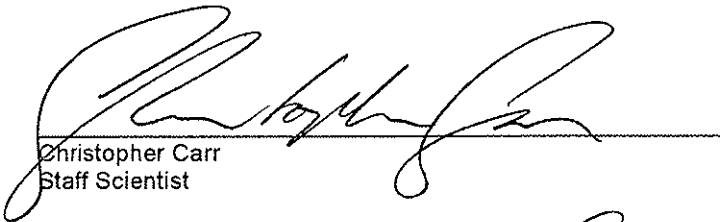


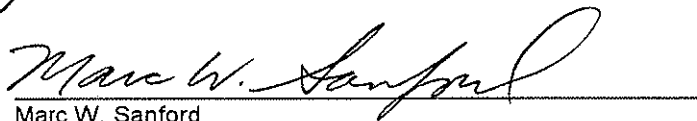


SOIL REMOVAL REPORT
West Lot Site
Utica, New York 13502

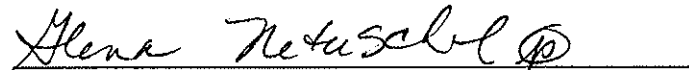
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SOIL REMOVAL REPORT

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1. Introduction

1.1 General

This Soil Removal Report has been prepared by ARCADIS Geraghty & Miller, Inc., in association with GM Consulting Engineers, P.C., to document activities associated with the soil remedial action at the West Lot site (referred to hereafter as the site). This report addresses the soil component of the selected remedy for the site, as presented by the New York State Department of Environmental Conservation (NYSDEC) in the Record of Decision (ROD) issued for the site in March 1998.

The soil remedy specified in the ROD required the removal of soils and waste with concentrations of polychlorinated biphenyls (PCBs) and volatile organic compounds (VOCs) exceeding the NYSDEC soil cleanup goals from two specific areas of the site. The areas of the site identified for soil removal are referred to as the "former burn pit" and as the "Interim Remedial Measure (IRM) treatment cell". Based on information presented in the July 1997 Feasibility Study Report, an estimated volume of 2,200 cubic yards of soil was expected to be removed from the IRM treatment cell and an estimated volume of 870 cubic yards of soil was to be removed from the former burn pit area. The soil removed was to be disposed of off-site.

1.2 Project Description

The Soil Removal Action addressed the removal of soil from two areas on-site: 1) the IRM treatment cell; and 2) soils within the former burn pit area. A soil handling/staging area and other supporting facilities were constructed prior to beginning soil removal activities. Soils containing concentrations of PCBs and/or VOCs above the NYSDEC TAGM 4046 cleanup objectives were removed from these areas. Removal of soils was performed using conventional excavation and soil handling equipment. The excavated soils were characterized for disposal using DTECHTOR PCB immunoassay field test kits and sent off-site to either a Toxic Substance Control Act (TSCA) or non-TSCA disposal facility, as appropriate. In addition to removal of soils from the IRM treatment cell, this Soil Removal Report also addresses the management of debris and equipment associated with decommissioning the IRM system (e.g., liners, piping, valves, etc.). Work performed for this Soil Removal Action was conducted pursuant to the NYSDEC approved Soil Removal Work Plan (SRWP) (ARCADIS Geraghty & Miller 1999), and discussions with the NYSDEC during the course of field activities.

2. Site Preparation

This section describes the site preparation activities prior to performing the soil removal action.

2.1 Site Survey

Prior to conducting soil removal activities, a survey was performed to locate former soil sampling locations, estimate the volume of soil to be removed from the IRM cell, and to establish the general initial limits of excavation areas at the former burn pit. Based on the survey, the limits of soil to be excavated in the former burn pit were located and staked. The remedial contractor was responsible for surveying, placing, and maintaining control stakes in excavation and fill areas for the duration of the removal action. At the completion of each earthwork stage, the area disturbed during the previous stage was surveyed to determine level of progress and conformity to the workplan. A survey was performed of the excavation areas at the completion of the excavation within each area to document actual excavation volumes.

2.2 Clearing/Grubbing

Prior to commencing soil removal operations in the former burn pit area, approximately ½ acre was cleared and grubbed to allow access to the excavation areas. Trees and brush were removed to the ground surface using heavy construction equipment, chain saws, and brush hogs. The vegetative material was spread on-site.

During excavation activities, it was necessary to dismantle a section of railroad track associated with the abandoned railroad bed located immediately adjacent to the southern end of the former burn pit (depicted in Figure 2). Approximately 45-feet of rail and railroad ties were removed to complete excavation activities.

2.3 Soil Staging/Handling Areas

The soil staging area was arranged to allow temporary storage of discrete soil stockpiles prior to loading and shipping soils for off-site disposal. The soil staging area was located in the paved parking lot adjacent to the West Lot site (see Figure 1) and was used to stockpile soils from both the former burn pit and the IRM treatment cell. The soil staging area was constructed by placing a base liner of plastic/polyethylene sheeting over the entire area. The area was also constructed with an underlying perimeter sand berm and sloped to a sump to contain water and provide

a point to remove any water.

Soil management for the IRM treatment cell soils and former burn pit soils is discussed in more detail in Section 3. Soil Removal.

3. Soil Removal

This section presents the specific activities performed for the removal of soils from the IRM cell and former burn pit area. Section 3.1 and 3.2 summarize the removal activities for the IRM cell and former burn pit area, respectively. These sections include a summary of the general excavation and loading activities. Section 3.3 presents the sampling/analysis results of the stockpiled soils prior to off-site disposal. Fugitive dust control is presented in Section 3.4. Transportation and disposal of the stockpiled soils is addressed in Section 3.5. Section 3.6 presents the restoration activities following completion of excavation and off-site transport of soils. Prior to initiation of soil removal activities, the contractor mobilized to the site and prepared the work area for soil removal activities as described in Section 2.

3.1 IRM Cell

3.1.1 Site Preparation

Site preparation activities specific to the IRM decommissioning included the arrangement and preparation of soil stockpile areas, surveying, and preliminary layout of soil areas that were suspected to contain similar PCB concentrations. Arrangements for disposal of both TSCA and non-TSCA soils at the designated disposal facilities were confirmed prior to soil removal.

3.1.2 Soil Removal

In accordance with the Soil Removal Work Plan, the removal of soils from the IRM cell included the following components:

- Soils were excavated and temporarily staged in approximately 100 cubic yard piles in the soil staging area.
- Composite samples were collected from each 100 cubic yard soil pile and tested using DTECHTOR PCB immunoassay field test kits for total PCBs; and

- Based upon the results of the analysis, each soil pile was loaded into trucks and sent off-site for disposal as either TSCA or non-TSCA soils.

The IRM Cell decommissioning began on August 17, 1999 and was completed on August 31, 1999. Prior to excavation activities, lines were drawn on the IRM cell cover, dividing the cell into general areas suspected of having either greater than 50 milligrams per kilogram (mg/kg) PCBs or less than 50 mg/kg PCBs. This demarcation was based on existing analytical data from soil samples collected within the IRM Cell. The location of previous soil samples collected from the IRM cell were identified and marked on the IRM cell cover.

Areas identified by previous soil samples as containing greater than 50 mg/kg PCBs were excavated first and stockpiled separately in the soil staging area (100 cubic yard piles) for disposal as hazardous waste (greater than 50 mg/kg PCBs). The remaining soils in the IRM cell were excavated and temporarily stockpiled in approximately 100 cubic yard piles in the soil staging area. To minimize cross contamination, individual soil piles within the staging area were placed on an additional layer of polyethylene sheeting and covered with 6-mil polyethylene sheeting to prevent precipitation from contacting the soil. Each stockpile was physically separated from other stockpiles by approximately 5 feet. A five point composite sample was collected from each approximately 100 cubic yard pile and tested for total PCBs using the DTECHTOR PCB immunoassay field test kits. The soil piles were identified as either hazardous or non-hazardous based on the PCB concentrations. Based on the survey of the IRM cell, a total 2073 cubic yards were removed from the IRM cell. This included approximately 300 cubic yards of soil excavated from around the previous sample locations of greater than 50 mg/kg PCBs that was classified as a hazardous waste.

A Case 9010B excavator was used for soil removal, and soil was transported to the soil staging area by tandem dump truck. To minimize the possibility of cross-contamination by the IRM soils, the tandem dump truck was not operated over the IRM soils. The dump truck was only operated within the IRM cell after the IRM soils and liner had been removed from that area. The soils within the IRM cell remained covered with the IRM cell cover material to the extent practicable (in the IRM cell), except when the soil was being handled in that area. This practice minimized rainwater infiltration and runoff from the soils, in addition to minimizing the risk of cross-contamination of soils.

Decommissioning of the IRM cell also included removal of all above-grade PVC piping and valves associated with the soil vapor extraction system, as well as the

perimeter chain-link fence. This material was removed and segregated for later disposal.

3.1.2.1 Soil Description

Soils excavated from the IRM cell consisted of silty sands and gravels with various construction debris including, but not limited to, concrete, brick, metal pails, steel poles, and wood.

3.2 Former Burn Pit

3.2.1 Site Preparation

Preparation of the former burn pit area for excavation included clearing and grubbing of the area for access by heavy equipment as described in Section 2.2. Truck and equipment access to the former burn pit area was also completed as part of the site preparation. In addition, arrangements for disposal of both TSCA and non-TSCA soils were confirmed prior to any soil removal.

3.2.2 Soil Excavation

Excavation was conducted in the three areas containing soils above NYSDEC TAGM 4046 cleanup objectives (based on previous soil sampling results). Figure 2 presents the limits of the excavations completed in each of the three areas. The 1997 SECOR Feasibility Study Report included an estimate of 870 cubic yards of soil, which required removal. However, at the completion of excavation activities, the site survey estimated a total of approximately 958 cubic yards were removed from the three excavation areas.

Prior to commencement of excavation activities, the depth to groundwater was measured by collecting water level measurements from monitoring wells MW-G and MW-AR. The water table was measured at a depth of approximately 10 feet bls at the time of excavation activities. Excavation activities proceeded as follows in each area:

1. The initial limits of excavation areas 1, 2, and 3 were staked by the survey crew. The initial excavations were performed to the specified limits and depth, with depths being confirmed using tape measures. Soils were loaded onto a dedicated on-site tandem dump truck and sent to the soil staging/handling area. Soil was placed in discrete, approximately 100 cubic yard soil piles for on-site sampling.

2. After excavation to the desired lateral and vertical limits was completed, the remaining soils were visually inspected, to the extent practical, and scanned for organic vapors using a photoionization detector (PID), or equivalent. If evidence of impacts existed based upon visual observations (e.g., staining) or elevated PID readings, additional soils were excavated prior to collection of post-excavation soil samples;
3. Following the completion of excavation activities, post-excavation samples were collected from the sidewalls and bottom of each excavation area. Where the excavation was performed to the water table, post-excavation samples were only collected from the excavation sidewalls and an excavation bottom sample was not collected (Area No. 3). Post-excavation confirmatory sampling and analytical procedures are described in Section 3.2.3.
4. Temporary fencing was installed around each excavation and maintained until approval for backfilling was authorized by the NYSDEC.

The following provides a brief description of each area of excavation.

Excavation Area No. 1

Excavation Area No. 1 was located along the northern portion of the former IRM excavation. Soils were excavated from Area No. 1 beginning on August 31, 1999 and completed on September 1, 1999. The excavation was initially performed to a depth of 8 feet below grade. However, due to elevated headspace readings taken from the base of the excavation, an additional foot of soil was excavated from the entire bottom of the excavation in order to remove the unsaturated, impacted soils. Soils excavated from Area No. 1 included silty sand to a depth of 8 ½ feet bls. overlying a gray fine to coarse sand and fine to medium gravel with trace amounts of silt from 8 ½ feet to 9 feet bls. Various construction and metal pails were also observed in soils excavated from Area No. 1.

At the completion of the excavation, two discrete post-excavation sidewall samples (EW-1-01 and EW-1-02) and one discrete base sample (EB-1-01) were collected from Area No. 1. Samples EW-1-01 and EB-1-01 were collected on August 31, 1999 and sample EW-1-02 was collected on September 1, 1999. Each post-excavation sample collected was packaged on ice in laboratory supplied bottles and shipped via Federal Express Priority Overnight Service to Severn-Trent Laboratories for analysis of VOCs by USEPA Method 8260 and PCBs by USEPA Method 8080. Accelerated

turnaround times (24 to 48 hours) were requested so backfilling activities could occur as quickly as possible.

Excavation Area No. 2

Excavation Area No. 2 was located along the eastern portion of the former burn pit excavation. This excavation include removal of a limited additional volume of soils based on previous excavation sidewall samples and additional delineation borings, which indicated residual levels of PCBs above NYSDEC cleanup goals.

Soil excavated from Area No. 2 was performed on September 3, 1999. The excavation was completed to a depth of 8 feet below grade. Soils excavated from Area No. 2 were screened using a PID and soils (from 0 to 6 feet bls) exhibiting no signs of contamination were stockpiled adjacent to the former burn pit for possible use as backfill. As approved by Peter Ouderkirk of the NYSDEC, these stockpiled soils could be used as backfill if analytical results of soil samples collected from the pile showed VOC and PCB concentrations below TAGM 4046 levels. Soils excavated from Area No. 2 were predominantly brown fine to medium sand and gravel with increasing silt content with depth.

One sidewall sample (EW-2-01) and one base sample (EB-2-01) were collected from the Area No. 2 excavation. In addition, one sample was collected from the stockpiled soil located in the former burn pit (BP-WC-2-Pile#1) to determine whether the soil could be used as clean backfill. All three samples were collected on September 3, 1999 and submitted to Severn-Trent for analysis of VOCs by USEPA Method 8260 and PCBs by USEPA Method 8080.

Excavation Area No. 3

Excavation Area No. 3 is located along the southern portion of the former burn pit excavation. Soils were excavated from Area No. 3 beginning on September 1, 1999 and completed to the water table (10' bls) on September 3, 1999. Due to elevated headspace readings throughout the central and eastern portion of the excavation, the excavation was completed to the water table. Soils excavated from Area No. 3 included brown fine to coarse sand and fine to medium gravels to a depth of six feet bls. From six to seven feet below grade, the former topsoil horizon (presumably the original grade prior to filling of this area for the railroad bed) and a black layer of organic material was observed. From seven to ten feet bls, soils consisted of gray fine to coarse sand and gravels. Strong odors were exhibited throughout Area No. 3 from a depth of 6 feet to just above the water table. Soils excavated from Area No. 3 were

screened using a PID and soils exhibiting no signs of contamination (above 6 feet bls) were stockpiled in the former burn pit for possible use as clean backfill (subject to analytical testing and NYSDEC approval).

Five post-excavation sidewall samples were collected (EW-3-01 through EW-3-05). Because the excavation was completed to the water table, no post-excavation base samples were collected. In addition, one sample was collected from each of the two soil piles set aside for use as backfill (BP-WC-3-Pile #1 and BP-WC-3-Pile #2).

3.2.3 Post-Excavation Sampling Results

Post-excavation samples were collected to verify that unsaturated soils in the former burn pit with VOC and PCB concentrations above NYSDEC cleanup objectives had been removed. Post-excavation samples were collected from the floor and sidewalls of the excavation and analyzed for VOCs (USEPA Method 8260) and PCBs (USEPA Method 8080). One sample was collected from each of the excavation sidewalls. The excavation sidewall samples were collected from approximately one-third (1/3) the way up from the base of the excavation or from an area of elevated PID readings or visibly stained soils. Sidewall samples were also generally collected from the approximate midpoint of the horizontal length of the excavation face.

A total of 10 post-excavation samples were collected from excavation areas 1 – 3 (see Figure 2). All analytical results were compared to NYSDEC TAGM No. 4046 soil cleanup guidelines. None of the post-excavation analytical sample results exceeded TAGM 4046 cleanup objectives. After review of the analytical data by Peter Ouderkirk of the NYSDEC, ARCADIS Geraghty & Miller was given approval to backfill the excavation. Post excavation sampling results for VOCs and PCBs are included in Table 1 and Table 2, respectively. The laboratory analytical data for post-excavation samples are included in Appendix A.

3.3 Stockpiled Soil Sampling Results

3.3.1 IRM Cell Soils

In accordance with the SRWP, each 100 cubic yards of soil removed from the IRM treatment cell was field tested for PCBs. After approximately 100 cubic yards of soil was stockpiled in the soil staging area, the soil was sampled for PCB analysis using a DTECHTOR PCB immunoassay field test kit. Each sample consisted of a composite of grab samples collected from five locations with each 100 cubic yard pile. Samples were collected using a hand auger as described in the SRWP. Only sample IRM-WC-

05-C exceeded the hazardous waste concentration of 50 parts per million PCBs (41-150 parts per million). None of the remaining samples collected from the IRM cell soils exceeded the hazardous waste concentration of 50 parts per million for PCBs. All test results performed using the DTECHTOR immunoassay kits are included in Table 3a.

Of the three soil piles sampled for use as possible backfill, samples BP-WC-3-Pile #1 and BP-WC-3-Pile #1 had results below TAGM 4046 guidelines and therefore were used for backfill in their respective excavations. PCB levels for soil pile BP-WC-3-Pile #2 exceeded the TAGM level of 10 mg/kg for total PCBs and therefore were loaded for off-site disposal as non-hazardous wastes. Laboratory results for these samples are included in Appendix A.

3.3.2 Former Burn Pit Soils

As required by the disposal facility for non-hazardous soils (High Acres Landfill), one sample was collected per 500 cubic yards of soil excavated from the former burn pit and submitted for analysis of TCLP VOCs. Each sample was collected using a hand auger from the entire depth of the stockpile. The five composite points were laboratory composited and analyzed for VOCs using USEPA Method TCLP 8260. A total of two composite samples were collected from the stockpiled burn pit soils. Laboratory analytical results indicated all the soils removed from the burn pit were below TCLP concentration for VOCs. Field testing results also indicated that stockpiled soils from the former burn pit contained less than 50 mg/kg PCBs (see Table 3b). Therefore a total of 958 cubic yards of soil removed from the burn pit was characterized as non-hazardous for off-site soil disposal. Laboratory results are included in Appendix B.

3.4 Fugitive Dust Control

This section describes the standard and contingent fugitive dust monitoring and suppression measures implemented as part of the remedial action for the site. The components of the fugitive dust control plan included the following:

- Fugitive dust sources;
- Ambient air monitoring action levels; and
- Dust suppression operations.

3.4.1 Fugitive Dust Sources

Fugitive dust sources associated with this project included excavation, material handling, and the following specific fugitive dust sources:

- Excavation and soil handling;
- Vehicular; and
- Soil stockpiles.

3.4.2 Ambient Air Monitoring Action Levels

In accordance with the STWP and HASP, fugitive dust monitoring was performed using a PDM Mini-ram Particulate meter during all site activities. The action level of 150 ug/m^3 , integrated over a fifteen minute period, was never exceeded during site activities. Health & Safety logs are included in Appendix C.

3.5 Waste Transportation, Treatment and Disposal

Wastes, both hazardous and non-hazardous, were generated by soil removal activities associated with this project. These wastes were properly managed to minimize environmental impacts and to comply with applicable regulations. Each shipment of soil was shipped under a non-hazardous waste tracking document or hazardous waste (TSCA) manifest, based upon characterization results. All uncontaminated debris and trash generated during clean operations was recycled or disposed using roll-off dumpsters at a permitted industrial waste landfill.

3.5.1 Soil Loading

After being characterized as hazardous (TSCA) or non-hazardous, soils were carefully loaded onto trucks for disposal as discussed below. Transport vehicles (rear-end dump trucks and trailers) were loaded directly from the soil staging areas. After the vehicle was loaded, the transport tarpaulins were tied down before transporting the waste offsite. During the entire loading operation, dust monitoring and suppression measures (if necessary) were performed, as required.

Trucks used for off-site transport of soils entered the site from the employee parking lot, and backed onto the soil staging area from the south side, over the decontamination pad. During loading, trucks were parked within the soil staging area.

All trucks exited the soil staging area through the decontamination pad where any soils were scraped off using shovels/brooms.

Efforts were made to eliminate contamination of the surrounding area during loading. Spillage during loading was cleaned up immediately, to prevent tracking off-site. Prior to leaving the site, each truck was inspected for presence of dirt.

The adjacent employee parking lot was visually monitored and cleaned periodically to remove any spilled materials or dust. Following completion of soil load out activities, the polyethylene sheeting was removed from the soil staging area. The parking lot area was then swept using a mechanical sweeper.

3.5.2 Non-Hazardous and Hazardous Waste Transportation

All wastes were shipped by licensed haulers in accordance with applicable state and local regulations. Each shipment of waste generated during remediation was properly characterized, loaded, and manifested prior to exiting the site. SLC Constructors, Inc. loaded all waste. Each transport vehicle was decontaminated after loading was completed prior to leaving the site. Soil load out activities began on August 30, 1999 and were completed on September 14, 1999. All non-hazardous waste soils (approximately 4,200 tons) were transported by Fred Burrows Trucking, of Whitesboro, New York, to High Acres Landfill located in Fairport, New York and hazardous waste soils (approximately 365 tons) were transported to CWM Chemical Services, L.L.C. facility located in Model City, New York.

Hazardous Waste Manifest/Non-Hazardous Tracking Documents

Hazardous waste manifests and tracking documents for non-hazardous waste were prepared by the remedial contractor and completed for each shipment of waste prior to that shipment exiting the site.

The transporter signed the manifest or tracking document, as applicable, and recorded the date when the shipment was received and accepted. It was the responsibility of the transporter to possess a copy of a related applicable waste transporters permit.

Copies of the non-hazardous waste tracking documents and hazardous waste manifests are included in Appendix D and Appendix E, respectively.

Debris Disposal

All debris removed from the site was managed as non-hazardous waste and was loaded into roll-off dumpsters transported by Oneida Herkimer Solid Waste Authority for land burial. Debris generated included PVC piping, the chain-link fence, and liner material from the IRM cell, and miscellaneous construction debris generated during excavation/restoration activities. A total of three roll-off dumpsters were used to haul debris off the site.

3.6 Site Restoration Activities

Following completion of excavation activities, the former burn pit and IRM cell were regraded and backfilled with clean fill material to complement surrounding grades. Prior to initiating backfilling activities, a NYSDOT-approved backfill source was identified. A copy of the clean fill certificate is included in Appendix F. Backfill was placed in the excavation in appropriate 12-inch lifts and compacted to maintain pre-excavation conditions. Backfilled areas were seeded to establish a vegetative cover.

4. Certification

This is to certify that the Soil Removal Action for the West Lot Site and associated construction activities were completed in accordance with the RD Work Plan, as approved by the NYSDEC.

GM Consulting Engineers, P.C.
Vice President
Frank C. Lenzo, P.E.
License Number 073296, New York

5. References

ARCADIS Geraghty & Miller, Inc., 1999. Remedial Design Work Plan, West Lot Site, Utica, New York NYSDEC Site No. 633036. April 1999.

SECOR International, Incorporated, 1997. Feasibility Study Report, West Lot Site, Former Lockheed Martin Corporation Facility, 525 French Road, Utica, Oneida County, New York. July 1997

Tables

ARCADIS GERAGHTY & MILLER

Table 1. Summary of Volatile Organic Compound Concentrations in Post-Excavation Samples, Former Burn Pit, September 1999, West Lot Site, Utica, New York.

Analyte	Sample ID: Collection Date:	EW-1-01 8/31/99	EW-1-02 9/1/99	EW-1-02D DUP-1	EB-1-01 8/31/99	EW-2-01 9/3/99	EB-2-01 9/3/99	EW-3-01 9/2/99
Chloromethane		< 10	< 10	< 10	< 10	< 10	< 10	< 10
Bromomethane		< 10	< 10	< 10	< 10	< 10	< 10	< 10
Vinyl Chloride		< 10	< 10	< 10	< 10	< 10	< 10	< 10
Chloroethane		< 10	< 10	< 10	< 10	< 10	< 10	< 10
Methylene Chloride		2 J	0.5 J	0.6 J	1 J	2 J	2 J	1 J
Acetone		20 B	10 JB	29 B	32 B	5 JB	6 JB	19 B
Carbon Disulfide		< 5	< 5	< 5	1 J	< 5	< 5	< 5
Vinyl Acetate		< 10	< 10	< 10	< 10	< 10	< 10	< 10
1,1-Dichloroethene		< 10	< 10	< 10	< 10	< 10	< 10	< 5
1,1-Dichloroethane		< 5	< 5	< 5	< 5	< 5	< 5	< 5
cis-1,2-Dichloroethene		2 J	< 5	< 5	2 J	< 5	< 5	1 J
trans-1,2-Dichloroethene		0.5 J	< 5	< 5	16	< 5	< 5	< 5
Chloroform		< 5	< 5	< 5	< 5	< 5	< 5	< 5
1,2-Dichloroethane		0.5 J	< 5	< 5	< 5	< 5	< 5	< 5
2-Butanone		1 J	< 10	< 10	< 10	1 J	< 10	< 10
1,1,1-Trichloroethane		< 5	< 5	< 5	< 5	< 5	< 5	< 5
Carbon Tetrachloride		< 5	< 5	< 5	< 5	< 5	< 5	< 5
Bromodichloromethane		< 5	< 5	< 5	< 5	< 5	< 5	< 5
1,2-Dichloropropane		< 5	< 5	< 5	< 5	< 5	< 5	< 5
cis-1,3-Dichloropropene		< 5	< 5	< 5	< 5	< 5	< 5	< 5
Trichloroethene		6	1 J	3 J	11	1 J	1 J	< 5
Dibromochloromethane		< 5	< 5	< 5	< 5	< 5	< 5	< 5
1,1,2-Trichloroethane		< 5	< 5	< 5	< 5	< 5	< 5	< 5
Benzene		< 5	< 5	< 5	< 5	< 5	< 5	< 5
trans-1,3-Dichloropropene		< 5	< 5	< 5	< 5	< 5	< 5	< 5
Bromoform		< 5	< 5	< 5	< 5	< 5	< 5	< 5
4-Methyl-2-Pentanone		< 10	< 10	< 10	< 10	< 10	< 10	< 10
2-Hexanone		< 10	< 10	< 10	< 10	< 10	< 10	< 5
Tetrachloroethene		2 J	< 5	< 5	< 5	4 J	4 J	< 5
1,1,2,2-Tetrachloroethane		< 5	< 5	< 5	< 5	0.8 J	< 5	7
Toluene		< 5	2 J	2 J	2 J	< 5	< 5	< 5
Chlorobenzene		< 5	< 5	< 5	< 5	< 5	< 5	< 5
Ethylbenzene		< 5	< 5	< 5	1 J	< 5	< 5	10
Styrene		< 5	< 5	< 5	< 5	< 5	< 5	< 5
Xylene (total)		< 5	0.6 J	0.7 J	5 J	< 5	< 5	24

Concentrations reported in micrograms per kilogram (ug/kg), equivalent to parts per billion (ppb) .

J Estimated value.

U Parameter was analyzed for but was not detected.

NA Not analyzed.

B Analyte found in blanks as well as the sample

ARCADIS GERAGHTY & MILLER

Table 1. Summary of Volatile Organic Compound Concentrations in Post-Excavation Samples, Former Burn Pit, September 1999, West Lot Site, Utica, New York.

Analyte	Sample ID: Collection Date:	EW-3-02 9/2/99	EW-3-03 9/2/99	EW-3-04 9/3/99	EW-3-05 9/3/99	Rinse Blank 9/3/99
Chloromethane		< 10	< 10	< 10	< 10	< 10
Bromomethane		< 10	< 10	< 10	< 10	< 10
Vinyl Chloride		< 10	< 10	< 10	< 10	< 10
Chloroethane		< 10	< 10	< 10	< 10	< 10
Methylene Chloride		1 J	2 J	2 J	2 J	0.5 J
Acetone		10 JB	15 JB	5 JB	26 B	2 JB
Carbon Disulfide		< 5	< 5	< 5	< 5	< 5
Vinyl Acetate		< 10	< 10	< 10	< 10	< 10
1,1-Dichloroethene		< 5	< 5	< 10	< 10	< 10
1,1-Dichloroethane		< 5	< 5	< 5	< 5	< 5
cis-1,2-Dichloroethene		2 J	0.8 J	8	2 J	< 5
trans-1,2-Dichloroethene		< 5	< 5	< 5	< 5	< 5
Chloroform		< 5	< 5	< 5	< 5	< 5
1,2-Dichloroethane		< 5	< 5	< 5	< 5	< 5
2-Butanone		< 10	3 J	< 10	< 10	< 10
1,1,1-Trichloroethane		< 5	< 5	< 5	< 5	< 5
Carbon Tetrachloride		< 5	< 5	< 5	< 5	< 5
Bromodichloromethane		< 5	< 5	< 5	< 5	< 5
1,2-Dichloropropane		< 5	< 5	< 5	< 5	< 5
cis-1,3-Dichloropropene		< 5	< 5	< 5	< 5	< 5
Trichloroethene		2 J	1 J	8	3 J	< 5
Dibromochloromethane		< 5	< 5	< 5	< 5	< 5
1,1,2-Trichloroethane		< 5	< 5	< 5	< 5	< 5
Benzene		2 J	2 J	< 5	< 5	< 5
Trans-1,3-Dichloropropene		< 5	< 5	< 5	< 5	< 5
Bromoform		< 5	< 5	< 5	< 5	< 5
4-Methyl-2-Pentanone		< 10	< 10	< 10	< 10	< 10
2-Hexanone		< 10	< 10	< 10	< 10	< 10
Tetrachloroethene		< 5	< 5	17	54	< 5
Toluene		18	150	1 J	1 J	< 5
1,1,2,2-Tetrachloroethane		< 5	< 5	< 5	< 5	< 5
Chlorobenzene		< 5	< 5	< 5	< 5	< 5
Ethylbenzene		91	130	< 5	2 J	< 5
Styrene		< 5	< 5	< 5	< 5	< 5
Xylene (total)		250	470	< 5	0.9 J	< 5

Concentrations reported in micrograms per kilogram (ug/kg), equivalent to parts per billion (ppb) .

- J Estimated value.
 U Parameter was analyzed for but was not detected.
 NA Not analyzed.
 B Analyte found in blanks as well as the sample

ARCADIS GERAGHTY & MILLER

Table 2. Summary of PCB Concentrations in Post-Excavation Samples, Former Burn Pit, West Lot Site, Utica, New York.

Analyte	Sample ID: Collection Date:	EW-1-01 8/31/99	EW-1-02 9/1/99	EW-1-02D DUP-1	EB-1-01 8/31/99	EW-2-01 9/3/99	EB-2-01 9/3/99	EW-3-01 9/2/99
Aroclor-1016		< 33	< 33	< 33	< 33	< 33	< 33	< 33
Aroclor-1221		< 67	< 67	< 67	< 67	< 67	< 67	< 67
Aroclor-1232		< 33	< 33	< 33	< 33	< 33	< 33	< 33
Aroclor-1242		< 33	< 33	< 33	< 33	< 33	< 33	< 33
Aroclor-1248		< 33	< 33	< 33	< 33	< 33	< 33	< 33
Aroclor-1254		58	7.9 J	17 J	1200	19 J	11 J	< 33
Aroclor-1260		< 33	< 33	< 33	< 33	< 33	< 33	< 33

Concentrations reported in micrograms per kilogram (ug/kg), equivalent to parts per billion (ppb) .

- J Estimated value.
- U Parameter was analyzed for but was not detected.
- NA Not analyzed.
- B Analyte found in blanks as well as the sample

ARCADIS GERAGHTY & MILLER

Table 2. Summary of PCB Concentrations in Post-Excavation Samples, Former Burn Pit, West Lot Site, Utica, New York

Analyte	Sample ID: Collection Date:	EW-3-02 9/2/99	EW-3-03 9/2/99	EW-3-04 9/3/99	EW-3-05 9/3/99	Rinse Blank 9/3/99
Aroclor-1016		< 33	< 33	< 33	< 33	< 33
Aroclor-1221		< 67	< 67	< 67	< 67	< 67
Aroclor-1232		< 33	< 33	< 33	< 33	< 33
Aroclor-1242		< 33	< 33	< 33	< 33	< 33
Aroclor-1248		< 33	< 33	< 33	< 33	< 33
Aroclor-1254		< 33	< 33	73	29 J	< 33
Aroclor-1260		< 33	< 33	< 33	< 33	< 33

Concentrations reported in micrograms per kilogram (ug/kg), equivalent to parts per billion (ppb) .

- J Estimated value.
- U Parameter was analyzed for but was not detected.
- NA Not analyzed.
- B Analyte found in blanks as well as the sample

ARCADIS GERAGHTY & MILLER

Table 3a. Concentrations of PCBs in IRM Treatment Cell Soils, West Lot Site, Utica, New York.

