

TRANSPORTER 1 Clean Washers Env Services LLC VEHICLE ID # 5217
 EPA ID # MA0039222257 TRANS. 1 PHONE _____

TRANSPORTER 2 _____ VEHICLE ID # _____
 EPA ID # _____ TRANS. 2 PHONE _____

DESIGNATED FACILITY <u>Colfax</u>			SHIPPER <u>Mactech</u>		
FACILITY EPA ID #			SHIPPER EPA ID #		
ADDRESS <u>Portman Blvd</u>			ADDRESS <u>1001 Conterville Turnpike</u>		
CITY <u>Chesapeake</u>		STATE <u>VA</u>	ZIP <u>23524</u>	CITY <u>Chesapeake</u>	
				STATE <u>VA</u>	ZIP <u>23327</u>
CONTAINERS NO. & SIZE	TYPE	HM	DESCRIPTION OF MATERIALS	TOTAL QUANTITY	UNIT WT/VOL
1 <u>7</u>	DR <u>DM</u>		A. Volatile Organic Compounds (Purge water) <u>C. Non-Hazardous DOT Regulated Liquid (Purge water)</u>	1 <u>385</u>	1 <u>G</u>
			B.		
			D.		
			E.		
			F.		
			G.		
			H.		
SPECIAL HANDLING INSTRUCTIONS					

SHIPPERS CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Authorized Agent For Dominion SHIPPER	PRINT <u>Gregory R. Grose</u>	SIGN <u>[Signature]</u>	DATE <u>7/15/09</u>
TRANSPORTER 1	PRINT <u>Steven Beckwith</u>	SIGN <u>[Signature]</u>	DATE <u>7/15/09</u>
TRANSPORTER 2	PRINT	SIGN	DATE
RECEIVED BY	PRINT	SIGN	DATE



Site Services Multi-Task Worksheet

Day & Date: Wed 7-15-09
Sales Order #:

Job Complete: Yes / No (Circle One)

Job Description / Comments: Arrive onsite 8 AM Load Drum 2 Locations Report 9 AM
rate to facility
Customer added 1 Extra Drum - 7 total

Customer: Mnobeck PO # / COD Amount:
Billing Address: 21740 Berwynville Cir Per Diem: Yes / No (Circle one) If yes, how many?:
Suite 130 Change Order Initiated: Yes / No (Circle One)

Contact: Randall Morrison Task # / Description: From P10
Job Location: 1001 Antietam Turnpike
Chesapeake VA

Component Type			Task Complete: Yes / No (Circle One)			Task Complete: Yes / No (Circle One)			Task Complete: Yes / No (Circle One)		
Name	Title	ID #	ST	OT	DT	ST	OT	DT	ST	OT	DT
<u>A. Smith</u>	<u>Tech</u>	<u>07320</u>	<u>4</u>								

Disposal	Write Description/Destination	Manifest #	Amount	Manifest #	Amount	Manifest #	Amount
<u>LIQUID: Bulk / Drum</u>		<u>104851</u>	<u>2 DMS</u>				

Equipment Type	Quantity	Fleet #	# of Hr/Day	Quantity	Fleet #	# of Hr/Day	Quantity	Fleet #	# of Hr/Day
<u>Pickup / Van / Car / Crew Cab (Circle One)</u>									
<u>Vacuum Trailer</u>									
<u>Tractor</u>									
<u>Vacuum Truck, Straight</u>									
<u>Box Truck</u>									
<u>Cusco / Guzzler / Vactor (Circle One)</u>									
<u>Air Compressor, 175 CFM</u>									
<u>Backhoe Loader 1 Yd bucket</u>									
<u>Bobcat Loader-Mini Excavator</u>									
<u>Rack Truck</u>	<u>1</u>	<u>5217</u>							
<u>Rolloff Truck, Straight</u>									
<u>Pressure Washer (PSI:) Hot / Cold (Circle One)</u>									
<u>Meter Type:</u>									

Material Description	Quantity	Size	Quantity	Size	Quantity	Size
<u>Drum Type:</u>						
<u>Drum Type:</u>						
<u>Rope Type:</u>						
<u>Degreaser Type:</u>						
<u>Speedi Dry</u>						
<u>Polycoated Rain Gear, 22mil</u>						
<u>Poly Sheet, 6mil, 20ft x 100ft</u>						
<u>Poly Bags, 6mil, per roll</u>						
<u>Absorbent Pad (101 Grade) 100/bale</u>						
<u>Absorbent Boom Each</u>						
<u>Absorbent Boom Bale</u>						
<u>Duct Tape/Roll</u>						
<u>Safety Plan</u>						
<u>Rolloff Poly Liner</u>						
<u>5 Gal / 20 Litre Poly Drum 1H2</u>						

Container Management	Size	Fleet #	Size	Fleet #	Size	Fleet #
<u>Rolloff / Intermodal / Frac Tank / Tanker (circle one)</u>						
<u>Rolloff / Intermodal / Frac Tank / Tanker (circle one)</u>						

PPE Sets	Task 1	Task 2	Task 3	Type	Qty	Type	Qty	Type	Qty	Type	Qty	Type	Qty	Type	Qty
<u># of Complete Sets of PPE Used:</u>				<u>PPED1</u>		<u>PPEB2</u>		<u>PPED1</u>		<u>PPEB2</u>		<u>PPED1</u>		<u>PPEB2</u>	
<u># of People in PPE:</u>				<u>PPEC2</u>		<u>PPEB3</u>		<u>PPEC2</u>		<u>PPEB3</u>		<u>PPEC2</u>		<u>PPEB3</u>	
				<u>PPEC3</u>		<u>PPEB4</u>		<u>PPEC3</u>		<u>PPEB4</u>		<u>PPEC3</u>		<u>PPEB4</u>	
				<u>PPEC4</u>		<u>PPEA5</u>		<u>PPEC4</u>		<u>PPEA5</u>		<u>PPEC4</u>		<u>PPEA5</u>	
<u>PPE Items Used in Addition to Sets Above</u>				<u>Quantity</u>		<u>Type</u>		<u>Quantity</u>		<u>Type</u>		<u>Quantity</u>		<u>Type</u>	
<u>Cartridge</u>															
<u>Respirator</u>															
<u>Suit</u>															
<u>Inner Gloves</u>															
<u>Outer Gloves</u>															
<u>Breathing Air Bottle</u>															

Analytical - Analysis Description	# of Tests	Lab Name	# of Tests	Lab Name	# of Tests	Lab Name

Subcontractor Name	Description of Service	Description of Service	Description of Service

CHES Rep (Print): Gregory B. Grose CHES Rep (Sign): [Signature] Date: 7/15/09
Customer (Print): Gregory B. Grose Customer (Sign): [Signature] Date: 7/15/09

CHI 225-SS (9/07)

IMPORTANT - PAYMENT TERMS ON BACK

CUSTOMER COPY