Sample ID	Date	Location	DTECTOR Reading	PCB Equivalent (ppm)	Dilution (Y/N)	Hazardous (Y/N)
IRM - WC - 01 - D	8/17/99	Hot Spot 1	22	1.1 - 4.0	N	N
IRM - WC - 01 - 2D	8/17/99	Hot Spot 1	23	1.1 - 4.0	N	N
EW - Hot Spot - E - 1D	8/17/99	Hot Spot 1 (East Well)	28	1.1-4.0	N	N
IRM - WC - 01 - C	8/18/99	Soil Pile #1 Composite	38	1.1 - 4.0	N	N
IRM - WC - 03 - C	8/18/99	Soil Pile #3 Composite	30	1.1 - 4.0	N	N
IRM - WC - 03 - 2C	8/18/99	Soil Pile #3 Composite Dup	22	1.1 - 4.0	N	N
IRM - WC - 04 - C	8/18/99	Soil Pile #4 Composite	38	1.1 - 4.0	N	N
IRM - WC - 05 - C	8/19/99	Soil Pile #5 Composite	50	41-150	Y	Y
IRM - WC - 06 - C	8/19/99	Soil Pile #6 Composite	28	1.1 - 4.0	N	N
IRM - WC - 07 - C	8/19/99	Soil Pile #7 Composite	44	4.1 - 15.0	N	N
IRM - WC - 08 - C	8/19/99	Soil Pile #8 Composite	28	1.1 - 4.0	N	N
IRM - WC - 10 - C	8/20/99	Soil Pile #10 Composite	45	4.1 - 15.0	N	N
IRM - WC - 11 - C	8/20/99	Soil Pile #11 Composite	43	4.1 - 15.0	N	N
IRM - WC - 11 - D	8/20/99	Soil Pile #1 Grab	33	1.1 - 4.0	N	N
IRM - WC - 12 - C	8/20/99	Soil Pile #12 Composite	34	1.1 - 4.0	N	N
IRM - WC - 12 - 2C	8/20/99	Soil Pile #12 Composite Dup	18	5 - 10	Y	N
IRM - WC - 13 - D	8/20/99	Soil Pile #13 Grab	42	4.1 - 15	N	N
IRM - WC - 13 - C	8/20/99	Soil Pile #13 Composite	39	1.1 - 4.0	N	N
IRM - WC - 14 - C	8/23/99	Soil Pile #14 Composite	20	0.5 - 1.0	N	N
IRM - WC - 15 - C	8/23/99	Soil Pile #15 Composite	61	16 - 25	N	N
IRM - WC - 15 - 2C	8/23/99	Soil Pile #15 Composite Dup	36	1.1 - 4.0	N	N
IRM - WC - 16 - C	8/23/99	Soil Pile #16 Composite	43	4.1 - 15	N	N
IRM - WC - 17 - C	8/23/99	Soil Pile #17 Composite	30	1.1 - 4.0	N	N
IRM - WC - 18 - C	8/23/99	Soil Pile #18 Composite	37	1.1 - 4.0	N	N
IRM - WC - 19 - C	8/24/99	Soil Pile #19 Composite	34	1.1 - 4.0	N	N
IRM - WC - 20 - C	8/24/99	Soil Pile #20 Composite	41	4.1 - 15	N	N
IRM - WC - 21 - C	8/24/99	Soil Pile #21 Composite	LO	< 0.5	N	N
IRM - WC - 21 - 2C	8/24/99	Soil Pile #21 Composite Dup	53	4.1 - 15	N	N
IRM - WC - 22 - C	8/24/99	Soil Pile #22 Composite	53	4.1 - 15	N	N
IRM - WC - 23 - C	8/24/99	Soil Pile #23 Composite	22	1.1 - 4.0	N	N
IRM - WC - 24 - C	8/25/99	Soil Pile #24 Composite	22	1.1 - 4.0	N	N
IRM - WC - 25 - C	8/25/99	Soil Pile #25 Composite	50	4.1 - 15	N	N
IRM - WC - 26 - C	8/25/99	Soil Pile #26 Composite	25	1.1 - 4.0	N	N
IRM - WC - 27 - C	8/25/99	Soil Pile #27 Composite	45	4.1 - 15	N	N
IRM - WC - 28 - D	8/25/99	Soil Pile #28 Grab	38	1.1 - 4.0	N	N
IRM - WC - 29 - C	8/26/09	Soil Pile #29 Composite	53	4.1 - 15	N	N
IRM - WC - 30 - C	8/31/99	Soil Pile #30 Composite	22	1.1 - 4.0	N	N
IRM - WC - 31 - C	8/31/99	Soil Pile #31 Composite	18	1.1 - 4.0	N	N
IRM - WC - 32 - C	9/1/99	Soil Pile #32 Composite	15	0.5 - 1.0	N	N

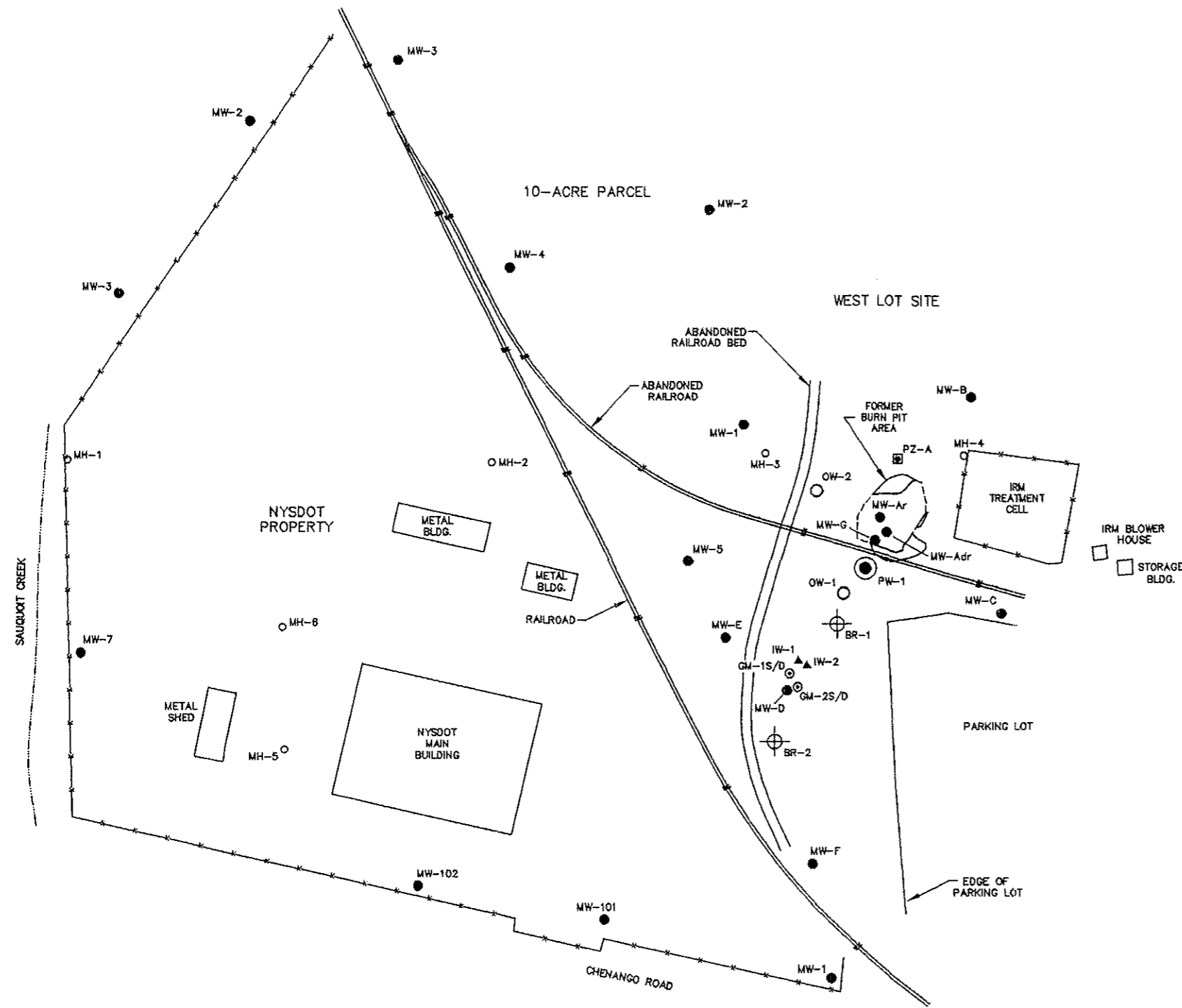
Note: Analysis performed using DTECTOR PCB Immunoassay Test Kits.

Table 3b. Concentration of PCBs in Former Burn Pit Soils, West Lot Site, Utica, New York.

Sample ID	Date	Location	DTECHTOR Reading	PCB Equivalent (ppm)	Dilution (Y/N)	Hazardous (Y/N)
BP - WC - 1 - C	9/2/99	Soil Pile BP#1 Composite	21	1.1 - 4.0	N	N
BP - WC - 2 - C	9/2/99	Soil Pile BP#2 Composite	23	1.1 - 4.0	N	N
BP - WC - 3 - C	9/2/99	Soil Pile BP#3 Composite	18	0.5 - 1.0	N	N
BP - WC - 4 - C	9/2/99	Soil Pile BP#4 Composite	40	1.1 - 4.0	N	N
BP - WC - 5 - C	9/2/99	Soil Pile BP#5 Composite	32	1.1 - 4.0	N	N
BP - WC - 6 - C	9/2/99	Soil Pile BP#6 Composite	20	0.5 - 1.0	N	N
BP - WC - 7 - C	9/2/99	Soil Pile BP#7 Composite	17	0.5 - 1.0	N	N
BP - WC - 8 - C	9/2/99	Soil Pile BP#8 Composite	28	1.1 - 4.0	N	N
BP - WC - 9 - C	9/3/99	Soil Pile BP#9 Composite	22	1.1 - 4.0	N	N
BP - WC - 10 - C	9/3/99	Soil Pile BP#10 Composite	33	1.1 - 4.0	N	N
BP - WC - 11 - C	9/7/99	Soil Pile BP#11 Composite	16	0.5 - 1.0	N	N
BP - 10C - 3 - Pile #2	9/8/99	BP - WC - 3 - Pile #2	LO	<0.5	N	N

Note: Analysis performed using DTECHTOR PCB Immunoassay Test Kits.

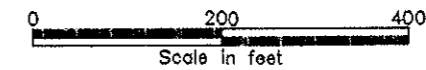
Figures



LEGEND

- MW-F GROUNDWATER MONITORING WELL
- PZ-A PIEZOMETER
- PW-1 OVERBURDEN PUMPING WELL
- OW-1 OVERBURDEN OBSERVATION WELL
- ⊕ BR-1 BEDROCK MONITORING WELL
- MH-4 MANHOLE

NOTES:
1. BASE MAP FROM BBL SURVEY, MAY 1995.



NO.	DATE	REVISION DESCRIPTION	BY
			CKD



215 Washington Avenue Extension
Albany, New York 12205
Tel: 518/462-7826 Fax: 518/462-4306

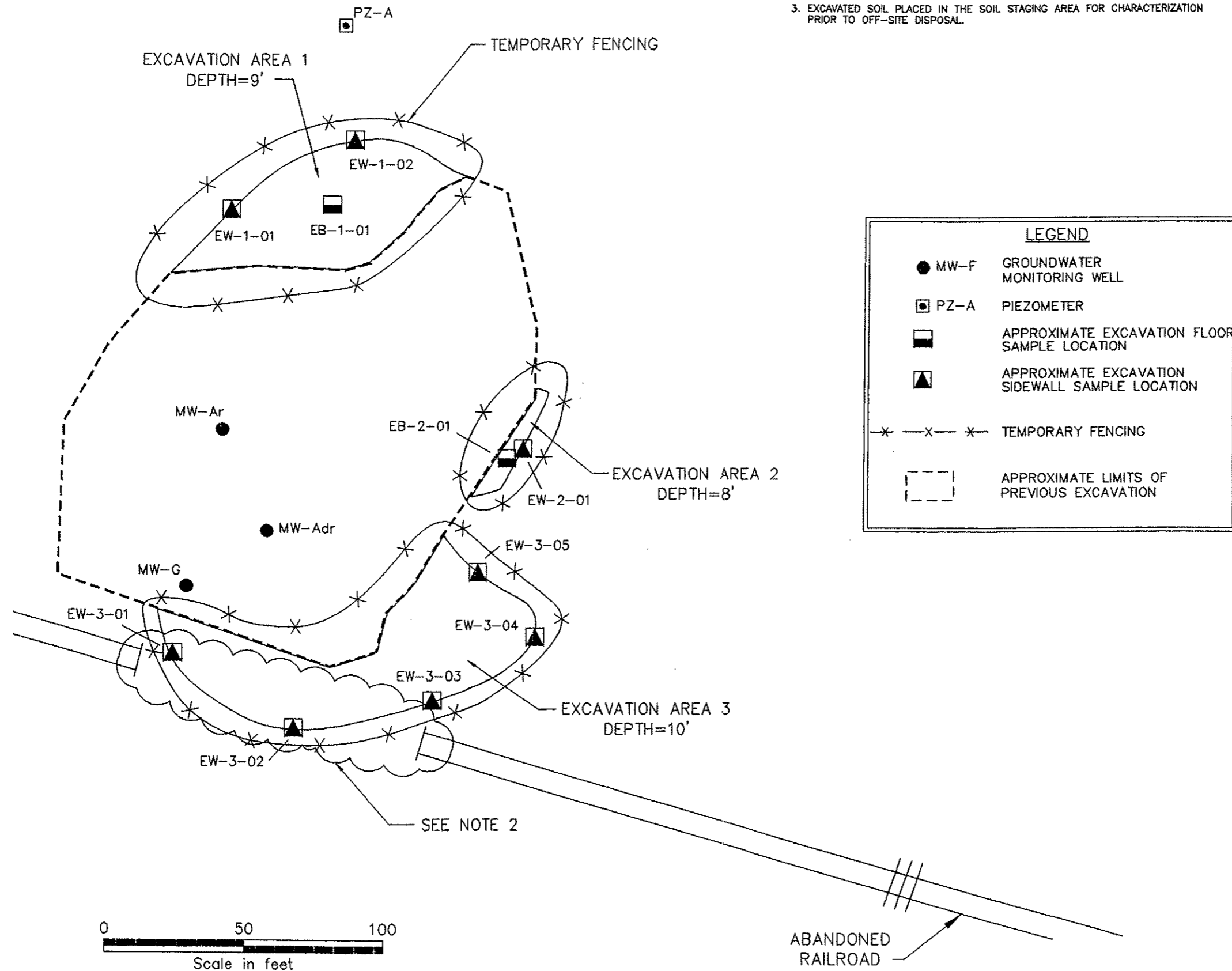
SITE MAP

LOCKHEED MARTIN
WEST LOT SITE

PROJECT MANAGER M. SANFORD	DRAWING NUMBER G2741
CHECKED BY G. NETUSCHIL	PROJECT NUMBER AY0002850001
DRAWN BY F.F./TAD	FIGURE NUMBER 1
DATE DRAWN 4/12/99	

NOTES:

1. BASE MAP FROM BBL SURVEY, MAY 1985, ALL LOCATIONS AREA APPROXIMATE.
2. RAILROAD TIES, RAILS AND ABOVE GRADE EMBANKMENT MATERIAL WERE REMOVED IN GENERAL AREA SHOWN TO ACCOMMODATE SOIL EXCAVATION ACTIVITIES IN THIS VICINITY.
3. EXCAVATED SOIL PLACED IN THE SOIL STAGING AREA FOR CHARACTERIZATION PRIOR TO OFF-SITE DISPOSAL.



LEGEND

- MW-F GROUNDWATER MONITORING WELL
- ◻ PZ-A PIEZOMETER
- ◻ APPROXIMATE EXCAVATION FLOOR SAMPLE LOCATION
- ▲ APPROXIMATE EXCAVATION SIDEWALL SAMPLE LOCATION
- *-*-*-* TEMPORARY FENCING
- APPROXIMATE LIMITS OF PREVIOUS EXCAVATION

NO.	DATE	REVISION DESCRIPTION	BY
			CKD

ARCADIS GERAGHTY & MILLER
 215 Washington Avenue Extension
 Albany, New York 12208
 Tel: 518/452-7828 Fax: 518/452-4396

FORMER BURN PIT EXCAVATION AREAS AND SAMPLE LOCATIONS
 LOCKHEED MARTIN WEST LOT SITE

PROJECT MANAGER M. SANFORD	DRAWING NUMBER G274H
CHECKED BY G. NETUSCHIL	PROJECT NUMBER AY0002850001
DRAWN BY FJ/TAD	FIGURE NUMBER 2
DATE DRAWN 10/18/99	

Appendix - A -

Former Burn Pit Post Excavation
Laboratory Analytical Data



RECEIVED
SEP 20 1999
ARCADIS Geraghty & Miller

September 15, 1999

Severn Trent Laboratories
200 Monroe Turnpike
Monroe, Connecticut 06468

Mr. Marc Sanford
ARCADIS/GERAGHTY & MILLER
215 Washington Ave. Ext.
Albany, NY 12205

Tel: (203) 261-4458
Fax: (203) 261-5346
www.stl-inc.com

Dear Mr. Sanford :

Please find enclosed the analytical results of 11 sample(s) received at our laboratory on September 4, 1999. This report contains sections addressing the following information at a minimum:

- . sample summary
- . analytical methodology
- . state certifications
- . definition of data qualifiers and terminology
- . analytical results
- . chain-of-custody

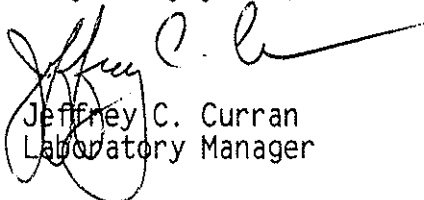
STL Report #7099-2198A	Purchase Order #AY000265.0003.00001
Project ID: UTICA, LKM	

Copies of this analytical report and supporting data are maintained in our files for a minimum of five years unless special arrangements have been made. Unless specifically indicated, all analytical testing was performed at this laboratory location and no portion of the testing was subcontracted.

We appreciate your selection of our services and welcome any questions or suggestions you may have relative to this report. Please contact your customer service representative at (203) 261-4458 for any additional information. Thank you for utilizing our services; we hope you will consider us for your future analytical needs.

I have reviewed and approved the enclosed data for final release.

Very truly yours,



Jeffrey C. Curran
Laboratory Manager

JCC

Other Laboratory Locations:

- Mobile, AL
- Amherst, NY
- Miramar, FL
- Pensacola, FL
- Tallahassee, FL
- Tampa, FL
- Savannah, GA
- University Park, IL

- Billerica, MA
- Westfield, MA
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- Blairstown, NJ
- Mt. Laurel, NJ
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- Schenectady, NY
- Cleveland, OH

a part of

Severn Trent Services Inc.

7099-2198A
ARCADIS/GERAGHTY & MILLER

Case Narrative

Volatile Organics - Volatile organics were determined by purge and trap GC/MS using guidance provided in Method 5030B/8260B. The instrumentation used was a Tekmar Model 2000/2016 Concentrator interfaced with a Hewlett-Packard Model 5970A GC/MS/DS.

No problems were encountered.

Polychlorinated Biphenyls (PCB's) - PCB samples were extracted and analyzed by GC/ECD using guidance provided in Methods 3510C/3550B/8082. The instrumentation used was a Hewlett-Packard Gas Chromatograph equipped with an Electron Capture Detector (Ni⁶³).

All samples were extracted, concentrated and analyzed without any apparent problems.

All soil samples required acid and sulfur cleanup prior to analysis.

Sample EB-2-01MSB was not extracted. An LCS, PBLK77QC, was extracted, which is essentially the same as an MSB except it also contains Aroclor-1242 as a spiking compound.

Surrogates were diluted out of sample BP-WC-3PILE#2.

Manual integrations were performed if required, and any affected peaks were designated with an "FF" on the area report in the column titled "Code". Manual integrations were initialed by the analyst that performed the integration.

TABLE VO-1.0
7099-2198A
ARCADIS/GERAGHTY & MILLER
TCL VOLATILE ORGANICS

Aqueous

All values are ug/L.

Client Sample I.D.	Method Blank	RINSE BLANK	Quant. Limits with no Dilution
Lab Sample I.D.	VBLK07	992198A-07	
Method Blank I.D.	VBLK07	VBLK07	
Quant. Factor	1.00	1.00	
Chloromethane	U	U	10
Bromomethane	U	U	10
Vinyl Chloride	U	U	10
Chloroethane	U	U	10
Methylene Chloride	U	.5J	5.0
Acetone	3J	2JB	10
Carbon Disulfide	U	U	5.0
Vinyl Acetate	U	U	10
1,1-Dichloroethene	U	U	5.0
1,1-Dichloroethane	U	U	5.0
cis-1,2-Dichloroethene	U	U	5.0
trans-1,2-Dichloroethene	U	U	5.0
Chloroform	U	U	5.0
1,2-Dichloroethane	U	U	5.0
2-Butanone	3J	U	10
1,1,1-Trichloroethane	U	U	5.0
Carbon Tetrachloride	U	U	5.0
Bromodichloromethane	U	U	5.0
1,2-Dichloropropane	U	U	5.0
cis-1,3-Dichloropropene	U	U	5.0
Trichloroethene	U	U	5.0
Dibromochloromethane	U	U	5.0
1,1,2-Trichloroethane	U	U	5.0
Benzene	U	U	5.0
trans-1,3-Dichloropropene	U	U	5.0
Bromoform	U	U	5.0
4-Methyl-2-Pentanone	U	U	10
2-Hexanone	U	U	10
Tetrachloroethene	U	U	5.0
Toluene	U	U	5.0
1,1,2,2-Tetrachloroethane	U	U	5.0
Chlorobenzene	U	U	5.0
Ethylbenzene	U	U	5.0
Styrene	U	U	5.0
Xylene (total)	U	U	5.0
Date Received		09/04/99	
Date Extracted	N/A	N/A	
Date Analyzed	09/07/99	09/07/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

TABLE VO-1.1
7099-2198A
ARCADIS/GERAGHTY & MILLER
TCL VOLATILE ORGANICS

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	Method Blank	EW-3-04	EW-3-05	Quant. Limits with no Dilution
Lab Sample I.D.	VBLKKM	992198A-01	992198A-02	
Method Blank I.D.	VBLKKM	VBLKKM	VBLKKM	
Quant. Factor	1.00	1.30	1.12	
Chloromethane	U	U	U	10
Bromomethane	U	U	U	10
Vinyl Chloride	U	U	U	10
Chloroethane	U	U	U	10
Methylene Chloride	U	2J	2J	5.0
Acetone	9J	5JB	26B	10
Carbon Disulfide	U	U	U	5.0
Vinyl Acetate	U	U	U	10
1,1-Dichloroethene	U	U	U	5.0
1,1-Dichloroethane	U	U	U	5.0
cis-1,2-Dichloroethene	U	8	2J	5.0
trans-1,2-Dichloroethene	U	U	U	5.0
Chloroform	U	U	U	5.0
1,2-Dichloroethane	U	U	U	5.0
2-Butanone	U	U	U	10
1,1,1-Trichloroethane	U	U	U	5.0
Carbon Tetrachloride	U	U	U	5.0
Bromodichloromethane	U	U	U	5.0
1,2-Dichloropropane	U	U	U	5.0
cis-1,3-Dichloropropene	U	U	U	5.0
Trichloroethene	U	8	3J	5.0
Dibromochloromethane	U	U	U	5.0
1,1,2-Trichloroethane	U	U	U	5.0
Benzene	U	U	U	5.0
trans-1,3-Dichloropropene	U	U	U	5.0
Bromoform	U	U	U	5.0
4-Methyl-2-Pentanone	U	U	U	10
2-Hexanone	U	U	U	10
Tetrachloroethene	U	17	54	5.0
Toluene	U	1J	1J	5.0
1,1,2,2-Tetrachloroethane	U	U	U	5.0
Chlorobenzene	U	U	U	5.0
Ethylbenzene	U	U	2J	5.0
Styrene	U	U	U	5.0
Xylene (total)	U	U	.9J	5.0
Date Received		09/04/99	09/04/99	
Date Extracted	N/A	N/A	N/A	
Date Analyzed	09/07/99	09/07/99	09/07/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

TABLE VO-1.2
7099-2198A
ARCADIS/GERAGHTY & MILLER
TCL VOLATILE ORGANICS

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	EW-2-01	EB-2-01	EB-2-01 FMS 992198A-04	Quant. Limits with no Dilution
Lab Sample I.D.	992198A-03	992198A-04	FMS	
Method Blank I.D.	VBLKKM	VBLKKM	VBLKKM	
Quant. Factor	1.11	1.09	1.09	
Chloromethane	U	U	56X	10
Bromomethane	U	U	46X	10
Vinyl Chloride	U	U	58X	10
Chloroethane	U	U	55X	10
Methylene Chloride	2J	2J	49X	5.0
Acetone	5JB	6JB	12BX	10
Carbon Disulfide	U	U	57X	5.0
Vinyl Acetate	U	U	73X	10
1,1-Dichloroethene	U	U	53X	5.0
1,1-Dichloroethane	U	U	58X	5.0
cis-1,2-Dichloroethene	U	U	51	5.0
trans-1,2-Dichloroethene	U	U	52	5.0
Chloroform	U	U	55X	5.0
1,2-Dichloroethane	U	U	48X	5.0
2-Butanone	1J	U	18X	10
1,1,1-Trichloroethane	U	U	52X	5.0
Carbon Tetrachloride	U	U	32X	5.0
Bromodichloromethane	U	U	46X	5.0
1,2-Dichloropropane	U	U	52X	5.0
cis-1,3-Dichloropropene	U	U	46X	5.0
Trichloroethene	1J	1J	52X	5.0
Dibromochloromethane	U	U	45X	5.0
1,1,2-Trichloroethane	U	U	42X	5.0
Benzene	U	U	57X	5.0
trans-1,3-Dichloropropene	U	U	42X	5.0
Bromoform	2J	U	41X	5.0
4-Methyl-2-Pentanone	U	U	31X	10
2-Hexanone	U	U	27X	10
Tetrachloroethene	4J	4J	51X	5.0
Toluene	.8J	U	53X	5.0
1,1,2,2-Tetrachloroethane	U	U	38X	5.0
Chlorobenzene	U	U	52X	5.0
Ethylbenzene	U	U	56X	5.0
Styrene	U	U	56X	5.0
Xylene (total)	U	U	170X	5.0
Date Received	09/04/99	09/04/99	09/04/99	
Date Extracted	N/A	N/A	N/A	
Date Analyzed	09/07/99	09/07/99	09/07/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any
 variation in sample weight/volume, % moisture and
 sample dilution.

TABLE VO-1.3
7099-2198A
ARCADIS/GERAGHTY & MILLER
TCL VOLATILE ORGANICS

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	EB-2-01 FMSD 992198A-04	BP-WC- 3PILE#1	BP-WC- 3PILE#2	Quant. Limits with no Dilution
Lab Sample I.D.	FMSD	992198A-08	992198A-09	
Method Blank I.D.	VBLKKM	VBLKKM	VBLKKM	
Quant. Factor	1.09	1.11	1.08	
Chloromethane	50X	U	U	10
Bromomethane	48X	U	U	10
Vinyl Chloride	52X	U	U	10
Chloroethane	41X	U	U	10
Methylene Chloride	46X	.6J	.6J	5.0
Acetone	30BX	2JB	4JB	10
Carbon Disulfide	52X	U	U	5.0
Vinyl Acetate	72X	U	U	10
1,1-Dichloroethene	49X	U	U	5.0
1,1-Dichloroethane	52X	U	U	5.0
cis-1,2-Dichloroethene	49	U	3J	5.0
trans-1,2-Dichloroethene	46	U	U	5.0
Chloroform	48X	U	U	5.0
1,2-Dichloroethane	49X	U	U	5.0
2-Butanone	43X	U	.9J	10
1,1,1-Trichloroethane	48X	U	U	5.0
Carbon Tetrachloride	49X	U	U	5.0
Bromodichloromethane	48X	U	U	5.0
1,2-Dichloropropane	54X	U	U	5.0
cis-1,3-Dichloropropene	49X	U	U	5.0
Trichloroethene	51X	U	18	5.0
Dibromochloromethane	51X	U	U	5.0
1,1,2-Trichloroethane	49X	U	U	5.0
Benzene	54X	U	1J	5.0
trans-1,3-Dichloropropene	47X	U	U	5.0
Bromoform	57X	U	3J	5.0
4-Methyl-2-Pentanone	68X	U	U	10
2-Hexanone	73X	U	U	10
Tetrachloroethene	59X	U	33	5.0
Toluene	54X	U	11	5.0
1,1,2,2-Tetrachloroethane	62X	U	U	5.0
Chlorobenzene	51X	U	U	5.0
Ethylbenzene	53X	U	2J	5.0
Styrene	56X	U	U	5.0
Xylene (total)	160X	U	19	5.0
Date Received	09/04/99	09/04/99	09/04/99	
Date Extracted	N/A	N/A	N/A	
Date Analyzed	09/07/99	09/07/99	09/07/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any
 variation in sample weight/volume, % moisture and
 sample dilution.

TABLE VO-1.4
7099-2198A
ARCADIS/GERAGHTY & MILLER
TCL VOLATILE ORGANICS

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	BP-WC- 2PILE#1			Quant. Limits with no Dilution
Lab Sample I.D.	992198A-10			
Method Blank I.D.	VBLKKM			
Quant. Factor	1.04			
Chloromethane	U			10
Bromomethane	U			10
Vinyl Chloride	U			10
Chloroethane	U			10
Methylene Chloride	.6J			5.0
Acetone	6JB			10
Carbon Disulfide	U			5.0
Vinyl Acetate	U			10
1,1-Dichloroethene	U			5.0
1,1-Dichloroethane	U			5.0
cis-1,2-Dichloroethene	U			5.0
trans-1,2-Dichloroethene	U			5.0
Chloroform	U			5.0
1,2-Dichloroethane	U			5.0
2-Butanone	2J			10
1,1,1-Trichloroethane	U			5.0
Carbon Tetrachloride	U			5.0
Bromodichloromethane	U			5.0
1,2-Dichloropropane	U			5.0
cis-1,3-Dichloropropene	U			5.0
Trichloroethene	U			5.0
Dibromochloromethane	U			5.0
1,1,2-Trichloroethane	U			5.0
Benzene	U			5.0
trans-1,3-Dichloropropene	U			5.0
Bromoform	U			5.0
4-Methyl-2-Pentanone	U			10
2-Hexanone	U			10
Tetrachloroethene	.6J			5.0
Toluene	U			5.0
1,1,2,2-Tetrachloroethane	U			5.0
Chlorobenzene	U			5.0
Ethylbenzene	U			5.0
Styrene	U			5.0
Xylene (total)	U			5.0
Date Received	09/04/99			
Date Extracted	N/A			
Date Analyzed	09/07/99			

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any
 variation in sample weight/volume, % moisture and
 sample dilution.

TABLE GC-1.0
7099-2198A
ARCADIS/GERAGHTY & MILLER
8082 POLYCHLORINATED BIPHENYLS (PCB's)

Aqueous

All values are ug/L.

Client Sample I.D.	Method Blank	PBLK80 QC2 090899-B02	RINSE BLANK 992198A-07 PBLK80	Quant. Limits with no Dilution
Lab Sample I.D.	090899-B02	090899-B02	992198A-07	
Method Blank I.D.	PBLK80	PBLK80	PBLK80	
Quant. Factor	1.00	1.00	1.00	
Aroclor-1016	U	U	U	1.0
Aroclor-1221	U	U	U	2.0
Aroclor-1232	U	U	U	1.0
Aroclor-1242	U	3.1X	U	1.0
Aroclor-1248	U	U	U	1.0
Aroclor-1254	U	U	U	1.0
Aroclor-1260	U	3.7X	U	1.0
Date Received			09/04/99	
Date Extracted	09/08/99	09/08/99	09/08/99	
Date Analyzed	09/10/99	09/10/99	09/10/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

TABLE GC-1.1
7099-2198A
ARCADIS/GERAGHTY & MILLER
8082 POLYCHLORINATED BIPHENYLS (PCB's)

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	Method Blank	PBLK77 QC	EW-3-04	Quant. Limits with no Dilution
Lab Sample I.D.	090799-B02	090799-B02QC	992198A-01	
Method Blank I.D.	PBLK77	PBLK77	PBLK77	
Quant. Factor	1.00	1.00	1.28	
Aroclor-1016	U	U	U	33.
Aroclor-1221	U	U	U	67.
Aroclor-1232	U	U	U	33.
Aroclor-1242	U	140X	U	33.
Aroclor-1248	U	U	U	33.
Aroclor-1254	U	U	73.	33.
Aroclor-1260	U	150X	U	33.
Date Received			09/04/99	
Date Extracted	09/07/99	09/07/99	09/07/99	
Date Analyzed	09/07/99	09/07/99	09/07/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

TABLE GC-1.2
7099-2198A
ARCADIS/GERAGHTY & MILLER
8082 POLYCHLORINATED BIPHENYLS (PCB's)

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	EW-3-05	EW-2-01	EB-2-01	Quant. Limits with no Dilution
Lab Sample I.D.	992198A-02	992198A-03	992198A-04	
Method Blank I.D.	PBLK77	PBLK77	PBLK77	
Quant. Factor	1.10	1.16	1.20	
Aroclor-1016	U	U	U	33.
Aroclor-1221	U	U	U	67.
Aroclor-1232	U	U	U	33.
Aroclor-1242	U	U	U	33.
Aroclor-1248	U	U	U	33.
Aroclor-1254	29.J	19.J	11.J	33.
Aroclor-1260	U	U	U	33.
Date Received	09/04/99	09/04/99	09/04/99	
Date Extracted	09/07/99	09/07/99	09/07/99	
Date Analyzed	09/07/99	09/07/99	09/07/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

TABLE GC-1.3
7099-2198A
ARCADIS/GERAGHTY & MILLER
8082 POLYCHLORINATED BIPHENYLS (PCB's)

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	EB-2-01 MS	EB-2-01 MSD	BP-WC- 3PILE#1	Quant. Limits with no Dilution
Lab Sample I.D.	992198A-04MS	992198A-04 MSD	992198A-08	
Method Blank I.D.	PBLK77	PBLK77	PBLK77	
Quant. Factor	1.20	1.20	1.11	
Aroclor-1016	U	U	U	33.
Aroclor-1221	U	U	U	67.
Aroclor-1232	U	U	U	33.
Aroclor-1242	U	U	U	33.
Aroclor-1248	U	U	U	33.
Aroclor-1254	23.J	26.J	U	33.
Aroclor-1260	79.X	70.X	U	33.
Date Received	09/04/99	09/04/99	09/04/99	
Date Extracted	09/07/99	09/07/99	09/07/99	
Date Analyzed	09/08/99	09/08/99	09/07/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any
 variation in sample weight/volume, % moisture and
 sample dilution.

TABLE GC-1.4
7099-2198A
ARCADIS/GERAGHTY & MILLER
8082 POLYCHLORINATED BIPHENYLS (PCB's)

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	BP-WC- 3PILE#2	BP-WC- 2PILE#1		Quant. Limits with no Dilution
Lab Sample I.D.	992198A-09	992198A-10		
Method Blank I.D.	PBLK77	PBLK77		
Quant. Factor	532.	5.15		
Aroclor-1016	U	U		33.
Aroclor-1221	U	U		67.
Aroclor-1232	U	U		33.
Aroclor-1242	U	U		33.
Aroclor-1248	U	U		33.
Aroclor-1254	21000	430		33.
Aroclor-1260	U	U		33.
Date Received	09/04/99	09/04/99		
Date Extracted	09/07/99	09/07/99		
Date Analyzed	09/08/99	09/08/99		

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any
 variation in sample weight/volume, % moisture and
 sample dilution.

ORGANICS APPENDIX

- U - Indicates that the compound was analyzed for but not detected.
- J - Indicates that the compound was analyzed for and determined to be present in the sample. The mass spectrum of the compound meets the identification criteria of the method. The concentration listed is an estimated value, which is less than the specified minimum detection limit but is greater than zero.
- B - This flag is used when the analyte is found in the blanks as well as the sample. It indicates possible sample contamination and warns the data user to use caution when applying the results of this analyte.
- N - Indicates that the compound was analyzed for but not requested as an analyte. Value will not be listed on tabular result sheet.
- S - Estimated due to surrogate outliers.
- X - Matrix spike compound.
- (1) - Cannot be separated.
- (2) - Decomposes to azobenzene. Measured and calibrated as azobenzene.
- A - This flag indicates that a TIC is a suspected aldol condensation product.
- E - Indicates that it exceeds calibration curve range.
- D - This flag identifies all compounds identified in an analysis at a secondary dilution factor.
- C - Confirmed by GC/MS.
- T - Compound present in TCLP blank.
- P - This flag is used for a pesticide/aroclor target analyte when there is a greater than 25 percent difference for detected concentrations between the two GC columns (see Form X).

STATE CERTIFICATIONS

In some instances it may be necessary for environmental data to be reported to a regulatory authority with reference to a certified laboratory. For your convenience, the laboratory identification numbers for Severn Trent Laboratories-Connecticut are provided in the following table. Many states certify laboratories for specific parameters or tests within a category (i.e. method 325.2 for wastewater). The information in the following table indicates the lab is certified in a general category of testing such as drinking water or wastewater analysis. The laboratory should be contacted directly if parameter-specific certification information is required.

Severn Trent-Connecticut Certification Summary (as of March 1999)

State	Responsible Agency	Certification	Lab Number
Connecticut	Department of Health Services	Drinking Water, Wastewater	PH 497
Kansas	Department of Health and Environment	Drinking Water, Wastewater/Solid, Hazardous Waste	E-10210
Maine	Department of Human Services	Wastewater	CT023
Massachusetts	Department of Environmental Protection	Potable/Non-Potable Water	CT023
New Hampshire	Department of Environmental Services	Drinking Water, Wastewater	2528
New Jersey	Department of Environmental Protection	Drinking Water, Wastewater	46410
New York	Department of Health	CLP, Drinking Water, Wastewater, Solid/ Hazardous Waste	10602
North Carolina	Division of Environmental Management	Wastewater Hazardous Waste	388
Oklahoma	Department of Environmental Quality	General Water Quality/ Sludge Testing	9614
Rhode Island	Department of Health	Chemistry... Non- Potable Water and Wastewater	A43
Washington	Department of Ecology	Wastewater/ Hazardous Waste	C231
Wisconsin	Department of Natural Resources	Wastewater/ Hazardous Waste	998355710

7099-2198A
ARCADIS/GERAGHTY & MILLER
SAMPLE SUMMARY

CLIENT ID	LAB ID	MATRIX	DATE COLLECTED	DATE RECEIVED
EW-3-04	992198A-01	SOIL	09/03/99	09/04/99
EW-3-05	992198A-02	SOIL	09/03/99	09/04/99
EW-2-01	992198A-03	SOIL	09/03/99	09/04/99
EB-2-01	992198A-04	SOIL	09/03/99	09/04/99
EB-2-01	992198A-04MS	SOIL	09/03/99	09/04/99
EB-2-01	992198A-04MSB	SOIL	09/03/99	09/04/99
EB-2-01	992198A-04MSD	SOIL	09/03/99	09/04/99
RINSE BLANK	992198A-07	WATER	09/03/99	09/04/99
BP-WC-3PILE#1	992198A-08	SOIL	09/03/99	09/04/99
BP-WC-3PILE#2	992198A-09	SOIL	09/03/99	09/04/99
BP-WC-2PILE#1	992198A-10	SOIL	09/03/99	09/04/99

IEA-CT ANALYTICAL SUMMARY

Page:1

Client ID: BP-WC-2PILE#1, BP-WC-3PILE#1, BP-WC-3PILE#2, EB-2-01, EW-2-01,
EW-3-04, EW-3-05, RINSE BLANK
Job Number: 7099-2198A

Date: 9/15/99

Qty	Matrix	Analysis	Description
10	SOIL	PCB-N8082	PCB's
10	SOIL	VOA-N8260B-TCL	TCL Volatile Organic
1	WATER	PCB-N8082	PCB's
1	WATER	VOA-N8260B-TCL	TCL Volatile Organic

Project Number/Name ARC000265.0003.00001/LHC

Project Location Utica, NY

Laboratory Sveam Trent

Project Manager Marc Sanford

Sampler(s)/Affiliation CC / ARCADIS

ANALYSIS / METHOD / SIZE

Sample ID/Location	Matrix	Date/Time Sampled	Time Lab ID	VOCs (8260)	Total PCBs (8080)	Remarks	Total
01 EW-3-04	S	9/3/99	9:00A	1	1		2
02 EW-3-05	S	9/3/99	9:00A	1	1		2
03 EW-2-01	S	9/3/99	10:30A	1	1	PASSED TO AD SCREEN	2
04 EB-2-01	S	9/3/99	10:30A	1	1		6°
EB-2-01MS	S	9/3/99	10:30A	1	1		2
EB-2-01MSD	S	9/3/99	10:30A	1	1		2
07 Rinse Blank	L	9/3/99	10:30A	2	2		4
08 BP-WL-3-Pile #1	S	9/3/99	11:10	1	1		2
09 BP-WL-3-Pile #2	S	9/3/99	11:20	1	1		2
10 BP-WL-2-Pile #1	S	9/3/99	11:30	1	1		2

Sample Matrix: L = Liquid; S = Solid; A = Air

Total No. of Bottles/Containers 16/22

Relinquished by: _____	Organization: <u>ARCADIS Geraghty & Miller</u>	Date: <u>9/13/99</u>	Time: <u>12:00P</u>	Seal Intact? _____
Received by: <u>Rick Chandler</u>	Organization: <u>SILCT</u>	Date: <u>9/14/99</u>	Time: <u>10:30</u>	Yes No N/A
Relinquished by: _____	Organization: _____	Date: <u>1/1</u>	Time: _____	Seal Intact? _____
Received by: _____	Organization: _____	Date: <u>1/1</u>	Time: _____	Yes No N/A

Special Instructions/Remarks:

**** 24 Hr. TAT AB Per Mary Ermids ****

Delivery Method: In Person Common Carrier Fed Ex Lab Courier Other

FedEx *USA* **Tracking Number** 814776868261

Form I.D. No. **0200**

From **9/3/99**

Date **9/3/99**

Sender's Name **J Bonstedt** Phone **518 487286**

Company **ARCADIS**

Address **215 Washington Ave Ext.**

City **Albany** State **NY** ZIP **12205**

Your Internal Billing Reference **AYC00265.0003.0001**

To Recipient's Name **Sample Recovery** Phone **203 261-4458**

Company **Swan Trust**

Address **200 Monroe Turnpike**

City **Monroe** State **CT** ZIP **06468**



4a Express Package Service
 FedEx Priority Overnight Next business morning
 FedEx Standard Overnight Next business afternoon
 FedEx First Overnight Earliest next business morning delivery to select locations
 FedEx 2Day* Second business day
 FedEx Express Saver* Third business day
** FedEx Letter Rate not available Minimum charge: One-pound rate*

4b Express Freight Service
 FedEx 10day Freight* Next business day
 FedEx 2Day Freight Second business day
 FedEx 3Day Freight Third business day
** Call for Confirmation*

5 Packaging
 FedEx Letter*
 FedEx Pak*
 Other Pkg. Includes FedEx Box, FedEx Tube, and customer pkg.
** Declared value limit \$500*

6 Special Handling
 Saturday Delivery Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes
 Sunday Delivery Available for FedEx Priority Overnight to select ZIP codes
 HOLD Weekday at FedEx Location Not available with FedEx First Overnight
 HOLD Saturday at FedEx Location Available for FedEx Priority Overnight and FedEx 2Day to select locations
 Does this shipment contain dangerous goods? One box must be checked.
 No
 Yes As per attached Shipper's Declaration
 Yes Shipper's Declaration not required
 Dry Ice Dry Ice 9, UN 1845 X kg
Dangerous Goods cannot be shipped in FedEx packaging.
 Cargo Aircraft Only

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.
 Obtain Recip. Acct. No.
 Sender Acct. No. in Section 1 will be billed.
 Recipient
 Third Party
 Credit Card
 Cash/Check

Total Packages	Total Weight	Total Declared Value*	Total Charges
1	30	\$.00	
*Our liability is limited to \$100 unless you declare a higher value. See back for details.			Credit Card Auth.

8 Release Signature Sign to authorize delivery without obtaining signature.
 By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.
Questions? Call 1-800-Go-FedEx (800-463-3339)
 Visit our Web site at www.fedex.com
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360

STL

GC-GC/MS Extract Chain of Custody

Fraction: BNA / Pesticide-PCB / Herbicide / O/P Pesticide / DRO / Other
 (Circle one)

CLIENT: GAM

JOB NO: 7099-2198A

SAMPLE IN (Extractions)					SAMPLE IN (Extractions)				
Sample(s)	Date	Time	Sign.	Location	Sample(s)	Date	Time	Sign.	Location
1-4, 8, 9, 10 4ms/MSD	9/7/99	6:15pm	AP	706.C. Analysis					
1, 7	9/9	23:55	AP	50					

SAMPLE OUT					SAMPLE IN			
Sample(s)	Date	Time	Code	Sign.	Date	Time	Location	Sign.
1-4, 8, 9, 10 4ms/MSD	9/7/99	6:15pm	AN	Kllw	9/7/99	6:45pm	50	Kllw
	9/10	9:20	An	Bl	9/10	9:15	50	Bl
2, 9, 10	9/8/99	8:00am	AN	Kllw	9/8/99	8:15pm	50	Kllw

Codes: SC = Screening AN = Analysis

Verified By: Dan

Date: 9/13/99

IEA / CT
LABORATORY CHRONICLE

SAMPLE PREPARATION AND ANALYSIS SUMMARY
VOLATILE (VOA) ANALYSIS

JOB #: 7099-2198A

SAMPLE ID	MATRIX	DATE COLLECTED	DATE RECEIVED	DATE EXTRACTED	DATE ANALYZED
EW-3-04	SOIL	09/03/99	09/04/99	N/A	09/07/99
EW-3-05	SOIL	09/03/99	09/04/99		
EW-2-01	SOIL	09/03/99	09/04/99		
EB-2-01	SOIL	09/03/99	09/04/99		
RINSE BLANK	WATER	09/03/99	09/04/99		
BP-WC-3PILE#1	SOIL	09/03/99	09/04/99		
BP-WC-3PILE#2	SOIL	09/03/99	09/04/99		
BP-WC-2PILE#1	SOIL	09/03/99	09/04/99		

Section Supervisor (signature)



Review & Approval (printed name)

(Date) 09/15/99

QC Supervisor (signature)

Review & Approval (printed name)

(Date) ___/___/___

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

SAMPLE PREPARATION AND ANALYSIS SUMMARY
PESTICIDES/PCB
ANALYSES

Laboratory Sample ID	Matrix	Date Collected	Date Rec'd at Lab	Date Extracted	Date Analyzed
992198A-01	SOIL	09/03/99	09/04/99	9/7/99	9/7/99
992198A-02	SOIL	09/03/99	09/04/99	↓	↓
992198A-03	SOIL	09/03/99	09/04/99	↓	↓
992198A-04	SOIL	09/03/99	09/04/99	↓	↓
992198A-07	WATER	09/03/99	09/04/99	9/8/99	9/10/99
992198A-08	SOIL	09/03/99	09/04/99	9/7/99	9/7/99
992198A-09	SOIL	09/03/99	09/04/99	↓	9/8/99
992198A-10	SOIL	09/03/99	09/04/99	↓	↓

3-ASP
SOIL VOLATILE SPIKE/SPIKE DUPLICATE RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: 2198A

SAS No.: _____

SDG No.: A2198

Matrix Spike - EPA Sample No.: EB-2-01

Level: (low/med) LOW

COMPOUND	SPIKE ADDED (ug/Kg)	SAMPLE CONCENTRATION (ug/Kg)	SPIKE CONCENTRATION (ug/Kg)	SPIKE % REC #	QC. LIMITS REC.
Chloromethane	54	0	56	104	32-191
Bromomethane	54	0	46	85	34-190
Vinyl Chloride	54	0	58	107	23-192
Chloroethane	54	0	55	102	49-222
Methylene Chloride	54	2	49	87	64-158
Acetone	54	6	12	11	0-398
Carbon Disulfide	54	0	57	106	55-133
Vinyl Acetate	54	0	73	135	0-163
1,1-Dichloroethene	54	0	53	98	79-152
1,1-Dichloroethane	54	0	58	107	83-134
1,2-Dichloroethene (total)	110	0	100	91	82-128
Chloroform	54	0	55	102	65-126
1,2-Dichloroethane	54	0	48	89	50-132
2-Butanone	54	0	18	33	0-393
1,1,1-Trichloroethane	54	0	52	96	44-139
Carbon Tetrachloride	54	0	32	59	34-137
Bromodichloromethane	54	0	46	85	59-130
1,2-Dichloropropane	54	0	52	96	84-161
cis-1,3-Dichloropropene	54	0	46	85	72-116
Trichloroethene	54	1	52	94	72-129
Dibromochloromethane	54	0	45	83	57-129
1,1,2-Trichloroethane	54	0	42	78	72-136
Benzene	54	0	57	106	83-130
trans-1,3-Dichloropropene	54	0	42	78	59-117
Bromoform	54	0	41	76	36-144
4-Methyl-2-Pentanone	54	0	31	57	39-214
2-Hexanone	54	0	27	50*	83-256
Tetrachloroethene	54	4	51	87	41-143
Toluene	54	0	53	98	77-126
1,1,2,2-Tetrachloroethane	54	0	38	70	58-167

Column to be used to flag recovery with an asterisk

* Values outside of QC limits.

Spike Recovery: 81 out of 68 outside limits

COMMENTS: _____

PS
09/09/99

3-ASP
 SOIL VOLATILE SPIKE/SPIKE DUPLICATE RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: 2198A

SAS No.: _____

SDG No.: A2198

Matrix Spike - EPA Sample No.: EB-2-01

Level: (low/med) LOW

COMPOUND	SPIKE ADDED (ug/Kg)	SAMPLE CONCENTRATION (ug/Kg)	SPIKE CONCENTRATION (ug/Kg)	SPIKE % REC #	QC. LIMITS REC.
Chlorobenzene	54	0	52	96	82-126
Ethylbenzene	54	0	56	104	79-131
Styrene	54	0	56	104	81-121
Xylene (total)	160	0	170	106	81-126
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Column to be used to flag recovery with an asterisk

* Values outside of QC limits.

Spike Recovery: 21 out of 68 outside limits

COMMENTS: _____

PS
09/09/99

3-ASP
SOIL VOLATILE SPIKE/SPIKE DUPLICATE RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: 2198A

SAS No.: _____

SDG No.: A2198

Matrix Spike - EPA Sample No.: EB-2-01

Level: (low/med) LOW

COMPOUND	SPIKE ADDED (ug/Kg)	MSD CONCENTRATION (ug/Kg)	MSD % REC #	% RPD #	QC LIMITS	
					RPD	REC.
Chloromethane	54	50	92	12	20	32-191
Bromomethane	54	48	89	5	20	34-190
Vinyl Chloride	54	52	96	11	20	23-192
Chloroethane	54	41	76	29*	20	49-222
Methylene Chloride	54	46	81	7	20	64-158
Acetone	54	30	44	120*	20	0-398
Carbon Disulfide	54	52	96	10	20	55-133
Vinyl Acetate	54	72	133	2	20	0-163
1,1-Dichloroethene	54	49	91	7	20	79-152
1,1-Dichloroethane	54	52	96	11	20	83-134
1,2-Dichloroethene (total)	110	95	86	6	20	82-128
Chloroform	54	48	89	14	20	65-126
1,2-Dichloroethane	54	49	91	2	20	50-132
2-Butanone	54	43	80	83*	20	0-393
1,1,1-Trichloroethane	54	48	89	8	20	44-139
Carbon Tetrachloride	54	49	91	43*	20	34-137
Bromodichloromethane	54	48	89	5	20	59-130
1,2-Dichloropropane	54	54	100	4	20	84-161
cis-1,3-Dichloropropene	54	49	91	7	20	72-116
Trichloroethene	54	51	92	2	20	72-129
Dibromochloromethane	54	51	94	12	20	57-129
1,1,2-Trichloroethane	54	49	91	15	20	72-136
Benzene	54	54	100	6	20	83-130
trans-1,3-Dichloropropene	54	47	87	11	20	59-117
Bromoform	54	57	106	33*	20	36-144
4-Methyl-2-Pentanone	54	68	126	75*	20	39-214
2-Hexanone	54	73	135	92*	20	83-256
Tetrachloroethene	54	59	102	16	20	41-143
Toluene	54	54	100	2	20	77-126
1,1,2,2-Tetrachloroethane	54	62	115	49*	20	58-167

Column to be used to flag recovery with an asterisk

* Values outside of QC limits.

RPD: 8 out of 34 outside limits

Spike Recovery: 2 out of 68 outside limits

COMMENTS:

800
09/09/99

FORM III VOA-2

8260

3-ASP
 SOIL VOLATILE SPIKE/SPIKE DUPLICATE RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: 2198A

SAS No.: _____

SDG No.: A2198

Matrix Spike - EPA Sample No.: EB-2-01

Level: (low/med) LOW

COMPOUND	SPIKE ADDED (ug/Kg)	MSD CONCENTRATION (ug/Kg)	MSD % REC #	% RPD #	QC LIMITS	
					RPD	REC.
Chlorobenzene	54	51	94	2	20	82-126
Ethylbenzene	54	53	98	6	20	79-131
Styrene	54	56	104	0	20	81-121
Xylene (total)	160	160	100	6	20	81-126
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9/10/99

Column to be used to flag recovery with an asterisk

* Values outside of QC limits.

RPD: 8 out of 34 outside limits
 Spike Recovery: 8 out of 68 outside limits
 COMMENTS: _____

3-ASP
VOLATILE MATRIX SPIKE BLANK RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: 2198A

SAS No.: _____

SDG No.: A2198

Matrix Spike - EPA Sample No.: EB-2-01

Level: (low/med) LOW

COMPOUND	SPIKE ADDED (ug/Kg)	SAMPLE CONCENTRATION (ug/Kg)	SPIKE CONCENTRATION (ug/Kg)	SPIKE % REC #	QC. LIMITS REC.
Chloromethane	50	0	46	92	32-191
Bromomethane	50	0	40	80	34-190
Vinyl Chloride	50	0	50	100	23-192
Chloroethane	50	0	43	86	49-222
Methylene Chloride	50	0	46	92	64-158
Acetone	50	8	21	26	0-398
Carbon Disulfide	50	0	52	104	55-133
Vinyl Acetate	50	0	25	50	0-163
1,1-Dichloroethene	50	0	46	92	79-152
1,1-Dichloroethane	50	0	51	102	83-134
1,2-Dichloroethene (total)	100	0	95	95	82-128
Chloroform	50	0	46	92	65-126
1,2-Dichloroethane	50	0	44	88	50-132
2-Butanone	50	2	36	68	0-393
1,1,1-Trichloroethane	50	0	45	90	44-139
Carbon Tetrachloride	50	0	49	98	34-137
Bromodichloromethane	50	0	46	92	59-130
1,2-Dichloropropane	50	0	51	102	84-161
cis-1,3-Dichloropropene	50	0	48	96	72-116
Trichloroethene	50	0	49	98	72-129
Dibromochloromethane	50	0	47	94	57-129
1,1,2-Trichloroethane	50	0	45	90	72-136
Benzene	50	0	45	90	83-130
trans-1,3-Dichloropropene	50	0	47	94	59-117
Bromoform	50	0	50	100	36-144
4-Methyl-2-Pentanone	50	.8	46	90	39-214
2-Hexanone	50	0	45	90	83-256
Tetrachloroethene	50	0	46	92	41-143
Toluene	50	0	52	104	77-126
1,1,2,2-Tetrachloroethane	50	.2	49	98	58-167

Column to be used to flag recovery with an asterisk

* Values outside of QC limits.

Spike Recovery: 0 out of 34 outside limits

COMMENTS: _____

3-ASP
VOLATILE MATRIX SPIKE BLANK RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: 2198A

SAS No.: _____

SDG No.: A2198

Matrix Spike - EPA Sample No.: EB-2-01

Level: (low/med) LOW

COMPOUND	SPIKE ADDED (ug/Kg)	SAMPLE CONCENTRATION (ug/Kg)	SPIKE CONCENTRATION (ug/Kg)	SPIKE % REC #	QC. LIMITS REC.
Chlorobenzene	50	0	51	102	82-126
Ethylbenzene	50	0	54	108	79-131
Styrene	50	0	54	108	81-121
Xylene (total)	150	0	160	107	81-126
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Column to be used to flag recovery with an asterisk
* Values outside of QC limits.
Spike Recovery: 0 out of 34 outside limits
COMMENTS: _____

SOIL PCB MATRIX SPIKE/MATRIX SPIKE DUPLICATE RECOVERY

Lab Name: STL-CT Contract: _____Lab Code: IEACT Case No.: 2198A SDG No.: A2198Matrix Spike - Sample No.: EB-2-01 Conc. Units : UG/KG

	SPIKE ADDED	SAMPLE CONC	MS CONC	MS %REC #	MSD CONC	MSD %REC #	%RPD #	QC LIMITS	
								RPD	REC.
Aroclor-1260	80	0.0	79.	99	70.	88	12	50	36-151

Column to be used to flag recovery and RPD values with an asterisk

* Values outside of QC limits

RPD: 0 out of 1 outside limitsSpike Recovery: 0 out of 2 outside limits

COMMENTS: _____

3G
WATER PESTICIDE QC CHECK RECOVERY

Lab Name: STL-CT Contract: _____

Lab Code: IEACT Case No.: 2198A SDG No.: A2198

Sample No.: PBLK80

COMPOUND	SPIKE ADDED (UG/L)	SPIKE CONCENTRATION (UG/L)	% REC #	QC. LIMITS REC.
Aroclor-1242	5.0	3.1	62	21-121
Aroclor-1260	5.0	3.7	74	32-119

Column to be used to flag recovery values with an asterisk

COMMENTS: _____

3H
SOIL PESTICIDE QC CHECK RECOVERY

Lab Name: STL-CT Contract: _____

Lab Code: IEACT Case No.: 2198A SDG No.: A2198

Sample No.: PBLK77

COMPOUND	SPIKE ADDED (UG/KG)	SPIKE CONCENTRATION (UG/KG)	% REC #	QC. LIMITS REC.
Aroclor-1242	170	140	82	36-134
Aroclor-1260	170	150	88	56-121

Column to be used to flag recovery values with an asterisk

COMMENTS: _____



Committed To Your Success

September 08, 1999

Severn Trent Laboratories
200 Monroe Turnpike
Monroe, Connecticut 06468

Mr. Marc Sanford
ARCADIS/GERAGHTY & MILLER
215 Washington Ave. Ext.
Albany, NY 12205

Tel: (203) 261-4458
Fax: (203) 261-5346
www.stl-inc.com

Dear Mr. Sanford :

Please find enclosed the analytical results of 3 sample(s) received at our laboratory on September 3, 1999. This report contains sections addressing the following information at a minimum:

- . sample summary
- . analytical methodology
- . state certifications
- . definition of data qualifiers and terminology
- . analytical results
- . chain-of-custody

STL Report #7099-2186A	Purchase Order #AY000265.0003.00001
Project ID: UTICA, LKM	

Copies of this analytical report and supporting data are maintained in our files for a minimum of five years unless special arrangements have been made. Unless specifically indicated, all analytical testing was performed at this laboratory location and no portion of the testing was subcontracted.

We appreciate your selection of our services and welcome any questions or suggestions you may have relative to this report. Please contact your customer service representative at (203) 261-4458 for any additional information. Thank you for utilizing our services; we hope you will consider us for your future analytical needs.

I have reviewed and approved the enclosed data for final release.

Very truly yours,

Jeffrey C. Curran
Laboratory Manager

JCC

Other Laboratory Locations:

- Mobile, AL
- Amherst, NY
- Miramar, FL
- Pensacola, FL
- Tallahassee, FL
- Tampa, FL
- Savannah, GA
- University Park, IL

- Billerica, MA
- Westfield, MA
- Sparks, MD
- Edison, NJ
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- Schenectady, NY
- Cleveland, OH

a part of

Severn Trent Services Inc.

7099-2186A
ARCADIS/GERAGHTY & MILLER

Case Narrative

Polychlorinated Biphenyls (PCB's) - PCB samples were extracted and analyzed by GC/ECD using guidance provided in Methods 3550B/8082. The instrumentation used was a Hewlett-Packard Gas Chromatograph equipped with an Electron Capture Detector (Ni⁶³).

All samples were extracted, concentrated and analyzed without any apparent problems.

All samples required acid and sulfur cleanup prior to analysis.

Manual integrations were performed if required, and any affected peaks were designated with an "FF" on the area report in the column titled "Code". Manual integrations were initialed by the analyst that performed the integration.

Volatile Organics - Volatile organics were determined by purge and trap GC/MS using guidance provided in Method 5030B/8260B. The instrumentation used was a Tekmar Model 2000/2016 Concentrator interfaced with a Hewlett-Packard Model 5970A GC/MS/DS.

Sample EW-3-03 was analyzed at a 1:2 dilution due to high target compound concentrations.

No problems were encountered.

TABLE VO-1.0
7099-2186A
ARCADIS/GERAGHTY & MILLER
TCL VOLATILE ORGANICS

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	Method Blank	EW-3-02	EW-3-01	Quant. Limits with no Dilution
Lab Sample I.D.	VBLKKL	992186A-01	992186A-02	
Method Blank I.D.	VBLKKL	VBLKKL	VBLKKL	
Quant. Factor	1.00	1.15	1.15	
Chloromethane	U	U	U	10
Bromomethane	U	U	U	10
Vinyl Chloride	U	U	U	10
Chloroethane	U	U	U	10
Methylene Chloride	U	1J	1J	5.0
Acetone	7J	10JB	19B	10
Carbon Disulfide	U	U	U	5.0
Vinyl Acetate	U	U	U	10
1,1-Dichloroethene	U	U	U	5.0
1,1-Dichloroethane	U	U	U	5.0
cis-1,2-Dichloroethene	U	2J	1J	5.0
trans-1,2-Dichloroethene	U	U	U	5.0
Chloroform	U	U	U	5.0
1,2-Dichloroethane	U	U	U	5.0
2-Butanone	U	U	3J	10
1,1,1-Trichloroethane	U	U	U	5.0
Carbon Tetrachloride	U	U	U	5.0
Bromodichloromethane	U	U	U	5.0
1,2-Dichloropropane	U	U	U	5.0
cis-1,3-Dichloropropene	U	U	U	5.0
Trichloroethene	U	2J	.6J	5.0
Dibromochloromethane	U	U	U	5.0
1,1,2-Trichloroethane	U	U	U	5.0
Benzene	U	2J	U	5.0
trans-1,3-Dichloropropene	U	U	U	5.0
Bromoform	U	U	U	5.0
4-Methyl-2-Pentanone	U	U	U	10
2-Hexanone	U	U	U	10
Tetrachloroethene	U	U	U	5.0
Toluene	U	18	7	5.0
1,1,2,2-Tetrachloroethane	U	U	U	5.0
Chlorobenzene	U	U	U	5.0
Ethylbenzene	U	91	10	5.0
Styrene	U	U	U	5.0
Xylene (total)	U	250	24	5.0
Date Received		09/03/99	09/03/99	
Date Extracted	N/A	N/A	N/A	
Date Analyzed	09/03/99	09/03/99	09/03/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

TABLE VO-1.1
7099-2186A
ARCADIS/GERAGHTY & MILLER
TCL VOLATILE ORGANICS

Soil

All values are ug/Kg dry weight basis.

Client Sample I.D.	EW-3-03			Quant. Limits with no Dilution
Lab Sample I.D.	992186A-03			
Method Blank I.D.	VBLKKL			
Quant. Factor	2.32			
Chloromethane	U			10
Bromomethane	U			10
Vinyl Chloride	U			10
Chloroethane	U			10
Methylene Chloride	2J			5.0
Acetone	15JB			10
Carbon Disulfide	U			5.0
Vinyl Acetate	U			10
1,1-Dichloroethene	U			5.0
1,1-Dichloroethane	U			5.0
cis-1,2-Dichloroethene	.8J			5.0
trans-1,2-Dichloroethene	U			5.0
Chloroform	U			5.0
1,2-Dichloroethane	U			5.0
2-Butanone	3J			10
1,1,1-Trichloroethane	U			5.0
Carbon Tetrachloride	U			5.0
Bromodichloromethane	U			5.0
1,2-Dichloropropane	U			5.0
cis-1,3-Dichloropropene	U			5.0
Trichloroethene	1J			5.0
Dibromochloromethane	U			5.0
1,1,2-Trichloroethane	U			5.0
Benzene	2J			5.0
trans-1,3-Dichloropropene	U			5.0
Bromoform	U			5.0
4-Methyl-2-Pentanone	U			10
2-Hexanone	U			10
Tetrachloroethene	U			5.0
Toluene	150			5.0
1,1,2,2-Tetrachloroethane	U			5.0
Chlorobenzene	U			5.0
Ethylbenzene	130			5.0
Styrene	U			5.0
Xylene (total)	470			5.0
Date Received	09/03/99			
Date Extracted	N/A			
Date Analyzed	09/03/99			

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

TABLE GC-1.0
7099-2186A
ARCADIS/GERAGHTY & MILLER
8082 POLYCHLORINATED BIPHENYLS (PCB's)

All values are ug/Kg dry weight basis.

Client Sample I.D.	Method Blank	PBLK73 QC	EW-3-02	Quant. Limits with no Dilution
Lab Sample I.D.	090399-B08	090399-B08QC	992186A-01	
Method Blank I.D.	PBLK73	PBLK73	PBLK73	
Quant. Factor	1.00	1.00	1.14	
Aroclor-1016	U	U	U	33.
Aroclor-1221	U	U	U	67.
Aroclor-1232	U	U	U	33.
Aroclor-1242	U	140X	U	33.
Aroclor-1248	U	U	U	33.
Aroclor-1254	U	U	U	33.
Aroclor-1260	U	150X	U	33.
Date Received			09/03/99	
Date Extracted	09/03/99	09/03/99	09/03/99	
Date Analyzed	09/04/99	09/04/99	09/04/99	

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

TABLE GC-1.1
 7099-2186A
 ARCADIS/GERAGHTY & MILLER
 8082 POLYCHLORINATED BIPHENYLS (PCB's)

All values are ug/Kg dry weight basis.

Client Sample I.D.	EW-3-01	EW-3-03		Quant. Limits with no Dilution
Lab Sample I.D.	992186A-02	992186A-03		
Method Blank I.D.	PBLK73	PBLK73		
Quant. Factor	1.12	1.18		
Aroclor-1016	U	U		33.
Aroclor-1221	U	U		67.
Aroclor-1232	U	U		33.
Aroclor-1242	U	U		33.
Aroclor-1248	U	U		33.
Aroclor-1254	U	U		33.
Aroclor-1260	U	U		33.
Date Received	09/03/99	09/03/99		
Date Extracted	09/03/99	09/03/99		
Date Analyzed	09/04/99	09/04/99		

See Appendix for qualifier definitions

Note: Compound detection limit = quantitation limit x quantitation factor
 Quant. Factor = a numerical value which takes into account any variation in sample weight/volume, % moisture and sample dilution.

ORGANICS APPENDIX

- U - Indicates that the compound was analyzed for but not detected.
- J - Indicates that the compound was analyzed for and determined to be present in the sample. The mass spectrum of the compound meets the identification criteria of the method. The concentration listed is an estimated value, which is less than the specified minimum detection limit but is greater than zero.
- B - This flag is used when the analyte is found in the blanks as well as the sample. It indicates possible sample contamination and warns the data user to use caution when applying the results of this analyte.
- N - Indicates that the compound was analyzed for but not requested as an analyte. Value will not be listed on tabular result sheet.
- S - Estimated due to surrogate outliers.
- X - Matrix spike compound.
- (1) - Cannot be separated.
- (2) - Decomposes to azobenzene. Measured and calibrated as azobenzene.
- A - This flag indicates that a TIC is a suspected aldol condensation product.
- E - Indicates that it exceeds calibration curve range.
- D - This flag identifies all compounds identified in an analysis at a secondary dilution factor.
- C - Confirmed by GC/MS.
- T - Compound present in TCLP blank
- P - This flag is used for a pesticide/aroclor target analyte when there is a greater than 25 percent difference for detected concentrations between the two GC columns (see Form X).

STATE CERTIFICATIONS

In some instances it may be necessary for environmental data to be reported to a regulatory authority with reference to a certified laboratory. For your convenience, the laboratory identification numbers for Severn Trent Laboratories-Connecticut are provided in the following table. Many states certify laboratories for specific parameters or tests within a category (i.e. method 325.2 for wastewater). The information in the following table indicates the lab is certified in a general category of testing such as drinking water or wastewater analysis. The laboratory should be contacted directly if parameter-specific certification information is required.

Severn Trent-Connecticut Certification Summary (as of March 1999)

State	Responsible Agency	Certification	Lab Number
Connecticut	Department of Health Services	Drinking Water, Wastewater	PH 197
Kansas	Department of Health and Environment	Drinking Water, Wastewater/Solid, Hazardous Waste	E-10210
Maine	Department of Human Services	Wastewater	CT023
Massachusetts	Department of Environmental Protection	Potable/Non-Potable Water	CT023
New Hampshire	Department of Environmental Services	Drinking Water, Wastewater	2528
New Jersey	Department of Environmental Protection	Drinking Water, Wastewater	46410
New York	Department of Health	CLP, Drinking Water, Wastewater, Solid/ Hazardous Waste	10602
North Carolina	Division of Environmental Management	Wastewater Hazardous Waste	388
Oklahoma	Department of Environmental Quality	General Water Quality/ Sludge Testing	9614
Rhode Island	Department of Health	Chemistry...Non- Potable Water and Wastewater	A43
Washington	Department of Ecology	Wastewater/ Hazardous Waste	C231
Wisconsin	Department of Natural Resources	Wastewater/ Hazardous Waste	998355710

7099-2186A
ARCADIS/GERAGHTY & MILLER
SAMPLE SUMMARY

CLIENT ID	LAB ID	MATRIX	DATE COLLECTED	DATE RECEIVED
EW-3-02	992186A-01	SOIL	09/02/99	09/03/99
EW-3-01	992186A-02	SOIL	09/02/99	09/03/99
EW-3-03	992186A-03	SOIL	09/02/99	09/03/99

IEA-CT ANALYTICAL SUMMARY

Page:1

Client ID: EW-3-01, EW-3-02, EW-3-03
Job Number: 7099-2186A

Date: 9/8/99

Qty	Matrix	Analysis	Description
3	SOIL	PCB-N8082	PCB's
3	SOIL	VOA-N8260B-TCL	TCL Volatile Organic

Project Number/Name AY000245.0003.0000 / LMC

Project Location Utica, NY

Laboratory STL

Project Manager Marc Sanford

Sampler(s)/Affiliation CC/AGM

ANALYSIS / METHOD / SIZE		
VOL'S (8260)	TOTAL PCB'S (8080)	

2099-2186A

Sample ID/Location	Matrix	Date/Time Sampled	Time LabTD				Remarks	Total
EW-3-02	S	9/2/99	14:20	1	1	01		2
EW-3-01	S	9/2/99	14:30	1	1	02		2
EW-3-03	S	9/2/99	3:30	1	1	03		2

PASSED RAD SCREEN
y/c

Sample Matrix: L = Liquid; S = Solid; A = Air Total No. of Bottles/Containers 6

Relinquished by: <u>[Signature]</u>	Organization: <u>ARCADIS Geraghty & Miller</u>	Date: <u>9/2/99</u>	Time: <u>6:00P</u>	Seal Intact?
Received by: <u>[Signature]</u>	Organization: <u>STL-CI</u>	Date: <u>9/3/99</u>	Time: <u>10:30</u>	Yes No N/A
Relinquished by: _____	Organization: _____	Date: <u>1/1</u>	Time: _____	Seal Intact?
Received by: _____	Organization: _____	Date: <u>1/1</u>	Time: _____	Yes No N/A

Special Instructions/Remarks: ** 24 HR TAT AS Per M. EMMIDES **

Delivery Method: In Person Common Carrier Lab Courier Other



FedEx Tracking Number **814776868283**

Form I.D. No. **0200**

From **[Redacted]**
Date **9/2/99**

Sender's Name **Jeff Buxtel** Phone **518 452-7826**

Company **ARCADIS**

Address **215 Wadsworth Ave Ext.**

City **Albany** State **NY** ZIP **12205**

Our Internal Billing Reference **ATC00265.0003.00001**

To Recipient's Name **Simple Reading** Phone **203 261-4458**

Company **Seven-Trait**

Address **200 Monroe Turnpike**

City **Monroe** State **CT** ZIP **06468**



4a Express Package Service
 FedEx Priority Overnight Next business morning
 FedEx Standard Overnight Next business afternoon
 FedEx First Overnight Earliest next business morning delivery to select locations

FedEx 2Day* Second business day
 FedEx Express Saver* Third business day

4b Express Freight Service
 FedEx 1Day Freight* Next business day
 FedEx 2Day Freight Second business day
 FedEx 3Day Freight Third business day

5 Packaging
 FedEx Letter*
 FedEx Pak*
 Other Pkg. Includes FedEx Box, FedEx Tube, and customer pkg.

6 Special Handling
 Saturday Delivery Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes
 Sunday Delivery Available for FedEx Priority Overnight to select ZIP codes
 HOLD Weekday at FedEx Location Not available with FedEx First Overnight
 HOLD Saturday at FedEx Location Available for FedEx Priority Overnight and FedEx 2Day to select locations
 Does this shipment contain dangerous goods?
 No Yes As per attached Shipper's Declaration Yes Shipper's Declaration not required Dry Ice Dry Ice 9, UN 1845 _____ x _____ kg
 Dangerous Goods cannot be shipped in FedEx packaging. Cargo Aircraft Only

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.
 Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check

Total Packages	Total Weight	Total Declared Value*	Total Charges
1	37	\$.00	
			Credit Card Auth.

8 Release Signature Sign to receive delivery without obtaining signature.
 By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.
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360

STL

GC-GC/MS Extract Chain of Custody

Fraction: BNA / Pesticide-PCB / Herbicide / O/P Pesticide / DRO / Other
(Circle one)

CLIENT: G4M

JOB NO: 7099-2186A

SAMPLE IN (Extractions)					SAMPLE IN (Extractions)				
Sample(s)	Date	Time	Sign.	Location	Sample(s)	Date	Time	Sign.	Location
1-3	9/3/99	given to be loaded			immediately				

SAMPLE OUT					SAMPLE IN			
Sample(s)	Date	Time	Code	Sign.	Date	Time	Location	Sign.
1-3	9/3/99	8:00pm	AN	K. Ma f. K. Brown	9/3/99	8:15pm	5D	K. Ma f. K. Brown

Codes: SC = Screening AN = Analysis

Verified By: K. Ma

Date: 9/7/99

IEA / CT
LABORATORY CHRONICLE

SAMPLE PREPARATION AND ANALYSIS SUMMARY
VOLATILE (VOA) ANALYSIS

JOB #: 7099-2186A

SAMPLE ID	MATRIX	DATE COLLECTED	DATE RECEIVED	DATE EXTRACTED	DATE ANALYZED
EW-3-02	WATER	09/02/99	09/03/99	N/A	09/03/99
EW-3-01	WATER	09/02/99	09/03/99	↓	↓
EW-3-03	WATER	09/02/99	09/03/99	↓	↓

Section Supervisor (signature)

Review & Approval (printed name)

Lawrence H. Deak

(Date) 09/08/99

QC Supervisor (signature)

Review & Approval (printed name)

(Date) ____/____/____

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

SAMPLE PREPARATION AND ANALYSIS SUMMARY
 PESTICIDES/PCB
 ANALYSES

Laboratory Sample ID	Matrix	Date Collected	Date Rec'd at Lab	Date Extracted	Date Analyzed
992186A-01	SOIL	09/02/99	09/03/99	9/3/99	9/4/99
992186A-02	SOIL	09/02/99	09/03/99	↓	↓
992186A-03	SOIL	09/02/99	09/03/99	↓	↓

3-ASP
SOIL VOLATILE SPIKE/SPIKE DUPLICATE RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: ~~2040A~~ ^{21820A}

SAS No.: _____

SDG No.: ~~A2040~~ ^{A2182}

Matrix Spike - EPA Sample No.: B(4-6)

Level: (low/med) LOW

JS
09/07/99

COMPOUND	SPIKE ADDED (ug/Kg)	SAMPLE CONCENTRATION (ug/Kg)	SPIKE CONCENTRATION (ug/Kg)	SPIKE % REC #	QC. LIMITS REC.
Chloromethane	290	0	240	83	32-191
Bromomethane	290	0	340	117	34-190
Vinyl Chloride	290	0	260	90	23-192
Chloroethane	290	0	310	107	49-222
Methylene Chloride	290	20	270	86	64-158
Acetone	290	69	140	24	0-398
Carbon Disulfide	290	0	270	93	55-133
Vinyl Acetate	290	0	480	166	0-163
1,1-Dichloroethene	290	0	270	93	79-152
1,1-Dichloroethane	290	0	300	103	83-134
1,2-Dichloroethene (total)	570	0	570	100	82-128
Chloroform	290	0	290	100	65-126
1,2-Dichloroethane	290	0	280	96	50-132
2-Butanone	290	14	120	36	0-393
1,1,1-Trichloroethane	290	0	280	96	44-139
Carbon Tetrachloride	290	0	170	59	34-137
Bromodichloromethane	290	0	270	93	59-130
1,2-Dichloropropane	290	0	250	86	84-161
cis-1,3-Dichloropropene	290	0	270	93	72-116
Trichloroethene	290	0	290	100	72-129
Dibromochloromethane	290	0	250	86	57-129
1,1,2-Trichloroethane	290	0	240	83	72-136
Benzene	290	0	240	83	83-130
trans-1,3-Dichloropropene	290	0	270	93	59-117
Bromoform	290	0	210	72	36-144
4-Methyl-2-Pentanone	290	0	140	48	39-214
2-Hexanone	290	0	130	45	83-256
Tetrachloroethene	290	740	500	04	41-143
Toluene	290	1	270	93	77-126
1,1,2,2-Tetrachloroethane	290	0	170	59	58-167

Column to be used to flag recovery with an asterisk

* Values outside of QC limits.

Spike Recovery: 5 out of 68 outside limits

COMMENTS: _____

3-ASP
SOIL VOLATILE SPIKE/SPIKE DUPLICATE RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: ~~2040A~~ ^{2180A}

SAS No.: _____

SDG No.: ~~AZ040~~ ^{A2180}

Matrix Spike - EPA Sample No.: B(4-6) _____

Level: (low/med) LOW

PS
09/07/99

COMPOUND	SPIKE ADDED (ug/Kg)	SAMPLE CONCENTRATION (ug/Kg)	SPIKE CONCENTRATION (ug/Kg)	SPIKE % REC #	QC. LIMITS REC.
Chlorobenzene	290	0	280	96	82-126
Ethylbenzene	290	0	270	93	79-131
Styrene	290	0	280	96	81-121
Xylene (total)	860	0	820	95	81-126

Column to be used to flag recovery with an asterisk

* Values outside of QC limits.

Spike Recovery: 05 out of 68 outside limits

COMMENTS: _____

3-ASP
SOIL VOLATILE SPIKE/SPIKE DUPLICATE RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: 2040A ^{Q186A}

SAS No.: _____

SDG No.: A2040 ^{A2186}

Matrix Spike - EPA Sample No.: B(4-6)

Level: (low/med) LOW

38
69/2/99

COMPOUND	SPIKE ADDED (ug/Kg)	MSD CONCENTRATION (ug/Kg)	MSD % REC #	% RPD #	QC LIMITS	
					RPD	REC.
Chloromethane	290	290	100	18	20	32-191
Bromomethane	290	340	117	0	20	34-190
Vinyl Chloride	290	280	96	6	20	23-192
Chloroethane	290	340	117	9	20	49-222
Methylene Chloride	290	280	90	4	20	64-158
Acetone	290	180	38	45*	20	0-398
Carbon Disulfide	290	290	100	7	20	55-133
Vinyl Acetate	290	74	26	140*	20	0-163
1,1-Dichloroethene	290	290	100	7	20	79-152
1,1-Dichloroethane	290	310	107	4	20	83-134
1,2-Dichloroethene (total)	570	600	105	5	20	82-128
Chloroform	290	290	100	0	20	65-126
1,2-Dichloroethane	290	290	100	4	20	50-132
2-Butanone	290	130	40	10	20	0-393
1,1,1-Trichloroethane	290	260	90	6	20	44-139
Carbon Tetrachloride	290	300	103	54*	20	34-137
Bromodichloromethane	290	260	90	3	20	59-130
1,2-Dichloropropane	290	240	83	4	20	84-161
cis-1,3-Dichloropropene	290	250	86	8	20	72-116
Trichloroethene	290	280	96	4	20	72-129
Dibromochloromethane	290	250	86	0	20	57-129
1,1,2-Trichloroethane	290	240	83	0	20	72-136
Benzene	290	230	79	5	20	83-130
trans-1,3-Dichloropropene	290	250	86	8	20	59-117
Bromoform	290	220	76	5	20	36-144
4-Methyl-2-Pentanone	290	160	55	14	20	39-214
2-Hexanone	290	150	52	14	20	83-256
Tetrachloroethene	290	540	0	0	20	41-143
Toluene	290	300	103	10	20	77-126
1,1,2,2-Tetrachloroethane	290	200	69	16	20	58-167

Column to be used to flag recovery with an asterisk

* Values outside of QC limits.

RPD: 3 out of 34 outside limits

Spike Recovery: 25 out of 68 outside limits

COMMENTS: _____

3-ASP
SOIL VOLATILE SPIKE/SPIKE DUPLICATE RECOVERY SUMMARY

Lab Name: STL/CT

Contract: _____

Lab Code: IEACT

Case No.: 2040A

SAS No.: _____

SDG No.: A218
A2040

Matrix Spike - EPA Sample No.: B(4-6)

Level: (low/med) LOW

Handwritten: 780
09/07/99

COMPOUND	SPIKE ADDED (ug/Kg)	MSD CONCENTRATION (ug/Kg)	MSD % REC #	% RPD #	QC LIMITS	
					RPD	REC.
Chlorobenzene	290	280	96	0	20	82-126
Ethylbenzene	290	280	96	3	20	79-131
Styrene	290	280	96	0	20	81-121
Xylene (total)	860	840	98	3	20	81-126

Column to be used to flag recovery with an asterisk
* Values outside of QC limits.

RPD: 3 out of 34 outside limits
Spike Recovery: 95 out of 68 outside limits
COMMENTS: _____

3H
SOIL PESTICIDE QC CHECK RECOVERY

Lab Name: STL-CT Contract: _____

Lab Code: IEACT Case No.: 2186A SDG No.: A2186

Sample No.: PBLK73

COMPOUND	SPIKE ADDED (UG/KG)	SPIKE CONCENTRATION (UG/KG)	% REC #	QC. LIMITS REC.
Aroclor-1242	170	140	82	36-134
Aroclor-1260	170	150	88	56-121

Column to be used to flag recovery values with an asterisk

COMMENTS: _____

Appendix - B -

Former Burn Pit Waste
Characteristic Laboratory Analytical
Data



RECEIVED
 SEP 13 1999
 ARCADIS Geraghty & Miller

Severn Trent Laboratories
 55 South Park Drive
 Colchester VT 05446
 Tel: (802) 655-1203
 Fax: (802) 655-1248

Analytical Report

Geraghty & Miller, Inc.
 215 Washington Av Extension
 Albany, NY 12205

Date : 09/09/99
 ETR Number : 75075
 Project No.: 99000
 No. Samples: 14
 Arrived : 09/04/99

Attention : Marc Sanford

Page 1

Standard analyses were performed in accordance with Methods for Analysis of Water and Wastes, EPA-600/4/79-020, Test Methods for Evaluating Solid Waste, SW-846, or Standard Methods for the Examination of Water and Wastewater. All results are in mg/l unless otherwise noted.

Lab No./ Method No.	Sample Description/ Parameter	Result
395484 BP-WC-3-D1:09/03/99 SAMPLE_PREP	@0945(Soil) Composite Before TCLP	C
395485 BP-WC-7-D1:09/03/99 SAMPLE_PREP	@1005(Soil) Composite Before TCLP	C
395486 BP-WC-8-D1:09/03/99 SAMPLE_PREP	@0950(Soil) Composite Before TCLP	C
395487 BP-WC-9-D1:09/03/99 SAMPLE_PREP	@0955(Soil) Composite Before TCLP	C
395488 BP-WC-10-D1:09/03/99 SAMPLE_PREP	@1000(Soil) Composite Before TCLP	C
395489 BP-WC-11-D1:09/03/99 SAMPLE_PREP	@1010(Soil) Composite Before TCLP	C
395490 BP-WC-D1:09/03/99 1311	(Soil) TCLP Volatile Extraction	C
395491 BP-WC-D1:09/03/99 8260_TCLP	(TCLPZHE) Analysis, TCLP, VOA	C

Comments/Notes

C = Procedure/analysis completed

< Cont. Next Page >



Severn Trent Laboratories
55 South Park Drive
Colchester VT 05446
Tel: (802) 655-1203
Fax: (802) 655-1248

Analytical Report

Geraghty & Miller, Inc.
215 Washington Av Extension
Albany, NY 12205

Date : 09/09/99
ETR Number : 75075
Project No.: 99000
No. Samples: 14
Arrived : 09/04/99

Attention : Marc Sanford

Page 2

Standard analyses were performed in accordance with Methods for Analysis of Water and Wastes, EPA-600/4/79-020, Test Methods for Evaluating Solid Waste, SW-846, or Standard Methods for the Examination of Water and Wastewater. All results are in mg/l unless otherwise noted.

Lab No./ Method No.	Sample Description/ Parameter	Result
395492 BP-WC-3-D1(DUP):09/03/99 @0945(Soil) SAMP-HOLD	Hold for Later Analysis	C
395493 BP-WC-7-D1(DUP):09/03/99 @1005(Soil) SAMP-HOLD	Hold for Later Analysis	C
395494 BP-WC-8-D1(DUP):09/03/99 @0950(Soil) SAMP-HOLD	Hold for Later Analysis	C
395495 BP-WC-9-D1(DUP):09/03/99 @0955(Soil) SAMP-HOLD	Hold for Later Analysis	C
395496 BP-WC-10-D1(DUP):09/03/99 @1000(Soil) SAMP-HOLD	Hold for Later Analysis	C
395497 BP-WC-11-D1(DUP):09/03/99 @1010(Soil) SAMP-HOLD	Hold for Later Analysis	C

Comments/Notes

C = Procedure/analysis completed

< Last Page >

Submitted By :

Kristine Dusablen STL VT

The following Qualifiers may be used when reporting any Organic parameters analyzed by Gas Chromatography/mass Spectrometry (GCMS). Any additional qualifiers used in the reports will be described in the case narrative. These flags are based on the EPA Contract Laboratory Program statement of work.

GC/MS Qualifiers

- A- The reported Tentatively Identified Compound (TIC) is a suspected Aldol-condensation product.
- B- The reported analyte was detected in the associated method blank as well as the sample.
- D - This flag identifies all compounds identified in an analysis at a secondary dilution factor. This flag alerts data users that any discrepancies between the concentrations reported for the dilutions may be due to dilution of the sample or extract. It additionally indicates that spike recoveries may have been diluted below quantifiable levels.
- E- Compound quantitation is above the instrument's calibration range for this analysis.
- J- Indicates an estimated value.
- U- Indicates compound was analyzed for but not detected above the reporting limit.
- X,Y,Z - Laboratory defined flags. These flags must be fully described, and such description attached to the Sample Data Summary Package and the case Narrative. Begin by using "X" and go on to "Y" as necessary. These flags may also be used to combine several flags, as needed.

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

GERM11 SAMPLE NO.

BP-WC-D1

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix: (soil/water) WATER Lab Sample ID: 395491

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: M395491V

Level: (low/med) LOW Date Received: 09/04/99

% Moisture: not dec. _____ Date Analyzed: 09/09/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L		Q
75-01-4	Vinyl Chloride	5.0	U	
75-35-4	1,1-Dichloroethene	5.0	U	
78-93-3	2-Butanone	24	X	
67-66-3	Chloroform	5.0	U	
56-23-5	Carbon Tetrachloride	5.0	U	
71-43-2	Benzene	5.0	U	
107-06-2	1,2-Dichloroethane	5.0	U	
79-01-6	Trichloroethene	6.6		
127-18-4	Tetrachloroethene	18		
108-90-7	Chlorobenzene	5.0	U	

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

VBLKU8

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix: (soil/water) WATER Lab Sample ID: VBLKU8

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRUB001UV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/09/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO. COMPOUND CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

75-01-4-----	Vinyl Chloride	5.0	U
75-35-4-----	1,1-Dichloroethene	5.0	U
78-93-3-----	2-Butanone	5.0	U
67-66-3-----	Chloroform	5.0	U
56-23-5-----	Carbon Tetrachloride	5.0	U
71-43-2-----	Benzene	5.0	U
107-06-2-----	1,2-Dichloroethane	5.0	U
79-01-6-----	Trichloroethene	5.0	U
127-18-4-----	Tetrachloroethene	5.0	U
108-90-7-----	Chlorobenzene	5.0	U

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

ZBLKF4

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix: (soil/water) WATER Lab Sample ID: ZBLKF4

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRUB002UV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/09/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
---------	----------	--	---

75-01-4-----	Vinyl Chloride	5.0	U
75-35-4-----	1,1-Dichloroethene	5.0	U
78-93-3-----	2-Butanone	22	
67-66-3-----	Chloroform	5.0	U
56-23-5-----	Carbon Tetrachloride	5.0	U
71-43-2-----	Benzene	5.0	U
107-06-2-----	1,2-Dichloroethane	5.0	U
79-01-6-----	Trichloroethene	5.0	U
127-18-4-----	Tetrachloroethene	5.0	U
108-90-7-----	Chlorobenzene	5.0	U

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

MRUU LCS

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix: (soil/water) WATER Lab Sample ID: MRUU LCS

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRU050UQV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/09/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO. COMPOUND CONCENTRATION UNITS:
(ug/L or ug/Kg) UG/L Q

75-01-4-----	Vinyl Chloride	50	
75-35-4-----	1,1-Dichloroethene	46	
78-93-3-----	2-Butanone	61	
67-66-3-----	Chloroform	47	
56-23-5-----	Carbon Tetrachloride	49	
71-43-2-----	Benzene	50	
107-06-2-----	1,2-Dichloroethane	48	
79-01-6-----	Trichloroethene	52	
127-18-4-----	Tetrachloroethene	51	
108-90-7-----	Chlorobenzene	51	

FORM 2
WATER VOLATILE SYSTEM MONITORING COMPOUND RECOVERY

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

	CLIENT SAMPLE NO.	SMC1 (TOL) #	SMC2 (DCE) #	SMC3 (BFB) #	OTHER (DCB) #	TOT OUT
	=====	=====	=====	=====	=====	=====
01	MRUU LCS	104	100	96	102	0
02	VBLKU8	100	108	94	102	0
03	ZBLKF4	104	110	94	102	0
04	BP-WC-D1	102	108	94	102	0
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06						
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QC LIMITS

SMC1 (TOL) = Toluene-d8 (88-110)
 SMC2 (DCE) = 1,2-Dichloroethane-d4 (72-141)
 SMC3 (BFB) = Bromofluorobenzene (72-122)
 OTHER (DCB) = 1,2-Dichlorobenzene-d4 (69-124)

Column to be used to flag recovery values

* Values outside of contract required QC limits

D System Monitoring Compound diluted out

FORM 3
WATER VOLATILE LAB CONTROL SAMPLE

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix Spike - Sample No.: MRUU LCS

COMPOUND	SPIKE ADDED (ug/L)	SAMPLE CONCENTRATION (ug/L)	LCS CONCENTRATION (ug/L)	LCS % REC #	QC. LIMITS REC.
Vinyl Chloride	50		50	100	78-118
1,1-Dichloroethene	50		46	92	75-113
2-Butanone	50		61	122	60-140
Chloroform	50		47	94	74-106
Carbon Tetrachloride	50		49	98	62-106
Benzene	50		50	100	78-116
1,2-Dichloroethane	50		48	96	80-110
Trichloroethene	50		52	104	70-109
Tetrachloroethene	50		51	102	71-107
Chlorobenzene	50		51	102	81-115

Column to be used to flag recovery and RPD values with an asterisk

* Values outside of QC limits

RPD: 0 out of 0 outside limits

Spike Recovery: 0 out of 10 outside limits

COMMENTS:

FORM 4
VOLATILE METHOD BLANK SUMMARY

CLIENT SAMPLE NO.

VBLKU8

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Lab File ID: MRUB001UV Lab Sample ID: VBLKU8

Date Analyzed: 09/09/99 Time Analyzed: 1001

GC Column: DB-624 ID: 0.53 (mm) Heated Purge: (Y/N) N

Instrument ID: M

THIS METHOD BLANK APPLIES TO THE FOLLOWING SAMPLES, MS and MSD:

	SAMPLE NO.	LAB SAMPLE ID	LAB FILE ID	TIME ANALYZED
01	MRUU LCS	MRUU LCS	MRU050UQV	0856
02	ZBLKF4	ZBLKF4	MRUB002UV	1046
03	BP-WC-D1	395491	M395491V	1125
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COMMENTS:

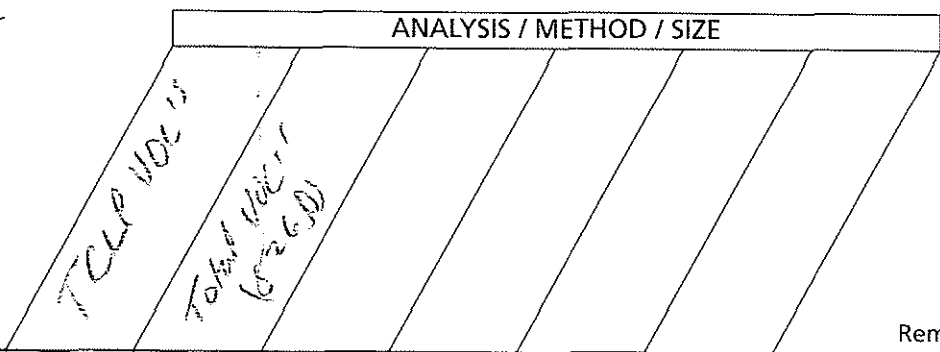
Project Number/Name NY00005.0003.0001/UK

Project Location Office NY

Laboratory Swan Trent

Project Manager Mark Sampford

Sampler(s)/Affiliation CC/ARCADIS



Sample ID/Location	Matrix	Date/Time Sampled	Lab ID	ANALYSIS / METHOD / SIZE				Remarks	Total
BP-WC-3-D1	S	9/3/99	9:45	1					1
BP-WC-7-D1	S		10:05	1					1
BP-WC-8-D1	S		9:50	1					1
BP-WC-9-D1	S		9:55	1					1
BP-WC-10-D1	S		10:00	1					1
* BP-WC-3-D1 (dup)	S		9:45	1					1
* BP-WC-7-D1 (dup)	S		10:05	1					1
* BP-WC-8-D1 (dup)	S		9:50	1					1
* BP-WC-9-D1 (dup)	S		9:55	1					1
* BP-WC-10-D1 (dup)	S		10:00	1					1
* BP-WC-11-D1 (dup)			10:10	1					1
* Please hold Total VOC's Pending Authorization									

Sample Matrix: L = Liquid; S = Solid; A = Air

Total No. of Bottles/Containers 24

Relinquished by: _____	Organization: <u>ARCADIS G&M</u>	Date: <u>9/13/99</u>	Time: <u>12:50</u>	Seal Intact? _____
Received by: _____	Organization: <u>STL</u>	Date: <u>9/14/99</u>	Time: <u>11:00</u>	Yes No N/A
Relinquished by: _____	Organization: _____	Date: <u>1/1</u>	Time: _____	Seal Intact? _____
Received by: _____	Organization: _____	Date: <u>1/1</u>	Time: _____	Yes No N/A

Special Instructions/Remarks: UP
** MR TAT ** (Please Composit: BP-WC-3-D1, BP-WC-7-D1, BP-WC-8-D1, BP-WC-9-D1, BP-WC-10-D1, BP-WC-11-D1)

Delivery Method: In Person Common Carrier Lab Courier Other



Severn Trent Laboratories
55 South Park Drive
Colchester, Vermont 05446

Tel: (802) 655-1203
Fax: (802) 655-1248

Facsimile Cover Sheet

To: ~~Marc Sanford~~
Bill Rabbia Fax #: 518-452-4398

From: Chris Anderson Phone #: 802-655-1203 (ext. 139)
E-mail: canderson@stl-inc.com Fax #: 802-655-1248

Date: September 9, 1999 # of Pages: 9

Here are the TCLP VOA results for the sample designated BP-WC-D1, received on September 4, 1999.

If you have any questions please call.

Thank you,

Chris J. Anderson
Project Manager

Confidentiality Notice: The information contained in the Facsimile message is privileged and confidential information intended only for the use of the addressee. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and please return the original message to us at the above address via the U.S. Postal Service.



Severn Trent Laboratories
55 South Park Drive
Colchester, Vermont 05446

September 9, 1999

Tel: (802) 655-1203
Fax: (802) 655-1248
www.stl-inc.com

Mr. Marc Sanford
Geraghty & Miller
215 Washington Ave. Extension
Albany, NY 12205

Re: Laboratory Project No. 99000

Dear Mr. Sanford:

Enclosed are the analytical results for the sample received by Severn Trent Laboratories on September 4, 1999. Laboratory numbers have been assigned and designated as follows:

<u>Lab ID</u>	<u>Client Sample ID</u>	<u>Sample Date</u>	<u>Sample Matrix</u>
	Received: 08/20/99 ETR No: 74847		
395491	BP-WC-D1	09/03/99	TCLP ZHE

2-Butanone was detected in the zero headspace method blank and sample BP-WC-D1 above the reporting limit, during the TCLP volatile organic analysis. The concentrations detected in these samples are well below the action limit for 2-butanone (methyl ethyl ketone), which is 200.0 mg/L. The volatile method blank did not exhibit the presence of 2-butanone. The presence of 2-butanone is due to contamination from the methanol used in the TCLP zero headspace extraction procedure.

If there are any questions regarding this submittal, please contact me.

Sincerely,

Christopher Anderson
Project Manager

Enclosure

Other Laboratory Locations:

- Monro, CT
- Pensacola, FL
- University Park, IL
- Billerica, MA
- Westfield, MA
- Sparks, MD
- Edison, NJ
- Whippany, NJ
- Amherst, NY
- Newburgh, NY
- Houston, TX

Service Center Locations:

- Mt Laurel, NJ
- Glen Cove, NY

Sales Office Locations:

- Cantonment, FL
- New Orleans, LA
- Waterford, MI
- Blairtown, NJ
- Schenectady, NY
- Cleveland, OH

a part of

Severn Trent Services Inc.

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

GERMIL SAMPLE NO.

BP-WC-D1

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix: (soil/water) WATER Lab Sample ID: 395491

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: M395491V

Level: (low/med) LOW Date Received: 09/04/99

% Moisture: not dec. _____ Date Analyzed: 09/09/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
75-01-4	Vinyl Chloride	5.0	U
75-35-4	1,1-Dichloroethene	5.0	U
78-93-3	2-Butanone	24	X
67-66-3	Chloroform	5.0	U
56-23-5	Carbon Tetrachloride	5.0	U
71-43-2	Benzene	5.0	U
107-06-2	1,2-Dichloroethane	5.0	U
79-01-6	Trichloroethene	6.6	
127-18-4	Tetrachloroethene	18	
108-90-7	Chlorobenzene	5.0	U

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

VBLKU8

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix: (soil/water) WATER Lab Sample ID: VBLKU8

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRUB001UV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/09/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
75-01-4-----	Vinyl Chloride	5.0	U
75-35-4-----	1,1-Dichloroethene	5.0	U
78-93-3-----	2-Butanone	5.0	U
67-66-3-----	Chloroform	5.0	U
56-23-5-----	Carbon Tetrachloride	5.0	U
71-43-2-----	Benzene	5.0	U
107-06-2-----	1,2-Dichloroethane	5.0	U
79-01-6-----	Trichloroethene	5.0	U
127-18-4-----	Tetrachloroethene	5.0	U
108-90-7-----	Chlorobenzene	5.0	U

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

ZBLKF4

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix: (soil/water) WATER Lab Sample ID: ZBLKF4

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRUB002UV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/09/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
75-01-4	Vinyl Chloride	5.0	U
75-35-4	1,1-Dichloroethene	5.0	U
78-93-3	2-Butanone	22	
67-66-3	Chloroform	5.0	U
56-23-5	Carbon Tetrachloride	5.0	U
71-43-2	Benzene	5.0	U
107-06-2	1,2-Dichloroethane	5.0	U
79-01-6	Trichloroethene	5.0	U
127-18-4	Tetrachloroethene	5.0	U
108-90-7	Chlorobenzene	5.0	U

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

MRUU LCS

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix: (soil/water) WATER Lab Sample ID: MRUU LCS

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRU050UQV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/09/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
75-01-4	Vinyl Chloride	50	
75-35-4	1,1-Dichloroethene	46	
78-93-3	2-Butanone	61	
67-66-3	Chloroform	47	
56-23-5	Carbon Tetrachloride	49	
71-43-2	Benzene	50	
107-06-2	1,2-Dichloroethane	48	
79-01-6	Trichloroethene	52	
127-18-4	Tetrachloroethene	51	
108-90-7	Chlorobenzene	51	

FORM 2
WATER VOLATILE SYSTEM MONITORING COMPOUND RECOVERY

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

	CLIENT SAMPLE NO.	SMC1 (TOL) #	SMC2 (DCE) #	SMC3 (BFB) #	OTHER (DCB) #	TOT OUT
01	MRUU LCS	104	100	96	102	0
02	VBLKU8	100	108	94	102	0
03	ZBLKF4	104	110	94	102	0
04	BP-WC-D1	102	108	94	102	0
05						
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QC LIMITS

SMC1 (TOL) = Toluene-d8 (88-110)
 SMC2 (DCE) = 1,2-Dichloroethane-d4 (72-141)
 SMC3 (BFB) = Bromofluorobenzene (72-122)
 OTHER (DCB) = 1,2-Dichlorobenzene-d4 (69-124)

Column to be used to flag recovery values

* Values outside of contract required QC limits

D System Monitoring Compound diluted out

FORM 3
WATER VOLATILE LAB CONTROL SAMPLE

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075

Matrix Spike - Sample No.: MRUU LCS

COMPOUND	SPIKE ADDED (ug/L)	SAMPLE CONCENTRATION (ug/L)	LCS CONCENTRATION (ug/L)	LCS % REC #	QC. LIMITS REC.
Vinyl Chloride	50		50	100	78-118
1,1-Dichloroethene	50		46	92	75-113
2-Butanone	50		61	122	60-140
Chloroform	50		47	94	74-106
Carbon Tetrachloride	50		49	98	62-106
Benzene	50		50	100	78-116
1,2-Dichloroethane	50		48	96	80-110
Trichloroethene	50		52	104	70-109
Tetrachloroethene	50		51	102	71-107
Chlorobenzene	50		51	102	81-115

Column to be used to flag recovery and RPD values with an asterisk

* Values outside of QC limits

RPD: 0 out of 0 outside limits

Spike Recovery: 0 out of 10 outside limits

COMMENTS: _____

FORM 4
VOLATILE METHOD BLANK SUMMARY

CLIENT SAMPLE NO.

VBLKU8

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000
 Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75075
 Lab File ID: MRUB001UV Lab Sample ID: VBLKU8
 Date Analyzed: 09/09/99 Time Analyzed: 1001
 GC Column: DB-624 ID: 0.53 (mm) Heated Purge: (Y/N) N
 Instrument ID: M

THIS METHOD BLANK APPLIES TO THE FOLLOWING SAMPLES, MS and MSD:

	SAMPLE NO.	LAB SAMPLE ID	LAB FILE ID	TIME ANALYZED
01	MRUU LCS	MRUU LCS	MRU050UQV	0856
02	ZBLKF4	ZBLKF4	MRUB002UV	1046
03	BP-WC-D1	395491	M395491V	1125
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COMMENTS:



RECEIVED

SEP 13 1999

ARCADIS Geraghty & Miller

Severn Trent Laboratories
55 South Park Drive
Colchester, Vermont 05446

September 9, 1999

Tel: (802) 655-1203
Fax: (802) 655-1248
www.stl-inc.com

Mr. Marc Sanford
Geraghty & Miller
215 Washington Ave. Extension
Albany, NY 12205

Re: Laboratory Project No. 99000

Dear Mr. Sanford:

Enclosed are the analytical results for the sample received by Severn Trent Laboratories on September 2, 1999. Laboratory numbers have been assigned and designated as follows:

<u>Lab ID</u>	<u>Client Sample ID</u>	<u>Sample Date</u>	<u>Sample Matrix</u>
	Received: 09/02/99 ETR No: 75035		
395241	BP-WC-D1	09/01/99	TCLP ZHE

2-Butanone was detected in the zero headspace method blank and sample BP-WC-D1 above the reporting limit, during the TCLP volatile organic analysis. The concentrations detected in these samples are well below the action limit for 2-butanone (methyl ethyl ketone), which is 200.0 mg/L. The volatile method blank did not exhibit the presence of 2-butanone. The presence of 2-butanone is due to contamination from the methanol used in the TCLP zero headspace extraction procedure. Please note that the qualifier "X" is used to denote contamination from the TCLP zero headspace extraction.

If there are any questions regarding this submittal, please contact me.

Sincerely,


Christopher Anderson
Project Manager

Enclosure

Other Laboratory Locations:

- Monroe, CT
- Pensacola, FL
- University Park, IL
- Billerica, MA
- Westfield, MA
- Sparks, MD
- Edison, NJ
- Whippany, NJ
- Amherst, NY
- Newburgh, NY
- Houston, TX

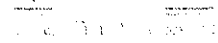
Service Center Locations:

- Mt. Laurel, NJ
- Glen Cove, NY

Sales Office Locations:

- Cantonment, FL
- New Orleans, LA
- Waterford, MI
- Blairstown, NJ
- Schenectady, NY
- Cleveland, OH

a part of





Severn Trent Laboratories
 55 South Park Drive
 Colchester VT 05446
 Tel: (802) 655-1203
 Fax: (802) 655-1248

Analytical Report

Geraghty & Miller, Inc.
 215 Washington Av Extension
 Albany, NY 12205

Date : 09/07/99
 ETR Number : 75035
 Project No.: 99000
 No. Samples: 12
 Arrived : 09/02/99

Attention : Marc Sanford

Page 1

Standard analyses were performed in accordance with Methods for Analysis of Water and Wastes, EPA-600/4/79-020, Test Methods for Evaluating Solid Waste, SW-846, or Standard Methods for the Examination of Water and Wastewater. All results are in mg/l unless otherwise noted.

Lab No./ Method No.	Sample Description/ Parameter	Result
395235	BP-WC-02-D1:09/01/99 @1700(Soil) SSP-OQ Composite Before TCLP	C
395236	BP-WC-01-D1:09/01/99 @1700(Soil) SSP-OQ Composite Before TCLP	C
395237	BP-WC-04-D1:09/01/99 @1700(Soil) SSP-OQ Composite Before TCLP	C
395238	BP-WC-05-D1:09/01/99 @1700(Soil) SSP-OQ Composite Before TCLP	C
395239	BP-WC-06-D1:09/01/99 @1700(Soil) SSP-OQ Composite Before TCLP	C
395240	BP-WC-D1:09/01/99 @1700(Soil) 1311 TCLP Volatile Extraction	C
395241	BP-WC-D1:09/01/99 @1700(TCLPZHE) 8260_TCLP Analysis, TCLP, VOA	C
395242	BP-WC-02-D1(DUP):09/01/99 @1700(Soil) SAMP-HOLD Hold for Later Analysis	C

Comments/Notes

C = Procedure/analysis completed

< Cont. Next Page >



Severn Trent Laboratories
55 South Park Drive
Colchester VT 05446
Tel: (802) 655-1203
Fax: (802) 655-1248

Analytical Report

Geraghty & Miller, Inc.
215 Washington Av Extension
Albany, NY 12205

Date : 09/07/99
ETR Number : 75035
Project No.: 99000
No. Samples: 12
Arrived : 09/02/99

Attention : Marc Sanford

Page 2

Standard analyses were performed in accordance with Methods for Analysis of Water and Wastes, EPA-600/4/79-020, Test Methods for Evaluating Solid Waste, SW-846, or Standard Methods for the Examination of Water and Wastewater. All results are in mg/l unless otherwise noted.

Lab No./ Method No.	Sample Description/ Parameter	Result
395243 BP-WC-01-D1(DUP):09/01/99 @1700(Soil) SAMP-HOLD	Hold for Later Analysis	C
395244 BP-WC-04-D1(DUP):09/01/99 @1700(Soil) SAMP-HOLD	Hold for Later Analysis	C
395245 BP-WC-05-D1(DUP):09/01/99 @1700(Soil) SAMP-HOLD	Hold for Later Analysis	C
395246 BP-WC-06-D1(DUP):09/01/99 @1700(Soil) SAMP-HOLD	Hold for Later Analysis	C

Comments/Notes

C = Procedure/analysis completed

< Last Page >

Submitted By :

STL VT



The following Qualifiers may be used when reporting any Organic parameters analyzed by Gas Chromatography/mass Spectrometry (GCMS). Any additional qualifiers used in the reports will be described in the case narrative. These flags are based on the EPA Contract Laboratory Program statement of work.

GC/MS Qualifiers

- A- The reported Tentatively Identified Compound (TIC) is a suspected Aldol-condensation product.
- B- The reported analyte was detected in the associated method blank as well as the sample.
- D - This flag identifies all compounds identified in an analysis at a secondary dilution factor. This flag alerts data users that any discrepancies between the concentrations reported for the dilutions may be due to dilution of the sample or extract. It additionally indicates that spike recoveries may have been diluted below quantifiable levels.
- E- Compound quantitation is above the instrument's calibration range for this analysis.
- J - Indicates an estimated value.
- U- Indicates compound was analyzed for but not detected above the reporting limit.
- X,Y,Z - Laboratory defined flags. These flags must be fully described, and such description attached to the Sample Data Summary Package and the case Narrative. Begin by using "X" and go on to "Y" as necessary. These flags may also be used to combine several flags, as needed.

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

GERM11 SAMPLE NO.

BP-WC-D1

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75035

Matrix: (soil/water) WATER Lab Sample ID: 395241

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: M395241I2V

Level: (low/med) LOW Date Received: 09/02/99

% Moisture: not dec. _____ Date Analyzed: 09/03/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
75-01-4	Vinyl Chloride	5.0	U
75-35-4	1,1-Dichloroethene	5.0	U
78-93-3	2-Butanone	12	X
67-66-3	Chloroform	5.0	U
56-23-5	Carbon Tetrachloride	5.0	U
71-43-2	Benzene	5.0	U
107-06-2	1,2-Dichloroethane	5.0	U
79-01-6	Trichloroethene	2.1	J
127-18-4	Tetrachloroethene	5.0	U
108-90-7	Chlorobenzene	5.0	U

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

VBLKT6

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75035

Matrix: (soil/water) WATER Lab Sample ID: VBLKT6

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRUB001TV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/03/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
75-01-4	Vinyl Chloride	5.0	U
75-35-4	1,1-Dichloroethene	5.0	U
78-93-3	2-Butanone	5.0	U
67-66-3	Chloroform	5.0	U
56-23-5	Carbon Tetrachloride	5.0	U
71-43-2	Benzene	5.0	U
107-06-2	1,2-Dichloroethane	5.0	U
79-01-6	Trichloroethene	5.0	U
127-18-4	Tetrachloroethene	5.0	U
108-90-7	Chlorobenzene	5.0	U

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

ZBLKF3

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75035

Matrix: (soil/water) WATER Lab Sample ID: ZBLKF3

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRUB002TV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/03/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
75-01-4	Vinyl Chloride	5.0	U
75-35-4	1,1-Dichloroethene	5.0	U
78-93-3	2-Butanone	16	
67-66-3	Chloroform	5.0	U
56-23-5	Carbon Tetrachloride	5.0	U
71-43-2	Benzene	5.0	U
107-06-2	1,2-Dichloroethane	5.0	U
79-01-6	Trichloroethene	5.0	U
127-18-4	Tetrachloroethene	5.0	U
108-90-7	Chlorobenzene	5.0	U

FORM 1
VOLATILE ORGANICS ANALYSIS DATA SHEET

CLIENT SAMPLE NO.

MRUT LCS

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75035

Matrix: (soil/water) WATER Lab Sample ID: MRUT LCS

Sample wt/vol: 5.000 (g/mL) ML Lab File ID: MRU050TQV

Level: (low/med) LOW Date Received: _____

% Moisture: not dec. _____ Date Analyzed: 09/03/99

GC Column: DB-624 ID: 0.53 (mm) Dilution Factor: 1.0

Soil Extract Volume: _____ (uL) Soil Aliquot Volume: _____ (uL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (ug/L or ug/Kg) UG/L	Q
75-01-4	Vinyl Chloride	52	_____
75-35-4	1,1-Dichloroethene	48	_____
78-93-3	2-Butanone	56	_____
67-66-3	Chloroform	51	_____
56-23-5	Carbon Tetrachloride	50	_____
71-43-2	Benzene	50	_____
107-06-2	1,2-Dichloroethane	51	_____
79-01-6	Trichloroethene	51	_____
127-18-4	Tetrachloroethene	46	_____
108-90-7	Chlorobenzene	51	_____

FORM 2
WATER VOLATILE SYSTEM MONITORING COMPOUND RECOVERY

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75035

	CLIENT SAMPLE NO.	SMC1 (TOL) #	SMC2 (DCE) #	SMC3 (BFB) #	OTHER (DCB) #	TOT OUT
	=====	=====	=====	=====	=====	=====
01	MRUT LCS	102	108	98	104	0
02	VBLKT6	102	108	98	104	0
03	ZBLKF3	104	112	100	106	0
04	BP-WC-D1	106	108	100	102	0
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

QC LIMITS

SMC1 (TOL) = Toluene-d8 (88-110)
 SMC2 (DCE) = 1,2-Dichloroethane-d4 (72-141)
 SMC3 (BFB) = Bromofluorobenzene (72-122)
 OTHER (DCB) = 1,2-Dichlorobenzene-d4 (69-124)

Column to be used to flag recovery values

* Values outside of contract required QC limits

D System Monitoring Compound diluted out

FORM 3
WATER VOLATILE LAB CONTROL SAMPLE

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75035

Matrix Spike - Sample No.: MRUT LCS

COMPOUND	SPIKE ADDED (ug/L)	SAMPLE CONCENTRATION (ug/L)	LCS CONCENTRATION (ug/L)	LCS % REC #	QC. LIMITS REC.
Vinyl Chloride	50		52	104	78-118
1,1-Dichloroethene	50		48	96	75-113
2-Butanone	50		56	112	60-140
Chloroform	50		51	102	74-106
Carbon Tetrachloride	50		50	100	62-106
Benzene	50		50	100	78-116
1,2-Dichloroethane	50		51	102	80-110
Trichloroethene	50		51	102	70-109
Tetrachloroethene	50		46	92	71-107
Chlorobenzene	50		51	102	81-115

Column to be used to flag recovery and RPD values with an asterisk

* Values outside of QC limits

RPD: 0 out of 0 outside limits

Spike Recovery: 0 out of 10 outside limits

COMMENTS: _____

FORM 4
VOLATILE METHOD BLANK SUMMARY

CLIENT SAMPLE NO.

VBLKT6

Lab Name: SEVERN TRENT LABORATORIES Contract: 99000

Lab Code: INCHVT Case No.: 99000 SAS No.: SDG No.: 75035

Lab File ID: MRUB001TV Lab Sample ID: VBLKT6

Date Analyzed: 09/03/99 Time Analyzed: 1016

GC Column: DB-624 ID: 0.53 (mm) Heated Purge: (Y/N) N

Instrument ID: M

THIS METHOD BLANK APPLIES TO THE FOLLOWING SAMPLES, MS and MSD:

	SAMPLE NO.	LAB SAMPLE ID	LAB FILE ID	TIME ANALYZED
01	MRUT LCS	MRUT LCS	MRU050TQV	0906
02	ZBLKF3	ZBLKF3	MRUB002TV	1112
03	BP-WC-D1	395241	M395241L2V	1431
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

COMMENTS:

Project Number/Name ATW/205.0053.0001/LINK

Project Location Utica, NY 1

Laboratory STL

Project Manager Marc Santoni

Sampler(s)/Affiliation CC/AGM

Sample ID/Location	Matrix	Date/Time Sampled	Time Lab ID	ANALYSIS / METHOD / SIZE					Remarks	Total
BP-WC-03-D1	S	9/1/99	5:00P	TCLP VOC'S						1
BP-WC-03-D1 (dup)	S		5:00P							1
BP-WC-01-D1	S		5:00P							1
BP-WC-01-D1 (dup)	S		5:00P							1
BP-WC-04-D1	S		5:00P							1
BP-WC-04-D1 (dup)	S		5:00P							1
BP-WC-05-D1	S		5:00P							1
BP-WC-05-D1 (dup)	S		5:00P							1
BP-WC-06-D1	S		5:00P							1
BP-WC-06-D1 (dup)	S		5:00P							1
<p>*** Please hold all Duplicate Samples pending Authorization ***</p>										

Sample Matrix: L = Liquid, S = Solid, A = Air

Total No. of Bottles/Containers 10

Relinquished by: <u>[Signature]</u>	Organization: <u>ARCADIS Geraghty & Miller</u>	Date: <u>9/1/99</u>	Time: <u>6:00P</u>	Seal Intact?
Received by: <u>[Signature]</u>	Organization: <u>STL</u>	Date: <u>9/2/99</u>	Time: <u>0930</u>	Yes No N/A
Relinquished by: _____	Organization: _____	Date: <u>1/1</u>	Time: _____	Seal Intact?
Received by: _____	Organization: _____	Date: <u>1/1</u>	Time: _____	Yes No N/A

Special Instructions/Remarks: *** 48 HOUR TAT ON TCLP VOC'S AS PER MARY BENDER ***

*** - PLEASE COMPOSITE - BP-WC-01-D1, BP-WC-02-D1, BP-WC-04-D1, BP-WC-05-D1 & BP-WC-06-D1 ***

Delivery Method: In Person Common Carrier Lab Courier Other

Appendix - C -

Health & Safety Logs

Health and Safety Monitoring Form

Project name LMC Site location Utica, NY
 Project number AT000265.0002 Well/Boring ID. P03 Cell Excavation
 G&M Personnel _____ Date 8/7/99

Instrument	Background	Time	Reading	Comments
MIE Data Rem	0.015	8:50	0.015	Ex Background
OVA	4.00	8:50	0.000	Background
MIE PDR	8.01	9:15	0.024	Excavation
OVA	4.30	9:15	0.000	
MIE		9:30	0.023	
OVA		9:30	0.000	
MIE		9:45	0.045	
OVA		9:45	0.00	
MIE		10:15	0.002	Soil Pile
OVA		10:15	0.00	Soil Pile
MIE		10:30	0.031	Excavating
OVA		10:30	0.00	Excavating
MIE		10:45	0.042	Soil pile
OVA		10:45	0.00	Soil pile
MIE		11:00	0.040	
OVA			0.00	
MIE		11:15	0.075	Excavation
OVA			0.00	
MIE		11:30	0.000	
OVA			0.00	
MIE		11:45	0.00	Soil Pile
OVA			0.00	
MIE		12:40	0.00	Excavating
OVA			0.00	
MIE		13:00	0.021	Soil Pile
OVA			0.00	
MIE		13:15	0.006	Excavating
OVA			0.00	
MIE		13:30	0.045	Soil Pile
OVA			0.000	

Health and Safety Monitoring Form

Project name LMC

Site location Utica, NY

Project number ATC00025.0003

Well/Boring ID PCB CAL Excavation

G&M Personnel Q3/CC

Date 8/18/99

Instrument	Background	Time	Reading	Comments
MIE	0.002	8:00A	0.007	Hot spot #2
OVA	0.0-3.0		0.0	
MIE		8:15A	0.014	Soil pile
OVA			0.0	
MIE		8:30	0.013	HS #2
OVA			0.0	
MIE		9:15	0.003	HS #3
OVA			0.0	
MIE		9:25	0.013	
OVA			0.0	
MIE		9:50	0.005	HS #4
OVA			0.0	
MIE		10:15	0.002	HS #4
OVA			0.0	
MIE		10:45	0.008	NHS #1
OVA			0.0	
MIE		11:00	0.041	NHS #1
OVA			0.0	
MIE		11:15	0.028	
OVA			0.0	
MIE		11:30	0.040	
OVA			0.0	
MIE		11:45	0.032	
OVA			0.0	
MIE		12:00	0.021	
OVA			0.0	
MIE		12:15	0.032	
OVA			0.0	
MIE		13:00	0.041	
OVA			0.0	
MIE		13:15	0.009	
OVA			0.0	
MIE		13:30	0.027	
OVA			0.0	
MIE		13:45	0.009	
OVA			0.0	
MIE		14:00	0.027	
OVA			0.0	

Health and Safety Monitoring Form

Project name LIME - Utica Site location Utica, NY
 Project number A4000265.0103.00001 Well/Boring ID IRM Treatment Cell
 G&M Personnel CC/JB/MS Date 8/19/99

Instrument	Background	Time	Reading	Comments
MIE	0.001	7:45	0.004	
OVA	0.0	7:45	0.0	
MIE	0.0	8:00	0	Staging Area
OVA	0.0	8:00	0	↓
MIE		8:15	0.049	Excavation Area
OVA		8:15	0.0	↓
MIE		8:30	0.057	
OVA			0	
MIE		8:45	0.073	
OVA			0	
MIE		9:00	0.000	
OVA				
MIE		9:30	0.009	
OVA			0	
MIE		9:45	0.041	
OVA			0	
MIE		10:00	0.007	
OVA			0	
MIE		10:15	0.032	
OVA			0	
MIE		10:30	0.065	
OVA			0	
MIE		10:45	0.036	
OVA			0	
MIE		11:00	0.083	
OVA			0	
MIE		11:15	0.041	
BKA OVA			0.0	
MIE		11:30	0.045	
OVA			0	

Health and Safety Monitoring Form

Project name LMC Site location Utica, NY
 Project number AY(2000)65.0002 Well/Boring ID IR4 Cal Excavation
 G&M Personnel J. Binstel/c.car Date 8/20/99

Instrument	Background	Time	Reading	Comments
MIE		7:20A	0.000	Excavation (Soil Pit #10)
OVA			0.0	
MIE		7:30	0	
OVA			0	
MIE		7:45	0.032	
OVA			0	
MIE		8:15	0.047	
OVA			0	
MIE		8:45	0.004	
OVA			0	
MIE		9:00	0.027	
OVA			0	
MIE		9:30	0.099	
OVA			0	
MIE		10:00	0.065	
OVA			0	
MIE		10:30	0.038	
OVA			0	
MIE		11:00	0.120	
OVA			0	

Health and Safety Monitoring Form

Project name LMC-UTK Site location Utica, NY
 Project number A4000265.0003.0000, Well/Boring ID IRM Treatment Cell
 G&M Personnel JB/CC Date 8/23/99

Instrument	Background	Time	Reading	Comments
MIE	0.0	7:30	0.0	
OVA	0.0		0.0	
MIR		8:15	0.041	
OVB			0	
MIB		8:30	0.088	
OVB			0	
MIE		8:45	0.075	
OVA			0	
MIR		9:00	0.099	
OVB			0	
MIE		9:15	0.080	
OVA			0	
MIE		9:30	0.027	
MIE		9:45	0.008	
MIR		10:00	0.027	
MIE		10:15	0.038	
MIR		10:30	0.098	
MIE		10:45	0.095	
MIE		11:00	0.055	
MIR		11:15	0.072	
MIE		11:30	0.048	
MIR		11:45	0.027	
MIR		12:00	0.098	
MIR		12:30	0.111	
MIE		13:00	0.081	
MIE		13:30	0.009	
MIE		14:00	0.047	
MIE		14:30	0.066	
MIE		15:00	0.009	
MIE		15:30	0.095	
MIE		16:00	0.017	
MIE		16:30	0.029	
OVA			0.0	

Health and Safety Monitoring Form

Project name LMC Site location Utica, NY
 Project number ARC000265.003.0001 Well/Boring ID RT3 Soil Excavation
 G&M Personnel J. Bonsteel Date 8/24/19

Instrument	Background	Time	Reading	Comments
MFE	0.003	7:30A	0.017	Non-Hard Excavation
OVA	0.003		0.017	
MFE		8:00A	0.000	
OVA			0.0	
MFE		8:30A	0.026	
OVA			0.0	
MFE		9:00A	0.000	
OVA			0.0	
MFE		9:45	0.015	
MFE		10:45	0.003	
MFE		11:45	0.012	
OVA			0.0	
MFE		1:15P	0.000	
OVA			0.0	
MFE		3:30	0.122	Peak reading, goes
OVA			0.0	to 0.000 after 10 seconds
MFE		4:15	0.027	
MFE		5:15	0.003	
OVA			0.0	

Health and Safety Monitoring Form

Project name LINC Site location Utica, NY
 Project number A4000265.0003.0000 Well/Boring ID IRM Treatment Cell
 G&M Personnel CC/STJ Date 8/25/97

Instrument	Background	Time	Reading	Comments
MFE	0.0	7:15	0.00	0.0 0.0 Background
MFE		7:45	0.0	
MFE		8:30	0.0	
MFE		8:45	0.027	
MFE		9:30	0.098	
MFE		10:00	0.044	
MFE		10:30	0.020	
MFE		11:00	0.017	
MFE		11:15	0.003	
OVA			0.0	
MFE		3:00	0.009	
MFE		5:15	0.000	

Health and Safety Monitoring Form

Project name LMC-Union Site location Union, NY
 Project number A4000265200321001 Well/Boring ID Burn Pit
 G&M Personnel CC Date 9/1/94

Instrument	Background	Time	Reading	Comments
MIR	0.0	7:45	0.0	Calibration
PID	0.0		0.0	↓
MIR		8:30	0.088	Burn pit Area #1
PID			0.0	
MIR		8:45	0.099	
PID			0.0	
MIR		9:00	0.056	
PID			∅	
MIR		9:30	0.100	
PID			0.0	
MIR		9:45	0.051	
PID			0	
MIR		10:15	0.088	
PID			∅	
MIR		10:30	0.120	
PID			∅	
MIR		10:00	0.111	
PID			∅	
MIR		11:30	0.109	
PID			∅	
MIR		12:00	0.064	
PID			∅	
MIR		13:00	0.081	Burn Pit Area #3
PID			∅	
MIR		13:36	0.100	
PID			∅	
MIR		14:00	0.083	
PID			0	
MIR		14:30	0.131	
PID			0.0	
MIR		15:00	0.095	
PID			0.0	
MIR		15:30	0.099	
PID			0.0	
MIR		16:00	0.100	
PID			0.0	
MIR		16:30	0.131	
			0.0	

ARCADIS GERAGHTY & MILLER
DAILY LOG

Well(s) _____ Project/No. _____ Page ____ of ____

Site Location _____

Prepared By _____

Date/Time	<i>9/4/94</i>	Background	Calibr	Description of Activities	Reading	Comment
MIE PID	7:45	0.0	<i>X</i>		0	
MIE PID	8:30	0.0	<i>Y</i>		0.066	soil loadout
MIE	8:45				0.099	↓ EXPLANATION AREAS
MIE	9:00				0.010	
MIE	9:15				0.100	
MIE	9:30				0.111	
MIE PID	9:45				0.050	
MIE PID	10:00				0.100 0.0	
MIE PID	11:40				0.056 0.0	
MIE PID	14:00				0.081 0	
MIE PID	14:30				0.080 0	
MIE PID	15:00				0.061	

ARCADIS GERAGHTY & MILLER
DAILY LOG

Well(s) _____ Project/No. _____ Page ____ of ____

Site Location 8/31/99

Prepared By Health & Safety Monitoring Firm

Date/Time	MIE Calibrated	Reading	Description of Activities	Comments
6:30	0.0	0.0		Soil Pile Stage
7:00		0.111		
7:30		0.109		
7:45		0.081		
8:00		0.004		
8:30		0.051		
9:00		0.00	- Soil Loading	
9:15		0.032	Soil Loading	
9:30		0.063	Soil Loading	
9:45		0.000	Soil Loading	
10:15		0.011	Tram Cell	
10:45		0.086		↓
11:15		0.075		
11:30		0.096		
11:45		0.052		↓
13:00	MIE	0.066		Burn P.1 Area 41
13:00	PID	0.000		
13:15	MIE	0.027		
	PID	0.0		
13:30	MIE	0.112		
	PID	0.0		
13:45	MIE	0.100		
	PID	0.0		

DAILY LOG

Well(s) _____ Project/No. _____ Page _____ of _____

Site Location _____

Prepared By Health & Safety Logs

Date/Time 8/31/98 Description of Activities

14:15	MER	0.100
	PID	0.0
14:45	MDE	0.111
	PID	0.0
15:15	MIE	0.092
	PID	0.0
15:45	MIE	0.088
	PID	0.0

Health and Safety Monitoring Form

Project name LMC-West Lot Site Site location Utica, NY
 Project number AY000265.0003.00001 Well/Boring ID _____
 G&M Personnel CC Date 9/1/99

Instrument	Background	Time	Reading	Comments
PED	0.0	8:30	0	Soil transport
MRE	0.0		0	
PED		8:45	0	
MRE			0.041	
PED		9:00	0	Soil transport
MRE			0.056	
PED		9:15	0	
MRE			0.082	
PED		9:30	0	
MRE			0.098	
PED		10:00	0.0	
MRE			0.04	
PED		10:30	0.0	
MRE			0.06	
PED		11:00	0	
MRE			0.01	
PED		11:30	0.0	
MRE			0.055	
PED		13:00	0	
MRE			0.092	
PED		13:30	0	
MRE			0.04	
PED		14:00	0	
MRE			0.08	
PED		14:15	0	
MRE			0.022	
PED		14:45	0	
MRE			0.36	
PED		15:00	0	
MRE			0.41	
PED		15:30	0	
MRE			0.025	
PED		16:00	0	
MRE			0.044	
PED		16:30	0	
MRE			0.093	
PED		17:00	0	

MRE

0.011

Health and Safety Monitoring Form

Project name LMC-West Lot Site Site location Utica, NY
 Project number AY000265.0003.00001 Well/Boring ID 9/2/00
 G&M Personnel CC Date 9/2/00

Instrument	Background	Time	Reading	Comments
PID	∅	8:00	∅	
MIE	∅		∅	
PID		8:30	∅	Soil Conduct
MIE			0.089	
PID		8:45	∅	
MIE			0.045	
PID		9:15	∅	
MIE			0.022	
PID		11:00	∅	
MIE			0.001	
PID		11:30	∅	
MIE			0.031	
PID		12:00	∅	
MIE			0.004	
PID		13:00	∅	
MIE			0.083	
PID		13:45	∅	
MIE			0.088	
PID		14:30	∅	
MIE			0.033	
PID		15:15	∅	Soil Conduct
MIE			0.063	
PID		15:30	∅	
MIE			0.071	
PID		15:45	0.0	
MIE			0.084	
PID		16:00	0.0	
MIE			0.092	
PID		16:15	0.0	
MIE			0.055	
PID		16:30	0.0	
MIE			0.078	
PID		16:45	0	
MIE			0.099	
PID		17:00	0	
MIE			0.42	

Appendix - D -

Non-Hazardous Waste Tracking
Documents

ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lothhead Martin Corp</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Debris - 2 of 2 TON</i>	A: <i>1000</i>	A: <i>HAB</i>	A: <i>D-510</i>
B: <i>100 TON</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sr</i>	
		Date <i>9/7/99</i>	

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>Bob Spellman</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lyn O'Keary</i>	
WASTE TYPE RECEIVED: <i>MSW</i>		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>[Signature]</i>		TITLE <i>Scale Operator</i>	
		DATE <i>9/7/99</i>	
COMMENTS:			

COPY DISTRIBUTION:
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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

DHA

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>(Staff Sec)</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Road, Utica, NY</i>		TELEPHONE NUMBER:	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil in covers - CL0431</i>	A: <i>16.18</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>NON HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>Lockheed Martin Corp</i>		Title <i>[Signature]</i>	Date <i>8/30/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burnows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert SADDLEMIRE</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump Soil</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Drake</i>	
WASTE TYPE RECEIVED: <i>soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE <i>[Signature]</i>		TITLE <i>[Signature]</i>
COMMENTS:		DATE <i>8/30/99</i>	

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7824</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover # CLO431</i>	A: <i>27</i>	A: <i>trailer</i>	A: <i>B-113</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] as agent of *Lockheed Martin Corp.* Title: _____ Date: *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18101</i>
DRIVER'S NAME (PRINT): <i>Brian Van Ormer</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER: <i>B-113</i>
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE: <i>Trailer 129yd</i>

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>		
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>8/30/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
<i>[Signature]</i> SIGNATURE		<i>[Signature]</i> TITLE	
		<i>8/30/99</i> DATE	

COMMENTS:

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ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>SALES</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>5.25 French Rd, Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7824</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - CLD431</i>	A: <i>16.18</i>	A: <i>Dump</i>	A: <i>B-450</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{as agent of} *Lockheed Martin Corp.* Title *[Signature]* Date *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump 25 yd</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hgh Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Deary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>	TITLE: <i>Collector</i>		DATE: <i>8/30/99</i>

COMMENTS:

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ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>SAPB Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY</i>		TELEPHONE NUMBER:	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - CL0431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-510</i>
B: <i>NON-HAZ</i>	B:	B:	B:
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p> <p><i>[Signature]</i> <i>an agent of Lockheed Martin</i> <i>[Signature]</i> <i>8/30/99</i> Generators Signature <i>Corp.</i> Title Date</p>			

HAULER

TRANSPORTING COMPANY NAME: <i>Burnows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>No sticker</i>	
DRIVER'S NAME (PRINT): <i>BOB SPELMAN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spelman</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Deacy</i>	
WASTE TYPE RECEIVED: <i>SOIL #1792</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn Deacy</i>		<i>Scale</i>	
SIGNATURE		TITLE	
		<i>8/30/99</i>	
		DATE	
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7124</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for Coon - CLO431</i>	A: <i>16-14</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <small>as agent of Lockheed Martin Corp.</small>		Title <i>[Signature]</i>	Date <i>8/30/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>William Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>William Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump / 16-14 3/4</i>	
DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		Title <i>[Signature]</i>	Date <i>8/30/99</i>
SIGNATURE		TITLE	DATE
COMMENTS:			

HAULER

DISPOSAL FACILITY

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - CL0431</i>	A: <i>14'18"</i>	A: <i>Dump</i>	A: <i>B-485</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{as agent of Lockheed Martin Corp.}
Generators Signature Title *Staff* Date *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J. CAREY</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Walter J. Carey</i>		TRAILER NUMBER: <i>B-485</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump/16-1160</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>	TITLE: <i>Scale Operator</i>		DATE: <i>8/30/99</i>
COMMENTS:			

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B514

ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Ser</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil in corn - CL0431</i>	A: <i>29 ton</i>	A: <i>trailer</i>	A: <i>B-514</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{as agent of} *Lockheed Martin Corp.* *Staff Ser* *8/30/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>James A. Maggiore Sr.</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A. Maggiore Sr.</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Trailer / 29 ton</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
<i>Lynn O'Leary</i>		<i>Scale</i>	
SIGNATURE		TITLE	
		<i>8/30/99</i>	
		DATE	
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

L411

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>SAF Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for core - CLO431</i>	A: <i>29 ton</i>	A: <i>Trailer</i>	A: <i>B-413</i>
B: <i>NON HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>SAF Sr</i>	
as agent of <i>Lochheed Martin Corp.</i>		Date <i>8/30/99</i>	

HAULER

TRANSPORTING COMPANY NAME: <i>Burners Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18114</i>
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Brian Seavey</i>	TRAILER NUMBER: <i>B-413</i>
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE: <i>Trailer</i>

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Dogh Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Olcay</i>
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>8/30/99</i>
SCALE TICKET NUMBER: <i>3079</i>	FULL WEIGHT: <i>82640</i>
	EMPTY WEIGHT: <i>31760</i>
	NET WEIGHT: <i>50880</i>
DISPOSAL FACILITY CERTIFICATION:	
SIGNATURE <i>Lynn Olcay</i>	TITLE <i>Scale operator</i>
	DATE <i>8/30/99</i>

COMMENTS:

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

DLU

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>S.P.M. Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, N.Y.</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for use (LD43)</i>	A: <i>16-18 yds</i>	A: <i>Dump</i>	A: <i>B-430</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature: <i>[Signature]</i> <i>as agent of Lockheed Martin Corp.</i>		Title: <i>[Signature]</i> Date: <i>8/30/99</i>	

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking Co.</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>W. H. R. R. Co. Co.</i>		TICKET NUMBER:	
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>B-470</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump/16-18 yds</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		Title: <i>Scalemaster</i> Date: <i>8/30/99</i>	
COMMENTS:			

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D201

ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7824</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - CLO431</i>	A: <i>29 ton</i>	A: <i>trailer</i>	A: <i>B-521</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature <i>[Signature]</i> <i>as agent of Lockheed Martin Corp.</i>	Title <i>[Signature]</i>	Date <i>8/30/99</i>
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HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>Francis K. Hea</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Hea</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>trailer - 29 ton</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>	
WASTE TYPE RECEIVED: <i>soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE <i>[Signature]</i>		TITLE <i>Scale op</i>
COMMENTS:		DATE <i>8/30/99</i>	

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ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Worthwood Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Cheri Carr</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-442-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for Cont. - CL0431</i>	A: <i>14-18</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>Worthwood Corp</i>		Title <i>[Signature]</i>	Date <i>8/30/99</i>
TRANSPORTING COMPANY NAME: <i>Burnous Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert SADDLEMIK</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump/14-18 yds</i>	
DISPOSAL FACILITY NAME: <i>Legh Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		TITLE: <i>Scaleop</i>	DATE: <i>8/30/99</i>
SIGNATURE		TITLE	DATE
COMMENTS:			

HAULER

DISPOSAL FACILITY

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lothbrock Martin Corp</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carter</i>		TITLE: <i>Staff Sec.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>505 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7000</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contn. soil for cover - CETA/31</i>	A: <i>16-1K</i>	A: <i>Dump</i>	A: <i>B-485</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *[Signature]* Date: *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J. CAREY</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>R-48T</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump - 16-18</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Deary</i>	
WASTE TYPE RECEIVED: <i>MSW</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i> TITLE: <i>[Signature]</i> DATE: <i>8/30/99</i>		

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Plant Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-2824</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil Ex-Lover - C10431</i>	A: <i>25.5m</i>	A: <i>frailer</i>	A: <i>B-113</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Manager of Lockheed Martin Corp.* Date: *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18101</i>	
DRIVER'S NAME (PRINT): <i>Brian Van Ormer</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-113</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Trailer 29' Tall</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale operator</i>	
SIGNATURE		TITLE	
		DATE: <i>8/30/99</i>	

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>CHP In.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7024</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for Gen. - CLO431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-450</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* *for agent of Lockheed Martin Corp.*
 Title: *Staff Sgt*
 Date: *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18117</i>
DRIVER'S NAME (PRINT): <i>Rod HALL</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Rod Hall</i>	TRAILER NUMBER: <i>B-450</i>
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE: <i>Dump 16-18</i>

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		TITLE: <i>Scale op</i>	
SIGNATURE		DATE: <i>8/30/99</i>	

COMMENTS:

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp - 201</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>578-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contaminated soil for cover (CLAY)</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-510</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff* Date: *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>No ticket</i>	
DRIVER'S NAME (PRINT): <i>Bob Spellman</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump 116-18</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i>		TITLE: <i>Salvo</i>
			DATE: <i>8/30/99</i>
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>575 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-451-7124</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contaminated soil for cover - C&D431</i>	<i>116-18</i>	<i>A Dump</i>	<i>A B-490</i>
B: <i>Non HAZ</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *as agent of Lockheed Martin Corp* *[Signature]* *Staff Sec* *8/30/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>William Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>William Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump - 16'x</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Lynn O'Leary</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:

DISPOSAL FACILITY CERTIFICATION:
[Signature] *Lynn O'Leary* *[Signature]* *Scale op* *8/30/99*
 SIGNATURE TITLE DATE

COMMENTS:

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochhead Martin Corp</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Cur</i>		TITLE: <i>SA/SA</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for cover - CLD431</i>	A: <i>29 cu yd</i>	A: <i>Trailer</i>	A: <i>15-514</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *Chris Cur* as agent of *Lochhead Martin Corp* Title: *SA/SA* Date: *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burruss Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>JAMES H. MADORE SA</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A. Madore</i>		TRAILER NUMBER:	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>29 cu - trailer</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>SOIL</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>Lynn O'Leary</i>		TITLE: <i>Scaleop</i>
		DATE: <i>8/30/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Asst. Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>515-452-7126</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Septic treated soil to cover - CE0431</i>	A: <i>25^{yd}</i>	A: <i>Trailer</i>	A: <i>0-521</i>
B: <i>N/A - MAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* ^{is agent of Lockheed Martin Corp.} Title: *Staff Sec* Date: *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burruss Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITCHEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kitchen</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>29 bn - trailer</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Olcay</i>	
WASTE TYPE RECEIVED: <i>SOIL</i>		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn Olcay</i>		TITLE: <i>Scaleop</i> DATE: <i>8/30/99</i>	
SIGNATURE _____ TITLE _____ DATE _____			

COMMENTS:

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Lee</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>515-482-7120</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover-CL0431</i>	A: <i>1520</i>	A: <i>trash</i>	A: <i>B-413</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *as agent of Lockheed Martin Corp.* *[Signature]* *Staff Sec*
 Generator's Signature Title Date *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B-413</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Hires Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schwoizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/30/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
COMMENTS:		DATE <i>8/30/99</i>	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contaminated soil for cover - CLO431</i>	A: <i>16-18</i>	A: <i>Dem</i>	A: <i>B-470</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] as agent of *Lockheed Martin Corp.* *Staff Sec*
 Generators Signature Title Date *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18104</i>
DRIVER'S NAME (PRINT): <i>Kick Reagan</i>	TICKET NUMBER:
DRIVERS SIGNATURE:	TRAILER NUMBER:

DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>16-18 yd Dem</i>
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DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>		
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>8/30/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Inspector</i>	
SIGNATURE		TITLE	
		DATE <i>8/30/99</i>	

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/26/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Chief Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER:	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for lava - CL0431</i>	A: <i>15000</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>NON-HAZ</i>	B: <i>7000</i>	B: <i></i>	B: <i></i>
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>Lockheed Martin Corp.</i>		Title <i>Chief Sec</i>	Date <i>8/26/99</i>
TRANSPORTING COMPANY NAME: <i>Fred Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>Robert Sackelstein</i>		TICKET NUMBER:	
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>15-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/26/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump 25 yd</i>	
DISPOSAL FACILITY NAME: <i>High Acres Reg</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil HAZ</i>		DATE RECEIVED: <i>8/26/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		Title <i>Scale operator</i>	Date <i>8/26/99</i>
COMMENTS:			

HAULER

DISPOSAL FACILITY

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Louheed Martin Corp.</i>		DATE: <i>8/26/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Scientist</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY 13502</i>		TELEPHONE NUMBER:	
WASTE TYPE / PROFILE # A: <i>Contaminated soil for cover - CLO431</i>	Estimate Yards <i>1518</i>	Container Type A: <i>Dump</i>	Container # A: <i>B-430</i>
B: <i>NON-HAZ.</i>	B:	B:	B:
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Scientist</i>	Date <i>8/26/99</i>
TRANSPORTING COMPANY NAME: <i>Burgess Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>Richard [Signature]</i>		TICKET NUMBER:	
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>B-430</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/26/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump / 25 yds</i>	
DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/26/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Keary</i>		<i>Scaleman</i>	
SIGNATURE		TITLE	
		DATE <i>8/26/99</i>	
COMMENTS:			

HAULER

DISPOSAL FACILITY

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/26/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Scientist</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7820</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for cover - CL0431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Scientist</i>	Date <i>8/20/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>6A-108</i>	
DRIVER'S NAME (PRINT): <i>Bill Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bill Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8-26-99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump / 25 yds</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hgh Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/26/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Keary</i>		TITLE: <i>Scale Operator</i>	DATE: <i>8/26/99</i>
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: Lockheed Martin Corp. DATE: 8/30/99

CONTACT PERSON OR SITE REPRESENTATIVE: Chris Con

TITLE: Staff Fei

FACILITY LOCATION/MAILING ADDRESS: 525 French Rd, Utica, NY 13502

TELEPHONE NUMBER: 515-152-7126

WASTE TYPE / PROFILE #
A: contaminated soil for cover - CLO431
B: Non-Haz

Estimate Yards
A: 24
B: _____

Container Type
A: Trailer
B: _____

Container #
A: B113
B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: [Signature]
Lockheed Martin Corp.

Title: Staff Fei

Date: 8/30/99

HAULER

TRANSPORTING COMPANY NAME: Branows Trucking

AUTHORITY PERMIT NUMBER: 18101

DRIVER'S NAME (PRINT): Brian Van Ormer

TICKET NUMBER: _____

DRIVERS SIGNATURE: [Signature]

TRAILER NUMBER: 15-113

DATE OF SHIPMENT OF MATERIAL: 8/31/99

COMMENTS: _____

CONTAINER SIZE / TYPE: _____

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: Nigh Acres Landfill

DISPOSAL SITE REPRESENTATIVE NAME: Paula Schweizer

WASTE TYPE RECEIVED: _____

DATE RECEIVED: 8/31/99

SCALE TICKET NUMBER: _____

FULL WEIGHT: _____

EMPTY WEIGHT: _____

NET WEIGHT: _____

DISPOSAL FACILITY CERTIFICATION: [Signature]
SIGNATURE

Paula Schweizer
TITLE

8/31/99
DATE

COMMENTS: _____

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Ser</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica NY 13502</i>		TELEPHONE NUMBER:	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - CL0431</i>	A: <i>16-18</i>	A: <i>dump</i>	A: <i>B-440</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff Ser* Date: *8/30/99*
Lockheed Martin Corp.

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert Daddemio</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>dump 16-18yd</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE: <i>8/31/99</i>	
SIGNATURE		TITLE	
COMMENTS:			

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B490

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil (asbestos - CLO431)</i>	A: <i>16.18</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr ^{as agent for} *Lochheed Martin Corp.* *Staff Sec* *8/30/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burnous Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18107</i>	
DRIVER'S NAME (PRINT): <i>William Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>William Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i> <i>Scale Op</i> <i>8/31/99</i> SIGNATURE TITLE DATE			
COMMENTS:			

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B510

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>SHA Supervisor</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-472-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - C10431</i>	A: <i>16.18</i>	A: <i>Drum</i>	A: <i>B-510</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] as agent of *Lockheed Martin Corp.* Title *SHA Supervisor* Date *8/30/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>	AUTHORITY PERMIT NUMBER: <i>No ticket #</i>
DRIVER'S NAME (PRINT): <i>Bob Spelman</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Bob Spelman</i>	TRAILER NUMBER: <i>B-510</i>
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Holes landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Tawla Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>8/31/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i> TITLE <i>Scale Op</i> DATE <i>8/31/99</i>			
COMMENTS: <i>[Signature]</i>			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Ser.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7866</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - C60431</i>	A: <i>16.18</i>	A: <i>Dump</i>	A: <i>B-450</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>on agent for Lockheed Martin Corp.</i>		Title <i>Staff Ser.</i>	Date <i>8/30/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18117</i>
DRIVER'S NAME (PRINT): <i>Rod HALL</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Rod Hall</i>	TRAILER NUMBER: <i>B-450</i>
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>8/31/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		TITLE <i>Scale Co.</i>	
SIGNATURE		DATE <i>8/31/99</i>	
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

B430

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>511-412-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for core - C10431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-430</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>as agent of Lockheed Martin Staff Sec Corp.</i>	Date <i>8/30/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>Richard K. Blawie</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-430</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump 16 18</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE <i>8/31/99</i>	
SIGNATURE		TITLE	
COMMENTS:			

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B485

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lorchhead Martin Corp</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7026</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for water - CLO31</i>	A: <i>14 YR</i>	A: <i>Dump</i>	A: <i>B-485</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sec</i>	Date <i>8/30/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J. CAREY</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-485</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Hires Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>[Signature]</i>		TITLE <i>Scale Op</i>	DATE <i>8/31/99</i>
COMMENTS:			

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B514

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7820</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - CLO931</i>	<i>2.4 yds</i>	<i>1 trailer</i>	<i>A-B-514</i>
B: <i>NDW - clay</i>			
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>for agent of Lockheed Martin Corp.</i>		Title <i>Staff Sec</i>	Date <i>8/30/99</i>
TRANSPORTING COMPANY NAME: <i>Burnow Trucking</i>		AUTHORITY PERMIT NUMBER: <i>1810F</i>	
DRIVER'S NAME (PRINT): <i>JAMES A. MADORE SR</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>[Signature]</i>		TITLE <i>Scale Op</i>	DATE <i>8/31/99</i>
COMMENTS:			

HAULER

DISPOSAL FACILITY

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockwood Draper Corp</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd Utica, NY 13501</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Uncontaminated soil for use - C60431</i>	A: <i>16.50</i>	A: <i>trailer</i>	A: <i>B-521</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Con *Lockwood Draper Corp* *Staff Sec* *8/30/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18111</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITE HEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kite Hen</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>8/31/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/30/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7886</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover-CLO431</i>	A: _____	A: <i>frnd</i>	A: <i>B-413</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature <i>[Signature]</i> Lockheed Martin Corp.		Title <i>Staff Sec</i> Date <i>8/30/99</i>	

HAULER

TRANSPORTING COMPANY NAME: <i>Burnows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>BRIAN SPOUVEY</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Spouvey</i>		TRAILER NUMBER: <i>18-413</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/30/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:		DATE	
SIGNATURE <i>Paul Schweizer</i>		TITLE <i>Kyle [Signature]</i>	
COMMENTS:			

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DTW

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>uncontaminated soil for cover - C60431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff Sgt* Date: *8/31/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Barnhart Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18103</i>
DRIVER'S NAME (PRINT): <i>Robert Sandlemie</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER:
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE: <i>16-18 yds - Dump</i>

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Okawa</i>		
WASTE TYPE RECEIVED: <i>soil</i>	DATE RECEIVED: <i>8/31/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>[Signature]</i>		TITLE: <i>Salvors</i>	
		DATE: <i>8/31/99</i>	

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Leitchwood Manta Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Ave, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>511-452-7726</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for env. - C10431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-485</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Date <i>8/31/99</i>	

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J CARLEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-485</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE <i>[Signature]</i>		TITLE <i>Scaleop</i>
COMMENTS:		DATE <i>8/31/99</i>	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chm Can</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Fremont Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>511-912-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Continental soil for work</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-470</i>
B: <i>WOP-17A5</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp* *Staff Sr* *8/31/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Dennons Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT):		TICKET NUMBER:	
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>B-430</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Scaliope</i>	
SIGNATURE		TITLE	
		DATE <i>8/31/99</i>	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French St, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7576</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil from work - C-0431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp* *Staff Sgt* *8/31/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trash</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>William Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>William Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL/FACILITY NAME: <i>Piqua Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i> <i>Scale Oper</i> <i>8/31/99</i> SIGNATURE TITLE DATE			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochwood Manta Corp.</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>511-852-7120</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction soil for work - CL 0431</i>	A: <i>16.18</i>	A: <i>Dump</i>	A: <i>B-510</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sr</i>	Date <i>8/31/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Truck</i>	AUTHORITY PERMIT NUMBER: <i>NO sticker</i>
DRIVER'S NAME (PRINT): <i>BOB SPELLMAN</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Bob Spellman</i>	TRAILER NUMBER:
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE: <i>Dump</i>

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>Lynn O'Leary</i>		TITLE <i>Scaloper</i>	DATE <i>8/31/99</i>
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Munitor Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chm Can</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for use - C40431</i>	A: <i>16.15</i>	A: <i>Dmp</i>	A: <i>B-450</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

in agreement
 _____ *Lockheed Munitor Corp* _____ *Staff Sec* *8/31/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burnows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hyd Olean</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Olean</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER: <i>2</i>	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn Olean</i>		<i>Scale operator</i>	
SIGNATURE		TITLE	
		<i>8/31/99</i>	
		DATE	
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Waste Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Travel Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>578-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contaminated soil (w/ lead) - CLO431</i>	A: <i>14</i>	A: <i>trailer</i>	A: B-514
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr *Lockheed Waste Corp* *Staff Sec* *8/31/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>JAMES A. MADORE SR</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A Madore</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>trailer</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
COMMENTS:		DATE <i>8/31/99</i>	

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B521

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7820</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover</i>	A: <i>1/2</i>	A: <i>Trailer</i>	A: <i>B-521</i>
B: <i>NON-HAZ CL0431</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{as agent for Lockheed Martin Corp.} Title: *Staff Sr* Date: *8/31/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITCHEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kitchen</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Trailer</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>8/31/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE: <i>8/31/99</i>	
SIGNATURE		TITLE	
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7176</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Constructional Soil (in cores - CLO47)</i>	A: <i>19-20</i>	A: <i>Trail</i>	A: <i>B-413</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *[Signature]* Date: *8/31/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18114</i>
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Brian Seavey</i>	TRAILER NUMBER: <i>B-413</i>
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	CONTAINER SIZE / TYPE: <i>trailer</i>

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Dga Acus</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>		
WASTE TYPE RECEIVED: <i>SOIL</i>	DATE RECEIVED: <i>8/31/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>[Signature]</i>		TITLE: <i>Scaleman</i>	
		DATE: <i>8/31/99</i>	

COMMENTS:

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GENERATION SHEET

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>John C...</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Franklin Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7126</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for cover. C-0431</i>	A: <i>27 cu yd</i>	A: <i>Trailer</i>	A: <i>B-113</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sgt</i>	Date <i>8/31/99</i>
TRANSPORTING COMPANY NAME: <i>Perrone Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18101</i>	
DRIVER'S NAME (PRINT): <i>Brian Van Damer</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-113</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Okroy</i>		
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>8/31/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>[Signature]</i>	TITLE <i>Scale Operator</i>	DATE <i>8/31/99</i>	
COMMENTS:			

HAULER

DISPOSAL FACILITY

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B514

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Cam</i>		TITLE: <i>St/MA Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7876</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Unharmated Soil for cover CLO431</i>	A: <i>2500</i>	A: <i>Trailer</i>	A: <i>B-514</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp.* *St/MA Sci* *8/31/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>JAMES A MADORE SR</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A Madore</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Trailer</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i>		<i>Kale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/1/99</i>	
COMMENTS:			

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B430

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>SW/SA</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Genesee Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-482-7800</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>unhazardous soil for cover - CC0431</i>	A: <i>14-18</i>	A: <i>Dump</i>	A: <i>B-430</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>Lockheed Martin Corp.</i>		Title <i>SW/SA</i>	Date <i>8/31/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>Richard P. Gross</i>		TICKET NUMBER:	
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>B-430</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Hauk Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:		DATE RECEIVED: <i>9/1/99</i>	
SIGNATURE <i>[Signature]</i>		TITLE <i>Kele Op</i>	DATE <i>9/1/99</i>
COMMENTS:			

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B440

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Lee</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7524</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover CLOYS</i>	A: <i>16-18</i>	A: <i>Dry</i>	A: <i>B-440</i>
B: <i>NON HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *Robert Martin* Title: *Staff Sec* Date: *8/31/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert Siodlemitz</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Robert Siodlemitz</i>		TRAILER NUMBER: <i>13-44</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i> Scale Op <i>9/1/99</i>			
(SIGNATURE)		TITLE	
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Com</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7822</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil from work - CL0431</i>	A: <i>20-22</i>	A: <i>Trailer</i>	A: <i>B-113</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* as agent for *Lockheed Martin Corp.* Title: *Staff Sec* Date: *8/31/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Bisson Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18101</i>
DRIVER'S NAME (PRINT): <i>Dina D'Amico</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER: <i>B-113</i>
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Park Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/1/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
		DATE <i>9/1/99</i>	
COMMENTS:			

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B485

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE:		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Road, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil For Cover - CLO431</i>	<i>A. 16.18</i>	<i>A. Dump</i>	<i>A. B-485</i>
B: <i>NON-142</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* ^{an agent for Lockheed Martin Corp} Title: *Staff Sgt* Date: *8/31/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18110</i>
DRIVER'S NAME (PRINT): <i>WALTER J. CAREY</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER: <i>B-485</i>
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/1/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	<i>9/1/99</i>
SIGNATURE		TITLE	DATE
COMMENTS:			

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B510

1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7876</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for Love - CLO431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-510</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sec</i>	Date <i>8/31/99</i>
TRANSPORTING COMPANY NAME: <i>Brown's Trucking</i>		AUTHORITY PERMIT NUMBER: <i>AK 1148</i>	
DRIVER'S NAME (PRINT): <i>BOB SPELLMAN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spellman</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		Title <i>Scale Op</i>	Date <i>9/1/99</i>
SIGNATURE		TITLE	DATE
COMMENTS:			

HAULER

DISPOSAL FACILITY

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B450

1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Cheri Can</i>		TITLE: <i>SH/Offici</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>S-25 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7800</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for env. C60431</i>	A: <i>16-K</i>	A: <i>Dump</i>	A: <i>B-450</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp.* *SH/Offici* *8/31/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>ROD HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/11/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Kyle Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/1/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Loshed Marine Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Chan</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Front St, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518 452 7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover CLO431</i>	A: <i>10 Y</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature <i>[Signature]</i> Corp.		Title <i>Staff Sec</i>	Date <i>8/31/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>William Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>William Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hgh Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	Signature: <i>[Signature]</i> Title: <i>Scale Op</i> Date: <i>9/1/99</i>		
COMMENTS:			

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B521

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Cam</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-482-7124</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Combustible Solid for WWT - CLOV31</i>	A: <i>24 cu</i>	A: <i>Trail</i>	A: <i>B-521</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature <i>Chris Cam</i>	Title <i>Staff Sgt</i>	Date <i>8/31/99</i>
--	---------------------------	------------------------

HAULER

TRANSPORTING COMPANY NAME: <i>Brown's Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>Francis Kitcher</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kitcher</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i>	TITLE <i>Scale Op</i>		DATE <i>9/1/99</i>
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7820</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for cover - CL0431</i>	A: <i>1645</i>	A: <i>Dump</i>	A: <i>B-430</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Con ^{Agent for} *Lockheed Martin Corp.* *Staff Sgt* *9/1/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burnows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>
DRIVER'S NAME (PRINT): <i>Richard Reon</i>		TICKET NUMBER:
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>B-430</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>Lynn O'Leary</i> <i>Scaleoper</i> <i>9/1/99</i>		
SIGNATURE		TITLE	DATE
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Car</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Road</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover C60431</i>	A: <i>18-20</i>	A: <i>Frank</i>	A: <i>B-514</i>
B: <i>NON-HAZ</i>	B:	B:	B:

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved, or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* as agent for *Lockheed Martin Corp*
 Title: *Staff Sgt*
 Date: *9/1/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>James A. MADDORE</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS: <i>[Signature]</i>	CONTAINER SIZE / TYPE: <i>1</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scaloper</i>	
SIGNATURE		TITLE	
		DATE: <i>9/1/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>[Signature]</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Road, Utica, NY 13502</i>		TELEPHONE NUMBER:	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - C10431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>13-440</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Date <i>9/1/99</i>	

HAULER

TRANSPORTING COMPANY NAME: <i>Burnows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert Sacklemire</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>13-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>16-18yd Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9-1-99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
		DATE <i>9-1-99</i>	
COMMENTS:			

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CC

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: 8/1/99 <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Scientist</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contaminated soil for cover - CLO431</i>	A: <i>16-cf</i>	A: <i>Dump</i>	A: <i>B-485</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *at agent of Lockheed Martin Corp.* *Staff Sci*
 Generators Signature Title Date *5/1/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18116</i>	
DRIVER'S NAME (PRINT): <i>WALTER J CARNEY</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Walter J Carney</i>		TRAILER NUMBER: <i>B-485</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Kaloper</i>	
SIGNATURE		TITLE	
		DATE <i>9/1/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>8/26/99 9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd. Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil to cover - CLOBI</i>	A. <i>16-18</i>	A. <i>Dump</i>	A. <i>B-510</i>
B: <i>NON-HAZ</i>	B.	B.	B.

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generator's Signature: *[Signature]* Title: *Staff Sgt* Date: *9/1/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Ryan's Trucking</i>	AUTHORITY PERMIT NUMBER: <i>no sticker</i>
DRIVER'S NAME (PRINT): <i>Bob Spelman</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Bob Spelman</i>	TRAILER NUMBER: <i>B-510</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>		
WASTE TYPE RECEIVED: <i>SOIL</i>	DATE RECEIVED: <i>9-1-99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>Lynn O'Leary</i>		TITLE: <i>Salvager</i>	
		DATE: <i>9-1-99</i>	

COMMENTS:

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 PINK COPY - DISPOSAL FACILITY COPY

ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

B413

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>8/31/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7222</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil in cover - C60431</i>	A: <i>20-12</i>	A: <i>10m</i>	A: <i>B-413</i>
B: <i>NIN - 14A2</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr *Staff Sgt* *8/31/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Truck</i>		AUTHORITY PERMIT NUMBER: <i>18119</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>17-413</i>	
DATE OF SHIPMENT OF MATERIAL: <i>8/31/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schwoiger</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>Paula Schwoiger</i> <i>Kale</i> <i>9/1/99</i>		
SIGNATURE		TITLE DATE	
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for code - CL0431</i>	<i>A. 16-18</i>	<i>A. Dump</i>	<i>A. B-113</i>
B: <i>NON-HAZ</i>	B. _____	B. _____	B. _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sr</i>	Date <i>9/1/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY/PERMIT NUMBER: <i>R101</i>	
DRIVER'S NAME (PRINT): <i>Kevin Van Dine</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-112</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>SOIL</i>		DATE RECEIVED: <i>9/1/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>	TITLE: <i>Scale Operator</i>		DATE: <i>9/1/99</i>
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: 9/1/99 <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Scientist</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-432-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contaminated soil for cover - CL0431</i>	A: <i>16-15</i>	A: <i>Dump</i>	A: <i>B-450</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>Lockheed Martin Corp</i>		Title <i>Staff Scientist</i>	Date <i>9/1/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18117</i>
DRIVER'S NAME (PRINT): <i>Rod Hall</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Rod Hall</i>	TRAILER NUMBER: <i>B-450</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS: <i>SOIL</i>
CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Dyck Aries</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>		
WASTE TYPE RECEIVED: <i>SOIL</i>	DATE RECEIVED: <i>9/1/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>Lynn O'Leary</i>		TITLE <i>Scaleops</i>	
		DATE <i>9/1/99</i>	
COMMENTS:			

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ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: 8/24/99 <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Coan</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil For Cover - CLO431</i>	<i>A. 16-18</i>	<i>A. Dump</i>	<i>A. B-490</i>
B: <i>NON-HAZ</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generator's Signature <i>[Signature]</i>	Title <i>Staff Sgt</i>	Date <i>9/1/99</i>
---	---------------------------	-----------------------

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18107</i>
DRIVER'S NAME (PRINT): <i>William Baxter</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>William Baxter</i>	TRAILER NUMBER: <i>B-490</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Cores</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Kevin O'Leary</i>		
WASTE TYPE RECEIVED: <i>SOIL</i>	DATE RECEIVED: <i>9/1/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
		DATE <i>9/1/99</i>	
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: 8/25/99 <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Scientist</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7824</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for covi - C10431</i>	<i>1.16-20</i>	<i>44-gal</i>	<i>A-B-413</i>
B: <i>NDW-HA 2</i>			

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr *Lockheed Martin Corp.* *Staff Scientist* *9/1/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>17-413</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS: <i>0</i>	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Dick Hess</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9-1-99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Seavey</i>	
SIGNATURE		TITLE	
		<i>9/1/99</i>	
		DATE	
COMMENTS:			

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ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Scientist</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518 412-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for Love - CLD431</i>	A: <i>10-20</i>	A: <i>Waste</i>	A: <i>B-521</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sci</i>	Date <i>9/1/99</i>
TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITCHEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>		
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>9/1/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>[Signature]</i>		TITLE <i>Scaleman</i>	DATE <i>9/1/99</i>
COMMENTS:			

HAULER

DISPOSAL FACILITY

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B440

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-402-7506</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Containment Soil for use - CLO431</i>	A: <i>16.1Y</i>	A: <i>Dumy</i>	A: <i>B-440</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *Marty Con* Title: *Staff Sgt* Date: *9/1/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Barnes Truck</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert Sordaniere</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Robert Sordaniere</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE: <i>11-1/2 x 44 Dumy</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Digh Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Laura Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Laura Schweizer</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE: <i>9/2/99</i>	
COMMENTS:			

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B430

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: - <i>Lockheed Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>[Signature]</i>		TITLE: <i>SVP Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contaminated soil for cover - C10431</i>	<i>16-18</i>	<i>A. Dump</i>	<i>B-430</i>
B: <i>WON - MA2</i>			
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>Lockheed Martin Corp</i>		Title <i>SVP Sec</i>	Date <i>9/1/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>Richard Regan</i>		TICKET NUMBER:	
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>B-430</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Karla Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		TITLE <i>Scale Op</i>	DATE <i>9/2/99</i>
COMMENTS: <i>[Signature]</i>			

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B113

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Ch. Lee</i>		TITLE: <i>SM/Jr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>515-452-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Center Soil for core - CL0431</i>	A: <i>2022</i>	A: <i>trailer</i>	A: <i>B-113</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp* *[Signature]* *9/1/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18101</i>
DRIVER'S NAME (PRINT): <i>Brian Van Ormer</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Brian Van Ormer</i>	TRAILER NUMBER: <i>B-113</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Tawka Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/2/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
		DATE <i>9/2/99</i>	
COMMENTS: <i>[Signature]</i>			

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B485

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochhead Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction soil for cover - CLO491</i>	A: <i>1628</i>	A: <i>11mg</i>	A: <i>B-485</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida-Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr *Lochhead Martin Corp* *Staff Sec* *9/1/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18110</i>
DRIVER'S NAME (PRINT): <i>WALTER J. CAREY</i>	TICKET NUMBER: <i>31529</i>
DRIVERS SIGNATURE: <i>Walter J. Carey</i>	TRAILER NUMBER: <i>B-485</i>
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/2/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paul Schweizer</i> <i>Scale Op</i> <i>9/2/99</i> SIGNATURE TITLE DATE			
COMMENTS:			

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B-150

1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochhead Marine Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Charlie</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>516-452-7820</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil (in container) - C10471</i>	A: <i>16 Yd</i>	A: <i>Dump</i>	A: <i>B-150</i>
B: <i>NON HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] Generators Signature *[Signature]* Title *9/1/99* Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Truck</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i> SIGNATURE		<i>[Signature]</i> TITLE	
		<i>9/2/99</i> DATE	
COMMENTS:			

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B490

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Northwood Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Can</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Front Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>511-152-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Continental Road for cover C10431</i>	A: <i>16.18</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>Non HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Can ^{in agent of} *Northwood Martin Corp* *Staff Sec* *9/1/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Russos Truck</i>		AUTHORITY PERMIT NUMBER: <i>18105</i>	
DRIVER'S NAME (PRINT): <i>William Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>William Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
COMMENTS:		DATE <i>9/2/99</i>	

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(315) 733-1224

B510

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockhead Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Franklin St, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>515-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam soil for water - CLO431</i>	<i>A. 16-18</i>	<i>A. Dump</i>	<i>A. B-510</i>
B: <i>Non-Haz</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Staff Sr* *9/1/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burnous Truck</i>		AUTHORITY PERMIT NUMBER: <i># No one</i>	
DRIVER'S NAME (PRINT): <i>Bob Spellman</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spellman</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/2/99</i>	
COMMENTS:			

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B014

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-782</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contam. soil to work C10431</i>	A: <i>20-42</i>	A: <i>trailer</i>	A: <i>B-514</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sec</i>	Date <i>9/1/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Riverside Transport</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>JAMES A. MANDRESE</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE <i>9/2/99</i>	
SIGNATURE		TITLE	
COMMENTS:			

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B521

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>John Carr</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contractor's soil for cover - CLO431</i>	A: _____	A: <i>Trailer</i>	A: <i>B-521</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

John Carr in agent of Lockheed Martin Corp *Staff Sgt*
 Generators Signature Title Date *9/1/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Brown Truck</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITEHEM</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kitehem</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Nightmares Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/2/99</i>	
COMMENTS:			

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B413

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Loughhead Manta Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Connor</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7824</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Soil for cover - CL0431</i>	A: <i>20-22</i>	A: <i>Franklin</i>	A: <i>B-413</i>
B: <i>None - Flare</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *Chris Connor* Title: *Staff Sec* Date: *9/1/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER: <i>18</i>	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B-413</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>Paula Schweizer</i>		TITLE: <i>Libby Op</i>	
		DATE: <i>9/2/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochheed Mgmt Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>5-25 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7888</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for cover - C0431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff* Date: *9/2/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert Saddleman</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>85 cu yd Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>[Signature]</i>		TITLE: <i>Inspector</i>	
		DATE: <i>9/2/99</i>	

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil (in cover) CL0431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-430</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff</i>	Date <i>9/2/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>Richard Regan</i>		TICKET NUMBER:	
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>B-430</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>Hick Oaks</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Olcay</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE <i>[Signature]</i>		
	TITLE <i>Scaleper</i>		DATE <i>9/2/99</i>
COMMENTS:			

HAULER

DISPOSAL FACILITY

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9-2-99

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>SRP/SA</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7126</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for cover - CL0431</i>	<i>A. 16.18</i>	<i>A. Dump</i>	<i>A. B-455</i>
B: <i>NON-HAZ</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{as agent for} *Lockheed Martin Corp.* Title *SRP/SA* Date *9/2/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Barrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J. CAREY</i>		TICKET NUMBER: <i>31672</i>	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>13-455</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS: <i>[Blank]</i>	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hgt. Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>	TITLE: <i>Scale op</i>		DATE: <i>9/2/99</i>
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Ch. Co.</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Soil for core - C L0431</i>	A: <i>22.24</i>	A: <i>trailer</i>	A: <i>B-113</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp.* *Staff Sgt* *9/2/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18101</i>
DRIVER'S NAME (PRINT): <i>Brian O'Quinn</i>	TICKET NUMBER:
DRIVER'S SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER: <i>B-113</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Deary</i>		
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>9/2/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
<i>[Signature]</i> SIGNATURE	<i>Scale operator</i> TITLE	<i>9/2/99</i> DATE	
COMMENTS:			

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B514

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Worthed Martin Corp</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Franklin Rd, Utica</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contaminated soil for cover - CLO431</i>	A: <i>22-24</i>	A: <i>55 gal</i>	A: <i>B-514</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Worthed Martin Corp* *Staff Sec* *9/2/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18106</i>	
DRIVER'S NAME (PRINT): <i>JAMES A. MADORE SR</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A Madore Sr.</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
COMMENTS:		DATE <i>9/2/99</i>	

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Waste Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>SM/Gen</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-487-7000</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contam soil for cover - C60431</i>	A: <i>16-14</i>	A: <i>Dum</i>	A: <i>BTT</i> <i>B-450</i>
B: <i>NON HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p> <p><i>[Signature]</i> <i>Lockheed Waste Corp.</i> Title <i>Staff Gen</i> Date <i>9/2/99</i></p>			

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Red HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Red Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Olcay</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<p><i>[Signature]</i> <i>Scaleman</i> <i>9/2/99</i></p> <p>SIGNATURE TITLE DATE</p>		
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Lee</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 17502</i>		TELEPHONE NUMBER: <i>518-452-7806</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for work CL0431</i>	A: <i>164K</i>	A: <i>Drum</i>	A: <i>B-490</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp.* *[Signature]* *Staff Sec* *9/2/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>William Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>William Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Keary</i>	<i>Scale Op</i>		<i>9/2/99</i>
SIGNATURE		TITLE	
DATE			

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7926</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contamin. soils from area - C60431</i>	A: <i>2224</i>	A: <i>Truck</i>	A: <i>B-521</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature <i>[Signature]</i> <i>Lockheed Martin Corp.</i>		Title <i>[Signature]</i>	Date <i>9/2/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT):		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kehler</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Highways</i> <i>FRANCIS KEELEH</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Francis Kehler</i> <i>SOIL</i>		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE <i>Lynn O'Leary</i>		TITLE <i>Scaloper</i>
COMMENTS:		DATE <i>9/2/99</i>	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>515-452-7820</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction soil for core (C0421)</i>	<i>16 yd</i>	A: <i>Dump</i>	A: <i>B-510</i>
B: <i>NON HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp* *[Signature]* *9/2/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrow Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>Bob Spellman</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Stag Creek</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Okroy</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>[Signature]</i> <i>[Signature]</i>		<i>9/2/99</i>
SIGNATURE		TITLE	
COMMENTS:		DATE	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>containing soil for coils CLO431</i>	A: <i>2224</i>	A: <i>Trash</i>	A: <i>B-417</i>
B: <i>NON HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin* *[Signature]* *Staff Sr*
 Generators Signature *Corp* Title Date *9/2/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burnours Truck</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>BRIAN SEAVEY</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B-417</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/2/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>SOIL</i>		DATE RECEIVED: <i>9/2/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>[Signature]</i> <i>Scaloper</i>		<i>9/2/99</i>
SIGNATURE		TITLE	
DATE			
COMMENTS:			

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B440

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Ser</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Frank Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Carbon Soil for core - (C043)</i>	A: <i>10-18</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>Man - HAM</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Staff Ser* *9/2/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Arrow Truck</i>		AUTHORITY PERMIT NUMBER: <i>18107</i>	
DRIVER'S NAME (PRINT): <i>Robert Spadlemire</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Robert Spadlemire</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE: <i>12-20 Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweitzer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweitzer</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/3/99</i>	
COMMENTS:			

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B430

1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Front Rd. Utica NY 13502</i>		TELEPHONE NUMBER: <i>517-452-7806</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Latent soil for cover CLO431</i>	A: <i>14-18</i>	A: <i>Dump</i>	A: <i>B-430</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators signature: *[Signature]* Title: *Staff Sec* Date: *9/2/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18104</i>	
DRIVER'S NAME (PRINT): <i>Richard Kern</i>		TICKET NUMBER:	
DRIVERS SIGNATURE:		TRAILER NUMBER: <i>B-430</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>[Signature]</i>		TITLE: <i>Scale Co</i> DATE: <i>9/3/99</i>	
COMMENTS:			

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B113

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochheed Manta Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Front Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>578-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Carbon Soil for cover CLO43</i>	A: <i>2012</i>	A: <i>trash</i>	A: <i>D-117</i>
B: <i>Now HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *as agent for*
Generators Signature *Lochheed Manta Corp.* Title *Staff Sec.* Date *9/2/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18101</i>	
DRIVER'S NAME (PRINT): <i>Ed van Van Over</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-113</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>[Signature]</i> <i>Scale Op</i> <i>9/3/99</i>		
SIGNATURE		TITLE	
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7816</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Containers - Soil for Cover - CL0431</i>	A: <i>220</i>	A: <i>Trash</i>	A: <i>B-514</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Con ^{Manager for} *Lockheed Martin Corp.* *Staff* *Con* *Staff* *Con*
 Generators Signature Title *9/2/99*
Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>1810F</i>	
DRIVER'S NAME (PRINT): <i>JAMES A. MADORE Sr</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A. Madore</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paul Schweizer</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		<i>9/3/99</i> DATE	
COMMENTS:			

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B510

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochheed Martin Corp</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Cam</i>		TITLE: <i>Staff Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil for Env CL0431</i>	A. <i>16-18</i>	A. <i>Dum</i>	A. <i>B-510</i>
B: <i>NON-HAZ</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lochheed Martin Corp* *Staff Sci* *9/2/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>BOB SPELLMAN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spellman</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Nigh Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Kyle Co</i>	
SIGNATURE		TITLE	
		<i>9/3/99</i>	
		DATE	
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/2/99</i>
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sec</i>
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-402-7876</i>

WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Container Soil for cover CLO431</i>	<i>A. 16.18</i>	<i>A. Dug</i>	<i>A. B490</i>
B: <i>NON-HAZ</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Manager of*
Lockheed Martin Corp.
Generators Signature Title *Staff Sec* Date *9/2/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18105</i>
DRIVER'S NAME (PRINT): <i>William Baxter</i>		TICKET NUMBER:
DRIVERS SIGNATURE: <i>William Baxter</i>		TRAILER NUMBER: <i>B490</i>
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Co</i>	
SIGNATURE		TITLE	
DATE		DATE	
COMMENTS: <i>[Signature]</i>			

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1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chm Car</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7926</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction soil for cover - CLO431</i>	<i>16-15</i>	<i>Dump</i>	<i>D-450</i>
B: <i>NON-HAZ</i>			

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp* *Staff Sec* *9/2/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>D-450</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Kyle [Signature]</i>	
SIGNATURE		TITLE	
COMMENTS:		DATE <i>9/3/99</i>	

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Cam</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Front Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7824</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated Soil in cans - CLO431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>9-485</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p> <p><i>[Signature]</i> <i>Lockheed Martin Corp.</i> <i>Staff Sec</i> <i>9/2/99</i> Generators Signature Title Date</p>			
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J CAREY</i>		TICKET NUMBER: <i>31823</i>	
DRIVERS SIGNATURE: <i>Walter Carey</i>		TRAILER NUMBER: <i>3-485</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/3/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>	TITLE: <i>Scale Op</i>		DATE: <i>9/3/99</i>
COMMENTS: <i>[Signature]</i>			

HAULER

DISPOSAL FACILITY

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochheed Martin Corp.</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Am</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for Cover - C20431</i>	A: <i>25</i>	A: <i>400LX</i>	A: <i>B-521</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff</i>	Date <i>9/2/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Barnow Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITE HEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kite Hen</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		Title <i>Scale Op</i>	Date <i>9/3/99</i>
COMMENTS:			

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B113

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/2/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7806</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. soil for cover CLO431</i>	A: <i>22'24</i>	A: <i>trailer</i>	A: <i>B-413</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{an agent for} *Lockheed Martin Corp.* Title *Staff Sec* Date *9/2/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B-413</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweitzer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE: <i>9/3/99</i>	
SIGNATURE		TITLE <i>Scale Op</i>	
COMMENTS:			

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B440

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Franch Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for test - 20431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-446</i>
B: _____	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr
Generators Signature *Staff Sci* Title *9/3/99* Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>17163</i>	
DRIVER'S NAME (PRINT): <i>Robert Saddlemyre</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Robert Saddlemyre</i>		TRAILER NUMBER: <i>B-446</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>11.5yd Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE <i>Paula Schweizer</i>		TITLE <i>Scale Op</i>
COMMENTS:		DATE <i>9/3/99</i>	

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B430

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>[Signature]</i>		TITLE: <i>Staff Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. soil for cover - CL0431</i>	A: <i>14-18</i>	A: <i>Blue</i>	A: <i>B430</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *For Lockheed Staff Sci* *9/3/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18104</i>
DRIVER'S NAME (PRINT): <i>Rick Kozal</i>	TICKET NUMBER:
DRIVERS SIGNATURE:	TRAILER NUMBER: <i>B-430</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/3/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		TITLE: <i>Scale Op</i>	
		DATE: <i>9/3/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sci.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd. / Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil For CAR-CLOBI</i>	A: <i>2221</i>	A: <i>drum</i>	A: <i>B-113</i>
B: <i>N.O. HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr ^{an agent in} *Lockheed Martin* *Staff Sci* *9/3/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Barrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18101</i>	
DRIVER'S NAME (PRINT): <i>Dwight Van Over</i>		TICKET NUMBER: <i>13-113</i>	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>13-113</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE-TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>	TITLE: <i>Scale Op</i>		DATE: <i>9/3/99</i>
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sci.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY 13509</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil For Carr - CLO431</i>	A: <i>22-24</i>	A: <i>trash</i>	A: <i>B-514</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{As agent for} *Lockheed Martin Corp.* *Staff Sci.* *9/3/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>James A. Mander</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Holes Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
COMMENTS:		<i>9/3/99</i>	
		DATE	

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B485

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sci.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for car - CL0431</i>	A. <i>16-18</i>	A. <i>Drum</i>	A. <i>B-455</i>
B: <i>Don - 1/192</i>	B. _____	B. _____	B. _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sci</i>	Date <i>9/3/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER S. CRIST</i>		TICKET NUMBER: <i>31969</i>	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>D-455</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweitzer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/3/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <u>Lockheed Martin Corp</u>		DATE: <u>9/3/99</u>	
CONTACT PERSON OR SITE REPRESENTATIVE: <u>Chris Carr</u>		TITLE: <u>Staff Sci.</u>	
FACILITY LOCATION/MAILING ADDRESS: <u>525 French Rd, Utica, NY 13502</u>		TELEPHONE NUMBER: <u>518-452-7826</u>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <u>Contam. Soil for car - CL0131</u>	A: <u>14-18</u>	A: <u>Drum</u>	A: <u>B-4/90</u>
B: <u>NON HAZ</u>	B: <u>?</u>	B: <u></u>	B: <u></u>

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr ^{Signature} Staff Sci ^{Title} 9/3/99 ^{Date}

HAULER

TRANSPORTING COMPANY NAME: <u>Borrows Trucking</u>		AUTHORITY PERMIT NUMBER:	
DRIVER'S NAME (PRINT): <u>William Baxter</u>		TICKET NUMBER:	
DRIVERS SIGNATURE: <u>William Baxter</u>		TRAILER NUMBER: <u>B-4/90</u>	
DATE OF SHIPMENT OF MATERIAL: <u>9/3/99</u>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <u>High Acres Landfill</u>		DISPOSAL SITE REPRESENTATIVE NAME: <u>Paul Schweizer</u>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <u>9/3/99</u>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <u>Paul Schweizer</u> ^{Signature}		<u>Scale Op</u> ^{Title}	
COMMENTS: <u></u>		<u>9/3/99</u> ^{Date}	

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B010

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for cover - CLOTB1</i>	<i>14.11</i>	<i>Dump</i>	<i>B-510</i>
B: <i>NON HAZ</i>			
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature: <i>[Signature]</i> Title: <i>Staff Sci</i>		Date: <i>9/3/99</i>	
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>BOB SPELLMAN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spellman</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>[Signature]</i>		TITLE: <i>Scale Op</i>	
		DATE: <i>9/3/99</i>	
COMMENTS:			

HAULER

DISPOSAL FACILITY

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B450

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for Carr - CLO431</i>	A. <i>16-18</i>	A. <i>Dump</i>	A. <i>B-450</i>
B: <i>Nsh - 1/1/2</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp* *Staff Sr* *9/3/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
		DATE <i>9/3/99</i>	
COMMENTS:			

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B521

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for corr - CL0431</i>	A: <i>21.27</i>	A: <i>TRUCK</i>	A: <i>B-521</i>
B: _____	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sgt</i>	Date <i>9/3/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITE HEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>13-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/3/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE <i>9/3/99</i>	
SIGNATURE		TITLE	
COMMENTS:			

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BHLB

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/3/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>515-412-7720</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Container: southern cover - CL0431</i>	A: <i>22-27</i>	A: <i>trash</i>	A: <i>B-413</i>
B: <i>NDW - 11A2</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr ^{as agent for} *Lockheed Martin* *Staff Sec* *9/3/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Benson Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18114</i>
DRIVER'S NAME (PRINT): <i>BRIAN SEANEY</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Brian Seaney</i>	TRAILER NUMBER: <i>B-413</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/3/99</i>	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/3/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i> <i>Scale Op</i> <i>9/3/99</i>		SIGNATURE TITLE DATE	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Frank Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518 452-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Container soil in cover - C10431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-485</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff* Date: *9/7/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Russos Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J. CAREY</i>		TICKET NUMBER: <i>32237</i>	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-485</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/7/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i>		TITLE: <i>Scale Op</i>
COMMENTS:		DATE: <i>9/7/99</i>	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sr.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-482-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Under Soil for cover - C60431</i>	A: <i>16-18</i>	A: <i>1 Day</i>	A: <i>B-441</i>
B: <i>MIN-HAZ</i>	B:	B:	B:
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature <i>[Signature]</i> Corp.		Title <i>[Signature]</i> Date <i>9/7/99</i>	

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert S. DANNIGAN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>15 ft. Drum</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/7/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>[Signature]</i>		TITLE <i>Scaleman</i>	
		DATE <i>9/7/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochhead Martin Corp</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7126</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contam soil in cover - C60431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff* Date: *9/7/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18109</i>
DRIVER'S NAME (PRINT): <i>William Baxter</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>William Baxter</i>	TRAILER NUMBER: <i>B-490</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Lynn O'Leary</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE/TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/7/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i> TITLE: <i>Inspector</i> DATE: <i>9/7/99</i>		
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contam soil in cover - C10431</i>	<i>16-18</i>	<i>Dump</i>	<i>B-450</i>
B: <i>NON-HAZ</i>			

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr ^{as agent for} *Lockheed Martin Corp* *Staff Sgt* *9/7/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Rarrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>soil</i>		DATE RECEIVED: <i>9/7/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Scaloper</i> <i>9/7/99</i>	
SIGNATURE		TITLE	DATE
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>John Can</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Soil for Love - CL0431</i>	A: <i>22-24</i>	A: <i>Frankie</i>	A: <i>B-113</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff Sgt* Date: *9/7/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Borgman Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18101</i>
DRIVER'S NAME (PRINT): <i>Orion Vandover</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER: <i>B-113</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>		
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>9-7-99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
SIGNATURE	TITLE	DATE	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Ch. Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13582</i>		TELEPHONE NUMBER: <i>528-412-1820</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. soil for cover - CLO431</i>	A: <i>23.29</i>	A: <i>Spill</i>	A: <i>B-52</i>
B: <i>NON-HAZ?</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff Sec* Date: *9/7/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Barnows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITCHEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kitchen</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hgh (C/O)</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/7/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i>		TITLE: <i>Operator</i>
COMMENTS:		DATE: <i>9/7/99</i>	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sr.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for later - CLOY31</i>	A: <i>2027</i>	A: <i>Truck</i>	A: <i>B-514</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *lockheed martin* *Staff Sr.* *9/7/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Truck</i>		AUTHORITY PERMIT NUMBER: <i>1810F</i>	
DRIVER'S NAME (PRINT): <i>JAMES A. MADDORE SR.</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A. Madore Sr.</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>MSW</i>		DATE RECEIVED: <i>9/7/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Scale Operator</i>	
SIGNATURE		TITLE	
		DATE <i>9/7/99</i>	

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7520</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Container soil for cover - CLO-431</i>	A: <i>16-18</i>	A: <i>Drum</i>	A: <i>B-485</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sr</i>	Date <i>9/7/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrow Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J CARLEY</i>		TICKET NUMBER: <i>32369</i>	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-485</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Oleari</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9-7-99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>[Signature]</i>		TITLE: <i>Scalemaster</i>	DATE: <i>9/7/99</i>
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Soil for work - CL0431</i>	<i>A. 16-18</i>	<i>A. Dump</i>	<i>A. B-490</i>
B: <i>NOV-1999</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff Sgt* Date: *9/7/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18109</i>
DRIVER'S NAME (PRINT): <i>Bill Baxter</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER: <i>B-490</i>
DATE OF SHIPMENT OF MATERIAL:	COMMENTS: CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9799</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i> TITLE: <i>Scaleman</i> DATE: <i>9/7/99</i>		
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR-SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction soil for core - C60431</i>	A: <i>16-18</i>	A: <i>Roll</i>	A: <i>B-440</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested: The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr as signed for *Staff*
 Generator's Signature *Corp.* Title Date *9/7/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18103</i>
DRIVER'S NAME (PRINT): <i>Phil S...</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Phil S...</i>	TRAILER NUMBER: <i>B-440</i>
DATE OF SHIPMENT OF MATERIAL:	COMMENTS: <i>16-18 Roll</i>
CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hugh Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9-7-99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>	TITLE: <i>Scale Operator</i>		DATE: <i>9-7-99</i>
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>	DATE: <i>9/7/99</i>
--	------------------------

CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>	TITLE: <i>Sr Staff En</i>
--	------------------------------

FACILITY LOCATION/MAILING ADDRESS: <i>525 Fremont Rd, Utica, NY 13502</i>	TELEPHONE NUMBER: <i>518-252-7111</i>
--	--

WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contn soil for core - C60431</i>	A. <i>16-18</i>	A. <i>Dump</i>	A. <i>B-450</i>
B: <i>NON-HAZ</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *[Signature]*
 Generators Signature Title Date *9/7/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Truck</i>	AUTHORITY PERMIT NUMBER: <i>18117</i>
--	--

DRIVER'S NAME (PRINT): <i>Rod Hall</i>	TICKET NUMBER:
---	----------------

DRIVERS SIGNATURE: <i>Rod Hall</i>	TRAILER NUMBER: <i>B-450</i>
---------------------------------------	---------------------------------

DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:
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DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>
--	---

WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>9-7-99</i>
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SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
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DISPOSAL FACILITY CERTIFICATION:		
<i>Lynn O'Leary</i> SIGNATURE	<i>L O'Leary</i> TITLE	<i>9-7-99</i> DATE

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/7/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Can</i>		TITLE: <i>SMB Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction soil to cover - C10431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-510</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

<i>Chris Can</i> Generator's Signature	<i>Staff Sr</i> Title	<i>9/7/99</i> Date
---	--------------------------	-----------------------

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>BOB SPELLMAN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spellman</i>		TRAILER NUMBER: <i>17-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/7/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>SDIC</i>		DATE RECEIVED: <i>9/7/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>Scaloper</i>		
<i>Lynn O'Leary</i> SIGNATURE	<i>Scaloper</i> TITLE	<i>9/7/99</i> DATE	

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lochhead Martin Corp.</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>SBM Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Fresh Pond, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Soil for cover - CLO431</i>	A: <i>16.18</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Con ^{for Lochhead Martin Corp.} *SBM Sec* *9/8/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert Scudlino</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Robert Scudlino</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>16-18 cu Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/8/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>Lynn O'Leary</i>		<i>9/8/99</i>
SIGNATURE		TITLE	
DATE			

COMMENTS:

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Shop Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Urban Salt Crude - C20471</i>	A: <i>10-18</i>	A: <i>Dump</i>	A: <i>B-450</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature <i>[Signature]</i> Corp.		Title <i>[Signature]</i>	Date <i>9/8/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/8/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE <i>[Signature]</i>		TITLE <i>[Signature]</i>
COMMENTS:		DATE <i>9/8/99</i>	

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>1st VP</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7821</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>London Soil for work - CLO431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>8-510</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] Generators Signature *Lockheed Martin Corp.* Title *1st VP* Date *9/8/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>none</i>	
DRIVER'S NAME (PRINT): <i>BOB SPELLMAN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spellman</i>		TRAILER NUMBER: <i>D-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/8/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>[Signature]</i> SIGNATURE		<i>[Signature]</i> TITLE
COMMENTS:		<i>9/8/99</i> DATE	

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris</i>		TITLE: <i>S.M.F.</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Wood Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>578-412-2120</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Soil for Cover - CLO471</i>	A: <i>14.18</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* ^{in agent for} *Lockheed Martin Corp.* Title: *S.M.F.* Date: *9/8/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>Bill Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bill Baxter</i>		TRAILER NUMBER: <i>B-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Jack Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/8/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>Scale operator</i> <i>9/8/99</i>		
SIGNATURE		TITLE	
COMMENTS:		DATE	

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B510

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for Contn - C20431</i>	A: <i>10-18</i>	A: <i>Dump</i>	A: <i>B-510</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature <i>[Signature]</i> <i>Lockheed Martin Corp.</i>		Title <i>Staff Sgt</i>	Date <i>9/8/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>Bob Spellman</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/9/99</i>	
COMMENTS:			

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B450

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockhead Mgmt Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Plant Mgr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd Utica NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7820</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Waste soil in cover - CD0431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-450</i>
B: _____	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockhead Mgmt Corp* *Staff S* *9/8/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Rumrows Truck</i>		AUTHORITY PERMIT NUMBER:	
DRIVER'S NAME (PRINT): <i>ROD HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Nigh Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/9/99</i>	
COMMENTS:			

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B490

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7524</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>cont. soil to lower - CLO431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-490</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{as agent for} *Lockheed Martin Corp.* *[Signature]* *Staff*
 Generator's Signature Title Date *9/8/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18109</i>
DRIVER'S NAME (PRINT): <i>Bill Raxter</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Bill Raxter</i>	TRAILER NUMBER: <i>B-490</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/9/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/9/99</i>	
COMMENTS:			

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B440

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>578-452-7806</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>contn. soil for cover - C20431</i>	A: <i>16-18</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sec</i>	Date <i>9/8/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Barnes Truck</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert Spadlemir</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>15yd Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Nigh Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		Title <i>Scale Co</i>	Date <i>9/9/99</i>
COMMENTS:			

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B485

1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>578-452-788</i>	
WASTE TYPE / PROFILE #: A: <i>comb. coal tar cov. C60431</i> B: <i>NON-HA 4545</i>	Estimate Yards: A: <i>16-18</i> B: _____	Container Type: A: <i>Dumpr</i> B: _____	Container #: A: <i>B-785</i> B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff Sr* Date: *9/8/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18110</i>	
DRIVER'S NAME (PRINT): <i>WALTER J. CAREY</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-485</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
		DATE <i>9/9/99</i>	
COMMENTS:			

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B514

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Loshheed Martin Corp.</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Urban Sewer in cover - CL0431</i>	A. _____	A. <i>10 NILEZ</i>	A. <i>B51A</i>
B: <i>Non-HA2</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] ^{As agent for} *Loshheed Martin Corp.* Title *Staff Sec* Date *9/8/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>James A. MADORE SR.</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A. Madore Sr.</i>		TRAILER NUMBER: <i>B51A</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Hawla Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>[Signature]</i>		<i>9/9/99</i>
SIGNATURE		TITLE	
COMMENTS:			

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B521

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/9/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7522</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Carbon Soil for Cover - C60431</i>	A: _____	A: <i>TRAILER</i>	A: <i>B521</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p> <p><i>[Signature]</i> ^{as agent for} <i>Lockheed Martin Staff</i> <i>9/8/99</i> Generator's Signature Title Date</p>			

HAULER

TRANSPORTING COMPANY NAME: <i>Barnes Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITCHEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kitchen</i>		TRAILER NUMBER: <i>B521</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Heidi Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
COMMENTS:		DATE <i>9/9/99</i>	

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B113

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Conten soil for cover - CL0431</i>	A. _____	A. <i>TRAILER</i>	A. <i>B113</i>
B: <i>NON-HAZ</i>	B. _____	B. _____	B. <i>#</i>

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] as agent for *Lockheed Martin Corp.* *[Signature]* *Staff Sec* *9/8/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18101</i>	
DRIVER'S NAME (PRINT): <i>Brian Van Orner</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B113</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/9/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Karla Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>9/9/99</i>	
SIGNATURE		TITLE	
COMMENTS:		DATE	

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chen Cao</i>		TITLE: <i>Staff Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>515-452-7828</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Carbon Soil to com - C20431</i>	A: _____	A: <i>TRAILER</i>	A: <i>3413</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i>		Title <i>Staff Sci</i>	Date <i>9/8/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B413</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paul Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/9/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE <i>9/9/99</i>	
SIGNATURE		TITLE <i>Scale Op</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/9/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Chen</i>		TITLE: <i>SM/PS</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-482-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Soil in cover - CL0431</i>	A: <i>27</i>	A: <i>frunks</i>	A: <i>B413</i>
B: <i>Non-HAZ</i>	B:	B:	B:
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>Lockheed Martin Corp.</i>		Title <i>Staff</i>	Date <i>9/9/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18101</i>	
DRIVER'S NAME (PRINT): <i>Brian Van Orner</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>R-113</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/9/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>[Signature]</i>		TITLE <i>Staff</i>	DATE <i>9/10/99</i>
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/9/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chr Can</i>		TITLE: <i>SM/Fa</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>575 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contaminated soil for cover - CLO431</i>	A: <i>20</i>	A: <i>Drum</i>	A: <i>D-440</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> <i>Lockheed Martin Corp.</i>		Title <i>SM/Fa</i>	Date <i>9/9/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18107</i>	
DRIVER'S NAME (PRINT): <i>Robert SADDLEMIRE</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/9/99</i>	COMMENTS:	CONTAINER SIZE / TYPE: <i>16-18, 1d Drum</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE <i>9/10/99</i>	
SIGNATURE		TITLE <i>Scale Op</i>	
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/9/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>[Signature]</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Frank Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7800</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction material CLOU31-</i>	A: <i>27</i>	A: <i>Trailer</i>	A: <i>B-521</i>
B: <i>Non-HMR</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *Staff Sr* Date: *9/9/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Turners Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITCHEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/9/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE: <i>9/10/99</i>	
SIGNATURE		TITLE	
COMMENTS:			

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B514

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/9/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Chen</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-41-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Lanthan soil for lava - CL0431</i>	A: <i>24</i>	A: <i>Trailer</i>	A: <i>B-574</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Chen ^{on behalf of} *Lockheed Martin Corp.* *Staff Sec* *9/9/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>JAMES A. MADORE SR</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A. Madore Sr</i>		TRAILER NUMBER: <i>B-574</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/9/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schreiber</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schreiber</i>		<i>Scale Co</i>	
SIGNATURE		TITLE	
COMMENTS:		DATE <i>9/10/99</i>	

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B190

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/9/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Ch. Con</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7800</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Unhazardous (w/ Corros - CLOW)</i>	A: <i>20</i>	A: <i>Dump</i>	A: <i>12/12</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature <i>[Signature]</i>		Title <i>Staff Sec</i>	Date <i>9/9/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>Bill Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bill Baxter</i>		TRAILER NUMBER: <i>D-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/9/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Tawla Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		DATE <i>9/10/99</i>	
SIGNATURE		TITLE <i>Case Op</i>	
COMMENTS:			

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B450

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/9/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Cunn</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Urban soil (in cover) CLO431</i>	A: <i>20</i>	A: <i>Drum</i>	A: <i>B-450</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp* *Staff Sr* *9/9/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod HALL</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/9/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/10/99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/1/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Staff Sec</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7226</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction cord for covers - CL0431</i>	A: <i>24</i>	A: <i>Trail</i>	A: <i>B-413</i>
B: <i>None - HAZ</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature <i>[Signature]</i> as agent for <i>Lockheed Martin Corp</i>		Title <i>Staff Sec</i> Date <i>9/9/99</i>	

HAULER

TRANSPORTING COMPANY NAME: <i>Brown Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B-413</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/1/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Nigh Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: -		DATE RECEIVED: <i>9/10/99</i>	
SIGNATURE <i>[Signature]</i>		TITLE <i>Keale Op</i>	
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/10/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Carr</i>		TITLE: <i>Gen Mgr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>514-452-7126</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contractor Soil for Core - C10431</i>	A: <i>24</i>	A: <i>Trail</i>	A: <i>B-514</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Chris Carr *Lockheed Martin Corp* *Chris Carr* *Gen Mgr* *9/10/99*
 Generator's Signature _____ Title _____ Date _____

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>JAMES A. MADORE SR</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A Madore Sr</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/10/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Deary</i>	
WASTE TYPE RECEIVED: <i>SOIL</i>		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>Lynn Deary</i> <i>Scale operator</i> <i>9/10/99</i>		
SIGNATURE		TITLE	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/10/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Con</i>		TITLE: <i>Staff Sgt</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7126</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction Debris - CL0431</i>	A: <i>24</i>	A: <i>French</i>	A: <i>B-417</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *Lockheed Martin Corp.* *Staff Sgt* *9/10/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Bearrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>BRIAN SEAVEY</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B-413</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/10/99</i>	COMMENTS: <i>0</i>	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL/FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>	
WASTE TYPE RECEIVED: <i>SOIL</i>		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	<i>[Signature]</i> <i>Staff Sgt</i> <i>9/10/99</i>		
SIGNATURE		TITLE DATE	

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/10/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Cam</i>		TITLE: <i>Staff Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Franklin Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7125</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Construction soil for cover - (C0431)</i>	A: <i>24</i>	A: <i>Trash</i>	A: <i>B-521</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *Chris Cam* Title: *Staff Sr* Date: *9/10/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Bruno's Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITCHEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kitchen</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/10/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Ryan O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>Ryan O'Leary</i>		TITLE: <i>Scaloper</i> DATE: <i>9/10/99</i>
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Ch. Lee</i>		TITLE: <i>Staff Fr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Grand Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-413 2-7026</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>bottom soil for cover - CL 0431</i>	A: <i>18-w</i>	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

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Generators Signature: *[Signature]* Title: *[Signature]* Date: *9/8/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Truck</i>	AUTHORITY PERMIT NUMBER: <i>18103</i>
DRIVER'S NAME (PRINT): <i>[Name]</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER: <i>B-440</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS: <i>1810 (Burrows)</i>
DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Kevin O'Leary</i>
WASTE TYPE RECEIVED: <i>soil</i>	DATE RECEIVED: <i>9/10/99</i>

DISPOSAL FACILITY

SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i> TITLE: <i>Scale Operator</i> DATE: <i>9/10/99</i>		
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/8/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Ch Ca</i>		TITLE: <i>Staff Ser</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 Front Rd, Utica, NY 13504</i>		TELEPHONE NUMBER: <i>778-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. soil in cones - CLO471</i>	A: <i>18-46</i>	A: <i>Orange</i>	A: <i>B-510</i>
B: <i>NON-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] as agent for *Lockheed Martin Corp.* *[Signature]* Title *9/8/99* Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>BOB SPELLMAN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spellman</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/8/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>SOIL</i>		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i> SIGNATURE		<i>[Signature]</i> TITLE	
		<i>9/10/99</i> DATE	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/10/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>John Con</i>		TITLE: <i>Staff</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Locker Soil for work - CL0431</i>	A: <i>1120</i>	A: <i>Dumy</i>	A: <i>15-491</i>
B: <i>Non-HA2</i>	B: _____	B: _____	B: _____

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Generators Signature: *[Signature]* *Lockheed Martin Corp* Title: *[Signature]* Date: *9/10/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burns Transport</i>		AUTHORITY PERMIT NUMBER: <i>18109</i>	
DRIVER'S NAME (PRINT): <i>Bill Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bill Baxter</i>		TRAILER NUMBER: <i>13-490</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/10/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i>		TITLE: <i>Scallop</i>
COMMENTS:		DATE: <i>9/10/99</i>	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/10/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Chris Lee</i>		TITLE: <i>(H) / Sr</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>535 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-412-7896</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Carbon soil for cover - CL0431</i>	A: <i>18 cu</i>	A: <i>Drum</i>	A: <i>B-450</i>
B: <i>Non-HAZ</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* Title: *(H) / Sr* Date: *9/10/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Truck</i>		AUTHORITY PERMIT NUMBER: <i>1877</i>	
DRIVER'S NAME (PRINT): <i>Rod Hall</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/10/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hgh Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>SOIL</i>		DATE RECEIVED: <i>9/10/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i> TITLE: <i>Scale Operator</i> DATE: <i>9/10/99</i>		
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: Lockheed Martin Corp.		DATE: 9/13/99	
CONTACT PERSON OR SITE REPRESENTATIVE: Jeff Bansteel		TITLE: Sci	
FACILITY LOCATION/MAILING ADDRESS: 505 French Rd, Utica, NY 13502		TELEPHONE NUMBER: 518-452-7006	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: Remain Soil for Cover - clp#131	A: _____	A: Dump	A: 13-440
B: Non-Haz	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Bansteel ^{1301 Genesee}
 Generator's Signature **Lockheed Martin Corp.**
 Scientist
 Title
 9/13/99
 Date

HAULER

TRANSPORTING COMPANY NAME: Burrows Trucking		AUTHORITY PERMIT NUMBER: 18103	
DRIVER'S NAME (PRINT): Robert S. Andemire		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Robert S. Andemire</i>		TRAILER NUMBER: 3-	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
		16-18yd Dump	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: High Acres		DISPOSAL SITE REPRESENTATIVE NAME: Lynn O'Leary	
WASTE TYPE RECEIVED: Soil		DATE RECEIVED: 9/13/99	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
<i>Lynn O'Leary</i> SIGNATURE		Scale Ops TITLE	
		9/13/99 DATE	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>	DATE: <i>9/13/99</i>
--	-------------------------

CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonstel</i>	TITLE: <i>Sci</i>
---	----------------------

FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>	TELEPHONE NUMBER: <i>518-452-7806</i>
---	--

WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for corr-clotBI</i>	A: _____	A: <i>Trailer</i>	A: <i>B-</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Bonstel As an agent for Lockheed Martin Corp. *Scientist* *9/13/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18114</i>
---	--

DRIVER'S NAME (PRINT): <i>Brian Seaway</i>	TICKET NUMBER:
---	----------------

DRIVERS SIGNATURE: <i>Brian Seaway</i>	TRAILER NUMBER: <i>B-413</i>
---	---------------------------------

DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:
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DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Deane</i>
--	---

WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>9/13/99</i>
-------------------------------------	----------------------------------

SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
----------------------	--------------	---------------	-------------

DISPOSAL FACILITY CERTIFICATION:		
<i>Lynn Deane</i>	<i>Scale Op</i>	<i>9/13/99</i>
SIGNATURE	TITLE	DATE

COMMENTS:

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/13/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonsteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>585 French Rd., Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7226</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for cover - CL0431</i>	A. _____	A. <i>1ealer</i>	A. <i>B-521</i>
B: <i>Non-Haz</i>	B. _____	B. _____	B. _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature <i>[Signature]</i> AS an agent for Lockheed Martin Corp.		Title <i>Scientist</i>	Date <i>9/13/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>Francis K. T. Hen</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-521</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>Super Ocean</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>[Signature]</i>		
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>9/13/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i> TITLE: <i>[Signature]</i> DATE: <i>9/13/99</i>		
COMMENTS:			

HAULER

DISPOSAL FACILITY

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lattimer Martin Corp.</i>		DATE: <i>9/13/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonsteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>512-452-7026</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for core - CL#131</i>	A. _____	A. <i>Dump</i>	A. <i>B-</i>
B: <i>Non-Haz</i>	B. _____	B. _____	B. _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generators Signature: <i>[Signature]</i> <i>Asanagant for Lattimer Martin Corp.</i>		Title: <i>Scientist</i>	Date: <i>9/13/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18117</i>	
DRIVER'S NAME (PRINT): <i>Rod Hall</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: <i>B-450</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9-13-99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>John Skies</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn Okany</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/13/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i>		TITLE: <i>Calasor</i>
COMMENTS:		DATE: <i>9/13/99</i>	

HAULER

DISPOSAL FACILITY

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1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/13/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7886</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for re-use - C6H31</i>	A: _____	A: <i>Tank</i>	A: <i>B-</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature: <i>Jeff Bansteel</i> <small>for Lockheed Martin Corp.</small>		Title: <i>Scientist</i>	Date: <i>9/13/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVERS NAME (PRINT): <i>JAMES A MADONISE</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>James A. Madonise</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/13/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Collector</i>	<i>9/13/99</i>
SIGNATURE		TITLE	DATE
COMMENTS:			

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1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: Lockheed Martin Corp.		DATE: 9/13/99	
CONTACT PERSON OR SITE REPRESENTATIVE: Jeff Bausteel		TITLE: Sci	
FACILITY LOCATION/MAILING ADDRESS: 525 French Rd., Utica, NY 13502		TELEPHONE NUMBER: 518-452-7826	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: Contam. Soil for cover - 204131	A: _____	A: Dump	A: B-
B: Non-Haz	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
AS an agent for Lockheed Martin Corp. Generators Signature: [Signature]		Title: Scientist	Date: 9/13/99
TRANSPORTING COMPANY NAME: Burrows Trucking		AUTHORITY PERMIT NUMBER: 18109	
DRIVER'S NAME (PRINT): Bill Baxter		TICKET NUMBER:	
DRIVERS SIGNATURE: [Signature]		TRAILER NUMBER: B-490	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: High Acres	DISPOSAL SITE REPRESENTATIVE NAME: Lynn Deary		
WASTE TYPE RECEIVED: Soil	DATE RECEIVED: 9/13/99		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: [Signature] TITLE: Laborer DATE: 9/13/99		
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/13/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for Cover - CL#131</i>	A. _____	A. <i>Dump</i>	A. <i>B-510</i>
B: <i>Non-Harz</i>	B. _____	B. _____	B. _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature: <i>[Signature]</i> <small>As an agent for Lockheed Martin Corp</small>		Title: <i>Scientist</i>	Date: <i>9/13/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>Bob Spelman</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bob Spelman</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Kevin O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/13/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Kevin O'Leary</i>		TITLE: <i>Collector</i>	DATE: <i>9/13/99</i>
SIGNATURE		TITLE	DATE
COMMENTS:			

HAULER

DISPOSAL FACILITY

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/13/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonsted</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>58-452 7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Custom Soil for core ECHB3</i>	A: _____	A: <i>Trailer</i>	A: <i>B-</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature: <i>[Signature]</i> <i>Lockheed Martin Corp.</i>		Title: <i>Scientist</i>	Date: <i>9/13/99</i>
TRANSPORTING COMPANY NAME: <i>Bureau's Tracking</i>		AUTHORITY PERMIT NUMBER: <i>18101</i>	
DRIVER'S NAME (PRINT): <i>Brian Van Over</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-13</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/13/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>		
WASTE TYPE RECEIVED: <i>Soil</i>	DATE RECEIVED: <i>9/13/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		Title: <i>Operator</i>	Date: <i>9/13/99</i>
COMMENTS:			

HAULER

DISPOSAL FACILITY

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B514

1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <u>Lockheed Martin Corp.</u>		DATE: <u>9/13/99</u>	
CONTACT PERSON OR SITE REPRESENTATIVE: XXXXXXXXXXXX <u>JEFF BANSTEL</u>		TITLE: <u>Sci</u>	
FACILITY LOCATION/MAILING ADDRESS: <u>525 French Rd, Utica, NY 13502</u>		TELEPHONE NUMBER: <u>518-452-7826</u>	
WASTE TYPE / PROFILE #/ A: <u>Contam Soil for cart - 66431</u> B: <u>Non-Haz</u>	Estimate Yards A: _____ B: _____	Container Type A: <u>Trailer</u> B: _____	Container # A: <u>B-514</u> B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Banstel ^{13 on form for} Lockheed Martin Corp Scientist 9/13/99
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <u>James A MADORE SR</u>		AUTHORITY PERMIT NUMBER: <u>18108</u>	
DRIVER'S NAME (PRINT): <u>James A Madore Sr</u>		TICKET NUMBER:	
DRIVERS SIGNATURE: <u>James A Madore Sr</u>		TRAILER NUMBER: <u>B-514</u>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <u>High Acres Landfill</u>		DISPOSAL SITE REPRESENTATIVE NAME: <u>Paula Schweizer</u>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <u>9/14/99</u>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <u>Paula Schweizer</u>		<u>Paula Schweizer</u>	
SIGNATURE		TITLE	
		DATE <u>9/14/99</u>	
COMMENTS:			

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#3521

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: Lockheed Martin Cop		DATE: 9/13/99	
CONTACT PERSON OR SITE REPRESENTATIVE: Jeff Baugsted		TITLE: Sci	
FACILITY LOCATION/MAILING ADDRESS: 525 French Rd, Utica, NY 13502		TELEPHONE NUMBER: 518-452-7826	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: Contam Soil for covr - CL0431	A. _____	A. Trailer	A. B-521
B: Non-Haz	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature <i>[Signature]</i> As an agent for Lockheed Martin Cop	Title Scientist	Date 9/13/99
---	--------------------	-----------------

HAULER

TRANSPORTING COMPANY NAME:	AUTHORITY PERMIT NUMBER: 18115
DRIVER'S NAME (PRINT): Francis Kitchener	TICKET NUMBER:
DRIVERS SIGNATURE: <i>[Signature]</i>	TRAILER NUMBER: B-521
DATE OF SHIPMENT OF MATERIAL:	CONTAINER SIZE / TYPE:
COMMENTS:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: High Acres Landfill	DISPOSAL SITE REPRESENTATIVE NAME: Paula Schweizer		
WASTE TYPE RECEIVED:	DATE RECEIVED: 9/14/99		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE <i>[Signature]</i>		TITLE Paula Schweizer	
		DATE 9/14/99	
COMMENTS:			

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B440

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/13/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd., Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-402-7826</i>	
WASTE TYPE / PROFILE #/ A: <i>Contam Soil for car - CL 431</i>	Estimate Yards A: _____	Container Type A: <i>Dump</i>	Container # A: <i>B-440</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
<i>[Signature]</i> Generators Signature		<i>Scientist</i> Title	
		<i>9/13/99</i> Date	

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18403</i>	
DRIVER'S NAME (PRINT): <i>Robert S. Adkins</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE: <i>11-18 yd Dump</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/14/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i> TITLE	
		<i>9/14/99</i> DATE	
COMMENTS:			

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B-510


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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: Lockheed Martin Corp.		DATE: 9/13/99	
CONTACT PERSON OR SITE REPRESENTATIVE: Jeff Bonsteel		TITLE: Sci	
FACILITY LOCATION/MAILING ADDRESS: 505 French Rd, Utica, NY 13502		TELEPHONE NUMBER: 519-452-7826	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: Contam. Soil for cover - CL0431	A: _____	A: _____	A: B-510
B: Non-Haz	B: _____	B: _____	B: _____

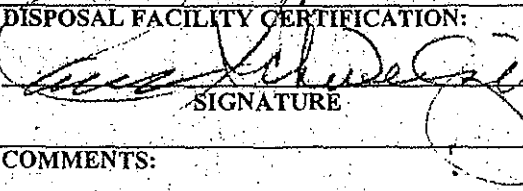
Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.


Scientist
9/13/99
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: Burrows Trucking		AUTHORITY PERMIT NUMBER: None	
DRIVER'S NAME (PRINT): Bob Spellman		TICKET NUMBER:	
DRIVERS SIGNATURE: 		TRAILER NUMBER: B-510	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: High Acres Landfill		DISPOSAL SITE REPRESENTATIVE NAME: Paula Schweizer	
WASTE TYPE RECEIVED:		DATE RECEIVED: 9/14/99	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: 		Paula Schweizer	
SIGNATURE		TITLE	
COMMENTS:		DATE 9/14/99	

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B150

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: Lockheed Martin Corp		DATE: 9/13/99	
CONTACT PERSON OR SITE REPRESENTATIVE: Jeff Busted		TITLE: Sci	
FACILITY LOCATION/MAILING ADDRESS: 525 Finch Rd, Utica, NY 13502		TELEPHONE NUMBER: 518-452-7026	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: Contam. Soil for Cars - CL4431	A: _____	A: Dump	A: B-450
B: Non-Haz	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *Jeff Busted* Title: *Scientist* Date: *9/13/99*
for Lockheed Martin Corp.

HAULER

TRANSPORTING COMPANY NAME: Burrows Trucking		AUTHORITY PERMIT NUMBER: 18110	
DRIVER'S NAME (PRINT): Rod HALL		TICKET NUMBER: _____	
DRIVERS SIGNATURE: <i>Rod Hall</i>		TRAILER NUMBER: B-450	
DATE OF SHIPMENT OF MATERIAL: 9/14/99	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: High Acres Landfill		DISPOSAL SITE REPRESENTATIVE NAME: Paula Schweitzer	
WASTE TYPE RECEIVED:		DATE RECEIVED: 9/14/99	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweitzer</i>		Scale Co	
SIGNATURE		TITLE	
COMMENTS:		DATE 9/14/99	

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/13/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7806</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam. Soil for caps. CL0431</i>	A. _____	A. <i>Dump</i>	A. <i>B-490</i>
B: <i>Non-Haz</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Bansteel ^{Sci} *Lockheed Martin Corp.* *Scientist* *9/13/99*
 Generator Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>18109</i>
DRIVER'S NAME (PRINT): <i>Bill Baxter</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Bill Baxter</i>	TRAILER NUMBER: <i>B-490</i>
DATE OF SHIPMENT OF MATERIAL:	CONTAINER SIZE / TYPE:
COMMENTS:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>		
WASTE TYPE RECEIVED:	DATE RECEIVED: <i>9/14/99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
		DATE <i>9/14/99</i>	
COMMENTS:			

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B413

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lotheed Martin Corp</i>		DATE: <i>9/13/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>58-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for rem - CLQ431</i>	A: _____	A: <i>Trailer</i>	A: <i>B-413</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *AS AN OFFICER FOR Lotheed Martin Corp* *Scientist* *9/13/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME:		AUTHORITY PERMIT NUMBER: <i>1814</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B-413</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/14/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE		TITLE	
		DATE <i>9/14/99</i>	
COMMENTS: <i>[Circle]</i>			

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B113

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: Lockheed Martin Corp.		DATE: 9/13/99	
CONTACT PERSON OR SITE REPRESENTATIVE: Jeff Bansteel		TITLE: Sci	
FACILITY LOCATION/MAILING ADDRESS: 525 French Rd, Utica, NY 13502		TELEPHONE NUMBER: 518-452-7826	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: Contam Sol For cont - CL0431	A. _____	A. Tailer	A. B-113
B: Non-Haz	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Generators Signature: *[Signature]* **Title:** **Scientist** **Date:** **9/13/99**

HAULER

TRANSPORTING COMPANY NAME: Furrows		AUTHORITY PERMIT NUMBER: 18101	
DRIVER'S NAME (PRINT): Erin Van Orner		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: B-113	
DATE OF SHIPMENT OF MATERIAL: 9/14/99	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: High Acres Landfill		DISPOSAL SITE REPRESENTATIVE NAME: Paula Schweizer	
WASTE TYPE RECEIVED:		DATE RECEIVED: 9/14/99	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		Scale Op	
SIGNATURE		TITLE	
		DATE: 9/14/99	
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR -ORIGIN OF MATERIAL/STREET LOCATION: <i>Lakewood Martin Cop.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for cover - C64B1</i>	A: _____	A: _____	A: <i>B-413</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Bansteel As an agent for *Lakewood Martin Cop* *Scientist* *9/14/99*
Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18114</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>B-413</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Lynn O'Leary</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/14/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
<i>Lynn O'Leary</i> <small>SIGNATURE</small>	<i>Scale operator</i> <small>TITLE</small>	<i>9/14/99</i> <small>DATE</small>	
COMMENTS:			

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(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lothred Martin Cop.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansted</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>505 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-450-7886</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Column soil for corr - C60431</i>	A. _____	A. _____	A. <i>B-514</i>
B: <i>Non-Haz</i>	B. _____	B. _____	B. _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature: <i>[Signature]</i> Agent for <i>Lothred Martin Cop.</i>		Title: <i>Scientist</i>	Date: <i>9/14/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18108</i>	
DRIVER'S NAME (PRINT): <i>James A. M. Deane</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-514</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>MSW</i>		DATE RECEIVED: <i>9/14/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>[Signature]</i>		TITLE: <i>Supervisor</i>	DATE: <i>9/14/99</i>
COMMENTS:			

HAULER

DISPOSAL FACILITY

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonstel</i>		TITLE: <i>Scientist</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7026</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for Cont - 22431</i>	A: <i>1</i>	A: <i>35113</i>	A: <i>35113</i>
B: <i>Non-Harz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

[Signature] *AB on agent for*
Generator/Signature *Lockheed Martin Corp.* Title *Scientist* Date *9/14/99*

HAULER

TRANSPORTING COMPANY NAME: <i>Burruss Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18-131</i>	
DRIVER'S NAME (PRINT): <i>Eric Van Der Meer</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B5113</i>	
DATE OF SHIPMENT OF MATERIAL: <i>9/14/99</i>	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn D'Arcy</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9-14-99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>[Signature]</i>		<i>Scaloper</i>	
SIGNATURE		TITLE	
		DATE <i>9-14-99</i>	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7886</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for corr - CL9431</i>	A: _____	A: <i>Dump</i>	A: <i>B-440</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature: <i>[Signature]</i> As an agent for <i>Lockheed Martin Corp</i>		Title: <i>Scientist</i>	Date: <i>9/14/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert S. Anilemire</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>[Signature]</i>		TRAILER NUMBER: <i>B-440</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE: <i>16-18' x 10' Dump</i>	
DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9/14/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:	SIGNATURE: <i>[Signature]</i>		TITLE: <i>Scaleman</i>
COMMENTS:		DATE: <i>9/14/99</i>	

HAULER

DISPOSAL FACILITY

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B510

1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>505 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7206</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil For cover - CLQ431</i>	A. _____	A. <i>Dump</i>	A. <i>B-510</i>
B: <i>Non-Haz</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Bansteel *Lockheed Martin Corp.* *Scientist* *9/14/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>None</i>	
DRIVER'S NAME (PRINT): <i>Bob Spelman</i>		TICKET NUMBER: <i>3</i>	
DRIVERS SIGNATURE: <i>Bob Spelman</i>		TRAILER NUMBER: <i>B-510</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE: <i>511</i>	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE TYPE RECEIVED: <i>soil</i>		DATE RECEIVED: <i>9/14/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Palmer</i>	
SIGNATURE		TITLE	
		DATE <i>9/14/99</i>	

COMMENTS:

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B52.1

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for Cars - CLOPH31</i>	A. _____	A. <i>Trailer</i>	A. <i>B-521</i>
B: <i>Non-Haz</i>	B. _____	B. _____	B. _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Bansteel AS an agent for *Lockheed Martin Corp.* *Scientist* *9/14/99*
 Generator's Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115109</i>	
DRIVER'S NAME (PRINT): <i>FRANCIS KITCHEN</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis Kitchen</i>		TRAILER NUMBER: <i>B-521490</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Keary</i>	
WASTE TYPE RECEIVED: <i>soil</i>		DATE RECEIVED: <i>9-14-99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Keary</i>		<i>Scalemaster</i>	
SIGNATURE		TITLE	
		<i>9/14/99</i>	
		DATE	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonstrel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7000</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contain Soil for cover - CC0431</i>	A: _____	A: <i>Dmp</i>	A: <i>B-450</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Bonstrel *ABan agent for Lockheed Martin Corp* *Scientist* *9/14/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>	AUTHORITY PERMIT NUMBER: <i>1871WZnc</i>
DRIVER'S NAME (PRINT): <i>Rod HALL</i>	TICKET NUMBER:
DRIVERS SIGNATURE: <i>Rod Hall</i>	TRAILER NUMBER: <i>B-450</i>
DATE OF SHIPMENT OF MATERIAL: <i>9/14/99</i>	COMMENTS:
	CONTAINER SIZE / TYPE:

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres</i>	DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>		
WASTE TYPE RECEIVED: <i>SOIL</i>	DATE RECEIVED: <i>9-14-99</i>		
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Scale operator</i>	
SIGNATURE		TITLE	
		<i>9/14/99</i>	
		DATE	
COMMENTS:			

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GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonsteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>505 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7226</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for cover - CLQ431</i>	A: _____	A: _____	A: <i>BK490</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature: <i>[Signature]</i> Agent for <i>Lockheed Martin Corp</i>		Title: <i>Scientist</i>	Date: <i>9/14/99</i>

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>118109</i>	
DRIVER'S NAME (PRINT): <i>Bill Baxter</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Bill Baxter</i>		TRAILER NUMBER: <i>B15490</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>Hugh Acres</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Lynn O'Leary</i>	
WASTE/TYPE RECEIVED: <i>Soil</i>		DATE RECEIVED: <i>9-14-99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Lynn O'Leary</i>		<i>Scale Operator</i>	
SIGNATURE		TITLE	DATE: <i>9-14-99</i>
COMMENTS:			

COPY DISTRIBUTION:
 WHITE COPY - GENERATOR / HAULER / TRANSPORTER COPY
 YELLOW COPY - ONEIDA HERKIMER SOLID WASTE AUTHORITY COPY
 PINK COPY - DISPOSAL FACILITY COPY

ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

B521

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bansteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>525 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for cover - 029431</i>	A: _____	A: _____	A: <i>B-821</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
Generator's Signature: <i>Jeff Bansteel</i> <small>As an agent for Lockheed Martin Corp</small>		Title: <i>Scientist</i>	Date: <i>9/14/99</i>
TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18115</i>	
DRIVER'S NAME (PRINT): <i>Francis K. T. Hill</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Francis K. T. Hill</i>		TRAILER NUMBER: <i>B-821</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	
DISPOSAL FACILITY NAME: <i>Nigh Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/15/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION:			
SIGNATURE: <i>Paula Schweizer</i>		TITLE: <i>Scale Op</i>	DATE: <i>9/15/99</i>
COMMENTS:			

HAULER

DISPOSAL FACILITY

COPY DISTRIBUTION:
 WHITE COPY - GENERATOR / HAULER / TRANSPORTER COPY
 YELLOW COPY - ONEIDA HERKIMER SOLID WASTE AUTHORITY COPY
 PINK COPY - DISPOSAL FACILITY COPY

ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

B113

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: Lockheed Martin Corp		DATE: 9/14/99	
CONTACT PERSON OR SITE REPRESENTATIVE: Jeff Barsteel		TITLE: Sci	
FACILITY LOCATION/MAILING ADDRESS: 525 French Rd, Utica, NY 13502		TELEPHONE NUMBER: 518-452-7826	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: Cotton Soil for cover - CL431	A: _____	A: _____	A: B-113
B: Non-Haz	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

As an agent for Lockheed Martin Corp.
 Generator's Signature: **[Signature]** Title: **Scientist** Date: **9/14/99**

HAULER

TRANSPORTING COMPANY NAME: Burrows Trucking		AUTHORITY PERMIT NUMBER: 18181	
DRIVER'S NAME (PRINT): Brian Van Dimer		TICKET NUMBER:	
DRIVERS SIGNATURE: [Signature]		TRAILER NUMBER: B-5113	
DATE OF SHIPMENT OF MATERIAL: 9/15/99	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: High Acres Landfill		DISPOSAL SITE REPRESENTATIVE NAME: Paula Schweizer	
WASTE TYPE RECEIVED:		DATE RECEIVED: 9/15/99	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: [Signature]		Scale Op	
SIGNATURE		TITLE	
COMMENTS:		DATE 9/15/99	

COPY DISTRIBUTION:
 WHITE COPY - GENERATOR / HAULER / TRANSPORTER COPY
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 PINK COPY - DISPOSAL FACILITY COPY

ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

B4110

1600 Genesee Street, Utica, NY 13502 (315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin Corp.</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonsteel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>505 French Rd, Utica, NY 13502</i>		TELEPHONE NUMBER: <i>518-452-7526</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam soil for cover - CL9431</i>	A. _____	A. _____	<i>B-4401</i>
B: <i>Non-Haz</i>	B. _____	B. _____	B. _____
<p>Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.</p>			
<i>Jeff Bonsteel</i> Generators Signature		<i>Scientist</i> Title	<i>9/14/99</i> Date
TRANSPORTING COMPANY NAME: <i>Burrans Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18103</i>	
DRIVER'S NAME (PRINT): <i>Robert Saddlemeire</i>		TICKET NUMBER:	
DRIVERS SIGNATURE: <i>Robert Saddlemeire</i>		TRAILER NUMBER: <i>B-4401</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE: <i>16-18yd Dump</i>	
DISPOSAL FACILITY NAME: <i>High Acres landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweizer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/15/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweizer</i>		<i>Scale Op</i>	<i>9/15/99</i>
SIGNATURE		TITLE	DATE
COMMENTS:			

HAULER

DISPOSAL FACILITY

COPY DISTRIBUTION:
 WHITE COPY - GENERATOR / HAULER / TRANSPORTER COPY
 YELLOW COPY - ONEIDA HERKIMER SOLID WASTE AUTHORITY COPY
 PINK COPY - DISPOSAL FACILITY COPY

ONEIDA-HERKIMER SOLID WASTE AUTHORITY UNIFORM TRACKING DOCUMENT

B413

1600 Genesee Street, Utica, NY 13502

(315) 733-1224

GENERATION SITE

FACILITY NAME OR ORIGIN OF MATERIAL/STREET LOCATION: <i>Lockheed Martin</i>		DATE: <i>9/14/99</i>	
CONTACT PERSON OR SITE REPRESENTATIVE: <i>Jeff Bonstel</i>		TITLE: <i>Sci</i>	
FACILITY LOCATION/MAILING ADDRESS: <i>625 French Rd, Utica, NY</i>		TELEPHONE NUMBER: <i>518-452-7826</i>	
WASTE TYPE / PROFILE #	Estimate Yards	Container Type	Container #
A: <i>Contam Soil for car - CLP431</i>	A: _____	A: _____	A: <i>B-413</i>
B: <i>Non-Haz</i>	B: _____	B: _____	B: _____

Certification - I hereby declare that the contents of this consignment are classified as non-hazardous and are in fact sewage sludge, construction and demolition debris or special handling waste as defined in NYCRR Part 364 for which disposal has been approved or which tracking has been requested. The disposal of material has been approved and the tracking is requested by the Oneida - Herkimer Solid Waste Authority. I certify that the above information is true and correct and that if waste shipment is not as I have stated, I will accept the return of the load at my (generator's) expense.

Jeff Bonstel As an agent for *Lockheed Martin Corp* *Scientist* *9/14/99*
 Generators Signature Title Date

HAULER

TRANSPORTING COMPANY NAME: <i>Burrows Trucking</i>		AUTHORITY PERMIT NUMBER: <i>18</i>	
DRIVER'S NAME (PRINT): <i>Brian Seavey</i>		TICKET NUMBER: <i>3-413</i>	
DRIVERS SIGNATURE: <i>Brian Seavey</i>		TRAILER NUMBER: <i>3-413</i>	
DATE OF SHIPMENT OF MATERIAL:	COMMENTS:	CONTAINER SIZE / TYPE:	

DISPOSAL FACILITY

DISPOSAL FACILITY NAME: <i>High Acres Landfill</i>		DISPOSAL SITE REPRESENTATIVE NAME: <i>Paula Schweitzer</i>	
WASTE TYPE RECEIVED:		DATE RECEIVED: <i>9/15/99</i>	
SCALE TICKET NUMBER:	FULL WEIGHT:	EMPTY WEIGHT:	NET WEIGHT:
DISPOSAL FACILITY CERTIFICATION: <i>Paula Schweitzer</i>		<i>Scale Op</i>	
SIGNATURE		TITLE	
		DATE <i>9/15/99</i>	
COMMENTS:			

COPY DISTRIBUTION:
 WHITE COPY - GENERATOR / HAULER / TRANSPORTER COPY
 YELLOW COPY - ONEIDA HERKIMER SOLID WASTE AUTHORITY COPY
 PINK COPY - DISPOSAL FACILITY COPY

Appendix - E -

Hazardous Waste Manifests

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 4/87)

Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation. (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD00052197141534	Manifest Doc. No. NYD00052197141534	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address LUXHEED MARTIN CORP FRANK RD UTICA NY 13502			A. NYB9141534		B. Generator's ID SAME	
4. Generator's Telephone Number 518-793-7701			6. US EPA ID Number NYD0467655A		C. State Transporter's ID 295204-AN	
5. Transporter 1 (Company Name) Fire Trucking Corp.			8. US EPA ID Number		D. Transporter's Telephone 505 825601	
7. Transporter 2 (Company Name)			10. US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address CWH CHEMICAL SERVICES, L.L.C. 1550 DALMEY RD. ROSEL CITY NY 14107			10. US EPA ID Number NYD049936679		F. Transporter's Telephone ()	
					G. State Facility ID	
					H. Facility Telephone () 716 754-8201	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.	
a. 99 POLYCHLORINATED BIPHENYL MIXTURE, 9, UNCLAS.		21	19,958	K	EPA UNCLAS	
b.					EPA STATE	
c.					EPA STATE	
d.					EPA STATE	
J. Additional Descriptions for Materials listed Above UNCLAS			K. Handling Codes for Wastes Listed Above			
a.			a. <input type="checkbox"/> c. <input type="checkbox"/>			
b.			b. <input type="checkbox"/> d. <input type="checkbox"/>			
15. Special Handling Instructions and Additional Information PLD out of service later; 8-13-59 weight; K-1 type; CONTAINED Emergency Response Number 18001421-3300 UNCLAS 81513821						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Jeff Buntel		Signature <i>[Signature]</i>		Mo. Day Year 09/13/97		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Monte G. Miles		Signature <i>[Signature]</i>		Mo. Day Year 09/13/97		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Mo. Day Year		
19. Discrepancy Indication Space actual recd 21963K						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name PATRICIA HUDWIG		Signature <i>[Signature]</i>		Mo. Day Year 09/14/97		

NYB9141345

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 487)

Please type or print. Do not staple.

In case of emergency or spill, immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD0049036679	Manifest Doc. No. 41345	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address LUCIANO MARTIN CORP FRENCH RD UTICA NY 13502			A. NYB9141345		B. Generator's ID SAME	
4. Generator's Telephone Number 518 794-7701			C. State Transporter's ID 202577		D. Transporter's Telephone 716 527-7600	
5. Transporter 1 (Company Name) HAZMAT Environmental		6. US-EPA ID Number NYD0049036679		E. State Transporter's ID		F. Transporter's Telephone ()
7. Transporter 2 (Company Name)		8. US-EPA ID Number		F. Transporter's Telephone ()		G. State Facility ID
9. Designated Facility Name and Site Address OWEN CHEMICAL SERVICES, L.L.C. 1550 SALMON RD. ROSEL CITY NY 14107			10. US EPA ID Number NYD0049036679		H. Facility Telephone () 716 754-0231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers Number	13. Total Quantity	Unit Wt/Vol
a. 90 POLYCHLORINATED BIPHENYL MIXTURE, 9, UN315, 111				001 DT	195L	K
b.						
c.						
d.						
J. Additional Descriptions for Materials listed Above GL4702				K. Handling Codes for Wastes Listed Above		
a.				a	c	
b.				b	d	
15. Special Handling Instructions and Additional Information FOR OUT OF SERVICE DATE: 9-10-99, Weight: K, TSP, CHEMTRAC Emergency Response Number 1800-424-9300 and Contract 81513532						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Chris Carr		Signature <i>[Signature]</i>		Mo. Day Year 09/10/99		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Pete Roncone		Signature <i>[Signature]</i>		Mo. Day Year 09/10/99		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Mo. Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name PATRICIA Ludwig		Signature <i>[Signature]</i>		Mo. Day Year 09/10/99		

In case of emergency or spill immediately call the National Response Center (800) 424-9802 and the NYS Department of Environmental Conservation (518) 457-7362

HAZARDOUS WASTE MANIFEST
 P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple.

(Hazardous Waste Manifest 4/87)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NY 000052197	Manifest Doc. No. 41318	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address LUCIANO MARTIN CORP FRENCH RD UTICA NY 13502		4. Generator's Telephone Number 518 793-7701		A. NYB9141318	
5. Transporter 1 (Company Name) P. T. ...		6. US EPA ID Number NYD046765574		B. Generator's ID SAME	
7. Transporter 2 (Company Name)		8. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address CHEMICAL SERVICES, L.L.C. 1260 BALDWIN RD. ROSEL CITY NY 14107		10. US EPA ID Number NYD049836679		D. Transporter's Telephone ()	
				E. State Transporter's ID	
				F. Transporter's Telephone ()	
				G. State Facility ID	
				H. Facility Telephone () 716 759-0231	
11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RED, POLYCHLORINATED BIPHENYL MIXTURE, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100			23		EPA 10001
b.					EPA
c.					STATE
d.					EPA
					STATE
J. Additional Descriptions for Materials listed Above CL4302		K. Handling Codes for Wastes Listed Above			
a.		a. <input type="checkbox"/>		c. <input type="checkbox"/>	
b.		b. <input type="checkbox"/>		d. <input type="checkbox"/>	
15. Special Handling Instructions and Additional Information For out of Service Date: 1-13-99 weight of 26463K Chemical Emergency Response Number: (800) 424-9802 and Contract # 81513654					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name T.S. Boudrel		Signature <i>[Signature]</i>		Mo. Day Year 09 13 99	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Mo. Day Year 09 13 99	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space Actual Recd 26463K					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Susan M. Debrahn		Signature <i>[Signature]</i>		Mo. Day Year 09 13 99	

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-9802 and the NYS Department of Environmental Conservation (516) 457-7382

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD000052197161805	Manifest Doc. No. NYB9141525	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address LOUIS LEEB MARTIN CORP FRENCH RD UTICA NY 13502		4. Generator's Telephone Number 716 793-7701		A. NYB9141525	
5. Transporter 1 (Company Name) Pass Inc		6. US EPA ID Number NYD049836679		C. State Transporter's ID 7	
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone 716 793-7701	
9. Designated Facility Name and Site Address OWN CHEMICAL SERVICES, L.L.C. 1950 BALMER RD. ROSEL CITY NY 14107		10. US EPA ID Number NYD049836679		E. State Transporter's ID 2216 NY	
				F. Transporter's Telephone 716 793-7701	
				G. State Facility ID	
				H. Facility Telephone 716 794-0231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. POLYCHLORINATED BIPHENYL MIXTURE, 9, UNCLUST		001	198.50	K	EPA 1001
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE
J. Additional Descriptions for Materials listed Above CLN 302		K. Handling Codes for Wastes Listed Above:			
a.		c.		E <input type="checkbox"/>	
b.		d.		F <input type="checkbox"/>	
15. Special Handling Instructions and Additional Information 9.13.99 weight: K Chemical Emergency Response Number 800 424-9300 and Contract 805/3651					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Tom Bouded		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Will Matthews		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name [Signature]		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	
19. Discrepancy Indication Space actual feed 31316K					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Susan M. Brennan		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple.

(Hazardous Waste Manifest 497)

In case of emergency or spill immediately call the National Response Center (800) 424-9802 and the NYS Department of Environmental Conservation (518) 457-3362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD000052197141579	Manifest Doc. No. NYD000052197141579	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address LOCKWOOD MARTIN CORP 1000 RD UTICA NY 13502			A. NYB9141579		
4. Generator's Telephone Number 518 793-7701			B. Generator's ID SAME		
5. Transporter 1 (Company Name) Price Trucking Corp		6. US EPA ID Number NYD046765579		C. State Transporter's ID 795344-11	
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone ()	
9. Designated Facility Name and Site Address OWM CHEMICAL SERVICES, L.L.C. 1850 BALDWIN RD. ROSELAND CITY NY 14107			10. US EPA ID Number NYD049836679		E. State Transporter's ID
					F. Transporter's Telephone ()
					G. State Facility ID
					H. Facility Telephone () 716 759-8231
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. PO POLYCHLORINATED BIPHENYL MIXTURE, 9, UN2315, III		001 CT	19958 K	K	EPA UN007
b.					EPA
c.					STATE
d.					EPA
					STATE
J. Additional Descriptions for Materials listed Above CLASS 82			K. Handling Codes for Wastes Listed Above		
a.			a. <input type="checkbox"/> c. <input type="checkbox"/>		
b.			b. <input type="checkbox"/> d. <input type="checkbox"/>		
15. Special Handling Instructions and Additional Information a. Out of Service Date: 9.13.99 weight: K Type: CHEMTRAC Emergency Response Number: (800) 424-9800 unit Contract: 81513669					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Jeff Beaudet		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Jerry Gregg		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space actual recd 22498K					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Susan M Abraham		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 487)

Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-9802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD000052197141552		Manifest Doc. No. 141552		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.			
3. Generator's Name and Mailing Address LOCKWOOD MARTIN CORP FRANCH RD UTICA NY 13802						A. Generator's ID NYB9141552					
4. Generator's Telephone Number 518 793-7701						B. Generator's ID SAME					
5. Transporter 1 (Company Name) Price Trucking			6. US EPA ID Number NYD046765579			C. State Transporter's ID 22151247					
7. Transporter 2 (Company Name)			8. US EPA ID Number			D. Transporter's Telephone (708) 9256000					
9. Designated Facility Name and Site Address OWN INDUSTRIAL SERVICES, L.L.C. 1500 CALDER RD. ROSEL CITY NY 14107						10. US EPA ID Number NYD049036879					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total		14. Unit	
a. 9. POLYCHLORINATED BIPHENYL MIXTURE, 9, UNCLASIFIED						Number		Quantity		Wt/Vol	
						Type		Quantity		Wt/Vol	
								5		5	
								991.75		K	
										EPA	
										STATE	
										EPA	
										STATE	
										EPA	
										STATE	
J. Additional Descriptions for Materials listed Above CLAS 9						K. Handling Codes for Wastes Listed Above					
a						a		c		d	
b						b		d		d	
15. Special Handling Instructions and Additional Information a. Out of Service Date: 11/27/99 Weight: 5.00 Type: Customer Emergency Response Number (800) 424-9802 Unit Contract 81513664											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name Jeff Bostel				Signature <i>Jeff Bostel</i>				Mo. Day Year 09 13 99			
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name Luis Nicas				Signature <i>Luis Nicas</i>				Mo. Day Year 09 13 99			
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name				Signature				Mo. Day Year			
19. Discrepancy Indication Space actual recd 73405 K											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.											
Printed/Typed Name Susan M Abraham				Signature <i>Susan M Abraham</i>				Mo. Day Year 09 13 99			

NYB9141543

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 4/87)

Please type or print. Do not staple.

In case of emergency or spill, immediately call the National Response Center (800) 424-9602 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. 0110000002101161543	Manifest Doc. No. 1	2. Page 1 of 1	Information within heavy bold line not required by Federal Law.	
3. Generator's Name and Mailing Address LUCIENNE MARTIN GIBBY FRANCH NO UTICA NY 13502			A. Generator's ID NYB9141543			
4. Generator's Telephone Number 518 793-7701			B. Generator's ID same			
5. Transporter 1 (Company Name) Price Trucking Corp.		6. US-EPA ID Number NYD046745574		C. State Transporter's ID 12345		
7. Transporter 2 (Company Name)		8. US-EPA ID Number		D. Transporter's Telephone ()		
9. Designated Facility Name and Site Address CMS CHEMICAL SERVICES, L.L.C. 1250 BALDWIN RD. ROSEL CITY NY 14107			10. US EPA ID Number NYD049836679		E. State Transporter's ID	
					F. Transporter's Telephone ()	
					G. State Facility ID	
					H. Facility Telephone () 716 754-8231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. RED POLYCHLORINATED BIPHENYL MIXTURE, 9, UN2310, III		001	19.950K		EPA 0000	
b.					EPA	
c.					STATE	
d.					EPA	
					STATE	
J. Additional Descriptions for Materials listed Above CLASS 2			K. Handling Codes for Wastes Listed Above:			
a.			a. <input checked="" type="checkbox"/>		c. <input type="checkbox"/>	
b.			b. <input type="checkbox"/>		d. <input type="checkbox"/>	
15. Special Handling Instructions and Additional Information 9. 138 out of Service Date: 01-13-89 Chemical Emergency Response Number: 1-800-421-9300 via Contract 815 13663						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name JOE BUSTO		Signature <i>[Signature]</i>		Mo. Day Year 09 13 89		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Raymond R Reynolds		Signature <i>[Signature]</i>		Mo. Day Year 09 13 89		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Mo. Day Year		
19. Discrepancy Indication Space actual feed 26940K						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Sam M. Brennan		Signature <i>[Signature]</i>		Mo. Day Year 09 13 89		

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 4/87)

Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD000052107	Manifest No. H1453	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address LOCKWOOD MARTIN CORP FRENCH RD UTICA NY 13502				A. NYB9141453		
4. Generator's Telephone Number 315-793-7701				B. Generator's ID DATE		
5. Transporter 1 (Company Name) PAK ETC INC.		6. US EPA ID Number NYD091619698017		C. State Transporter's ID NYC-7-2-11		
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone ()		
9. Designated Facility Name and Site Address CVM CHEMICAL SERVICES, L.L.C. 1900 BALDWIN RD. MODEL CITY NY 14107		10. US EPA ID Number NYD000036679		E. State Transporter's ID		
				F. Transporter's Telephone ()		
				G. State Facility ID		
				H. Facility Telephone () 716 754-8291		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers Number	13. Total Quantity	14. Unit Wt/Vol
a. 90% POLYCHLORINATED BIPHENYL MIXTURE, 9, UN2519, III				001	DT	19.958 K
b.						
c.						
d.						
J. Additional Descriptions for Materials listed Above				K. Handling Codes for Wastes Listed Above		
a. CLASS 2				a	<input checked="" type="checkbox"/>	c <input type="checkbox"/>
b.				b	<input type="checkbox"/>	d <input type="checkbox"/>
15. Special Handling Instructions and Additional Information 1. Out of Service Date: 9-12-11 Weight: 1.5 Tons Chemical Emergency Response Number (800) 424-9300 and Contract 81573563						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Chris Carr		Signature <i>[Signature]</i>		Mo. Day Year 07/10/99		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name KEVIN HANE		Signature <i>[Signature]</i>		Mo. Day Year 07/10/99		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Mo. Day Year		
19. Discrepancy Indication Space actual rec'd 24519 K						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name PATRICIA KUDWIG		Signature <i>[Signature]</i>		Mo. Day Year 09/10/99		

NID3141408

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 4/97)

Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (516) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD000021971141408		Manifest Doc. No. 141408		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.		
3. Generator's Name and Mailing Address LUCIANO MARTIN CORP FELIX RD UTICA NY 13502						A. NYB9141408				
4. Generator's Telephone Number 315 793-7701						B. Generator's ID DATE				
5. Transporter 1 (Company Name) TOMAWANDA TANK			6. US EPA ID Number NYD00971644801			C. State Transporter's ID 354711 W				
7. Transporter 2 (Company Name)			8. US EPA ID Number			D. Transporter's Telephone 716 839793				
9. Designated Facility Name and Site Address CUN CHEMICAL SERVICES, L.L.C. 1500 DALMER RD. MIDDEL CITY NY 12107						10. US EPA ID Number NYD049036619				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) DR. POLYMERIZED DIPHENYL MIXTURE, 9, UN2310, III						12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	15. Waste No. EPA	
						001 DT	17.5	K	0001	
									EPA	
									STATE	
									EPA	
									STATE	
									EPA	
									STATE	
J. Additional Descriptions for Materials listed Above CL 2.332						K. Handling Codes for Wastes Listed Above:				
a						a	<input type="checkbox"/>	c	<input type="checkbox"/>	
b						b	<input type="checkbox"/>	d	<input type="checkbox"/>	
15. Special Handling Instructions and Additional Information a. Out of service later 9-10-99 weight: 6 kg Chemical Emergency Response Number (800) 424-9300 via Contract 81513534										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Chris Cox			Signature <i>Chris Cox</i>			Mo.		Day		Year
						09		10		99
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name DAVID ERRICK			Signature <i>David Errick</i>			Mo.		Day		Year
						09		10		99
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed/Typed Name			Signature			Mo.		Day		Year
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name PATRICIA LUDWIG			Signature <i>Patricia Ludwig</i>			Mo.		Day		Year
						09		10		99

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD00052197141399	Manifest Doc. No. 1399	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address LOCKWOOD MARTIN CORP FRENCH RD OFFICE NY 13502				A. NYB9141399		
4. Generator's Telephone Number 315 793-7701				B. Generator's ID SAME		
5. Transporter 1 (Company Name) HAZMAT ENV. GROUP, INC		6. US EPA ID Number NYD980764947		C. State Transporter's ID NYB1P-01		
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone (716) 707-7200		
9. Designated Facility Name and Site Address OWM CHEMICAL SERVICES, L.L.C. 1500 PALMER RD. ROSEL CITY NY 14107		10. US EPA ID Number NYD049836679		E. State Transporter's ID		
				F. Transporter's Telephone ()		
				G. State Facility ID		
				H. Facility Telephone () 716 754-0231		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit	1. Waste No.	
a. 20 POLYMERIZED BIPHENYL MIXTURE, 9, UN2315, III			100	kg	EPA	
b.					EPA	
c.					STATE	
d.					EPA	
					STATE	
J. Additional Descriptions for Materials listed Above GL4302				K. Handling Codes for Wastes Listed Above		
a.				a. <input type="checkbox"/>		
b.				b. <input type="checkbox"/>		
15. Special Handling Instructions and Additional Information PLB Out of Service Date: Weight: Type: CHEMICAL Emergency Response Number 1800-424-9300 and Contract						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize waste and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Chris Carr		Signature <i>[Signature]</i>		Mo. Day Year		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Robert C. Pellegrino		Signature <i>[Signature]</i>		Mo. Day Year 09/10/99		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Mo. Day Year		
19. Discrepancy Indication Space actual 21718K						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name PATRICIA HUDWIG		Signature <i>[Signature]</i>		Mo. Day Year 09/09/99		

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 4/87)

Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. 170000052192141597	Manifest Doc. No. 170000052192141597	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address: LUXHEED MARTIN CORP 1000 BALDWIN RD. MIDLAND NY 13802				A. NYB9141597	
4. Generator's Telephone 518-793-7701				B. Generator's ID SAFE	
5. Transporter 1 (Company Name) TERRAVANDA TANK TRANS		6. US EPA ID Number 1700992644801		C. State Transporter's ID 589024 NY	
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone 418-909-7105	
9. Designated Facility Name and Site Address: OMI CHEMICAL SERVICES, L.L.C. 1000 BALDWIN RD. MIDLAND CITY NY 14107		10. US EPA ID Number NYD049636679		E. State Transporter's ID	
				F. Transporter's Telephone ()	
				G. State Facility ID	
				H. Facility Telephone () 716 754-0231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. 20 POLYCHLORINATED BIPHENYL MIXTURE, S, UN2310, III			25	19.950 K	EPA 6007
b.					EPA
c.					STATE
d.					EPA
					STATE
J. Additional Descriptions for Materials listed Above CLASS 2		K. Handling Codes for Wastes Listed Above			
a.		a. <input checked="" type="checkbox"/>		c. <input type="checkbox"/>	
b.		b. <input type="checkbox"/>		d. <input type="checkbox"/>	
15. Special Handling Instructions and Additional Information FOR OUT OF SERVICE DATE: 9-11-99 Weight: 6 Tons; K Chemical Emergency Response Number: 800-424-9300 UN Contract 815/3535					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Chris Lane		Signature <i>Chris Lane</i>		Mo. Day Year 09/11/99	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Harry Martin		Signature <i>Harry Martin</i>		Mo. Day Year 09/10/99	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space Actual Recd 21727K					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name PATRICIA HENNING		Signature <i>Patricia Henning</i>		Mo. Day Year 09/10/99	

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 457)

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD0000521971	Manifest Doc. No. 111111	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address LOCKWOOD MARTIN CORP UTICA NY 13502				A. Generator's ID NYB9141336	
4. Generator's Telephone Number 315 793-7701				B. Generator's ID SAME	
5. Transporter 1 (Company Name) Trawanda Tank Transport		6. US EPA ID Number NYD097644801		C. State Transporter's ID 35126 + NY	
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone (716) 829922	
9. Designated Facility Name and Site Address AAA INDUSTRIAL SERVICES, L.L.C. 1550 PALMER RD. ROSEL CITY NY 13107		10. US EPA ID Number NYD049030679		E. State Transporter's ID	
				F. Transporter's Telephone ()	
				G. State Facility ID	
				H. Facility Telephone 716 750-0231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers Number Type	13. Total Quantity	14. Unit Wt/Vol
a. 90% POLYCHLORINATED BIPHENYL MIXTURE, 9, 002315, 111			00101	19.958	K
b.					
c.					
d.					
J. Additional Descriptions for Materials listed Above CL4302			K. Handling Codes for Wastes Listed Above		
a			<input type="checkbox"/>	c	<input type="checkbox"/>
b			<input type="checkbox"/>	d	<input type="checkbox"/>
15. Special Handling Instructions and Additional Information FOR Out of Service Date: 2-10-99 Weight: K Type: CHEMTRAC Emergency Response Number (800) 424-9555 OR Contract Service # 579780 81513537					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Chris Carr		Signature <i>[Signature]</i>		Mo. Day Year 09 10 99	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name SG Horkby		Signature <i>[Signature]</i>		Mo. Day Year 09 10 99	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space actual 2000 22580k					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name FABRICA Ludwig		Signature <i>[Signature]</i>		Mo. Day Year 09 10 99	

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 4/97)

Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-9302 and the NYS Department of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYD000052197141561	Manifest Doc. No. NYB9141561	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address LUCKINGBART HARTIN CURF FRENCH RD UTICA NY 13002			A. NYB9141561		
4. Generator's Telephone Number 518 793-7701			B. Generator's ID same		
5. Transporter 1 (Company Name) Primo Trucking Corp.		6. US EPA ID Number NYD04887615714		C. State Transporter's ID NY 316944	
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone () (518) 244-6000	
9. Designated Facility Name and Site Address OMI CHEMICAL SERVICES, L.L.C. 1550 SALMER RD. ROSEL CITY NY 14107		10. US EPA ID Number NYD049036679		E. State Transporter's ID	
				F. Transporter's Telephone ()	
				G. State Facility ID	
				H. Facility Telephone () 716 754-0231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NO. POLYCHLORINATED BIPHENYL MIXTURE, V, UN2316, III			21		EPA 4007
b.					EPA
c.					STATE
d.					EPA
					STATE
J. Additional Descriptions for Materials listed Above CLASS 2			K. Handling Codes for Wastes Listed Above		
a			a <input type="checkbox"/> c <input type="checkbox"/>		
b			b <input type="checkbox"/> d <input type="checkbox"/>		
15. Special Handling Instructions and Additional Information 2. Out of Service Date: 9-13-99 Weight: 6 Type: Chemical Emergency Response Number: 1-800-424-9300 MHI Contract 8151366P					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Jeff Bantel		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Mark A. Monvoe		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space actual recd 20321K					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Susan M. Sherman		Signature <i>[Signature]</i>		Mo. Day Year 09/13/99	

RECEIVED SEP 27 1999



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/14/99 as described on Hazardous Waste Manifest number NYB9141534 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151382101
CWM Unit #: 1*0
Disposal Date: 09/14/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158894
09/15/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.

CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/13/99 as described on Hazardous Waste Manifest number NYB9141525 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151365101
CWM Unit #: 1*0
Disposal Date: 09/13/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158681
09/14/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/13/99 as described on Hazardous Waste Manifest number NYB9141318 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151365401
CWM Unit #: 1*0
Disposal Date: 09/13/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158684
09/14/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.

CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/13/99 as described on Hazardous Waste Manifest number NYB9141543 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151366301
CWM Unit #: 1*0
Disposal Date: 09/13/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158693
09/14/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/13/99 as described on Hazardous Waste Manifest number NYB9141552 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151366401
CWM Unit #: 1*0
Disposal Date: 09/13/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158694
09/14/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/13/99 as described on Hazardous Waste Manifest number NYB9141561 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151366801
CWM Unit #: 1*0
Disposal Date: 09/13/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158697
09/14/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
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P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/13/99 as described on Hazardous Waste Manifest number NYB9141579 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151366901
CWM Unit #: 1*0
Disposal Date: 09/13/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158698
09/14/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/10/99 as described on Hazardous Waste Manifest number NYB9141345 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151353201
CWM Unit #: 1*0
Disposal Date: 09/10/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158552
09/13/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/10/99 as described on Hazardous Waste Manifest number NYB9141606 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151353301
CWM Unit #: 1*0
Disposal Date: 09/10/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158553
09/13/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
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Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/10/99 as described on Hazardous Waste Manifest number NYB9141408 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151353401
CWM Unit #: 1*0
Disposal Date: 09/10/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158554
09/13/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/10/99 as described on Hazardous Waste Manifest number NYB9141597 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151353501
CWM Unit #: 1*0
Disposal Date: 09/10/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158555
09/13/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.

CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/10/99 as described on Hazardous Waste Manifest number NYB9141399 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151353601
CWM Unit #: 1*0
Disposal Date: 09/10/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158556
09/13/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.

CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/10/99 as described on Hazardous Waste Manifest number NYB9141336 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151353701
CWM Unit #: 1*0
Disposal Date: 09/10/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158557
09/13/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.

CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

LOCKHEED MARTIN CORP
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD000521971
FRENCH RD
UTICA NY 13502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from LOCKHEED MARTIN CORP on 09/10/99 as described on Hazardous Waste Manifest number NYB9141453 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL4382
CWM Tracking ID: 8151356301
CWM Unit #: 1*0
Disposal Date: 09/10/99

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Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 158582
09/13/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

Appendix - F -

Certification of Clean Fill



FRED BURROWS TRUCKING & EXCAVATING

437 ORISKANY BOULEVARD

WHITTSBORO, NY 13492

Phone: (315) 736-1971, 736-1444 Fax: (315) 736-0620

RECEIVED
OCT 15 1999
ARCADIS Geraghty & Miller

10/11/99

Attn: John Kuhn
S.C. Constructors, Inc.
295 Mill Street
Lockport, New York 14094

RE: Sand Fill Material Delivered to French Road (ConMed) Site Utica.

Dear John,

Please accept this letter as certification that the run of bank sand fill delivered to your job site is free from industrial and petroleum based contamination. The material is bank run sand (not processed) and is loaded directly out of the bank, into the truck and delivered to your job site.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Frederick R. Burrows, Sr.
Fred Burrows Trucking and Excavating